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National League

of Nursing Education

and Record of Proceedings

of the Fifty-first Convention

1947

NATIONAL LEAGUE OF NURSING EDUCATION
1790 Broadway, New York 19, New York
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD OF DIRECTORS</td>
<td>5</td>
</tr>
<tr>
<td>HEADQUARTERS STAFF</td>
<td>6</td>
</tr>
<tr>
<td>COUNCIL OF STATE LEAGUES</td>
<td>7</td>
</tr>
<tr>
<td>MEMBERSHIP OF COMMITTEES</td>
<td>8</td>
</tr>
<tr>
<td>PAST OFFICERS</td>
<td>41</td>
</tr>
<tr>
<td>ORGANIZATIONS WITH WHICH THE NLNE HAS ASSOCIATIONS</td>
<td>46</td>
</tr>
<tr>
<td><strong>PROCEEDINGS OF THE FIFTY-FIRST CONVENTION</strong></td>
<td></td>
</tr>
<tr>
<td>MEETING OF THE COUNCIL OF STATE LEAGUES</td>
<td>47</td>
</tr>
<tr>
<td>Reports of State Leagues</td>
<td>47</td>
</tr>
<tr>
<td>Discussion on the Revision of the Bylaws</td>
<td>86</td>
</tr>
<tr>
<td>Other Discussion</td>
<td>92</td>
</tr>
<tr>
<td>OPENING BUSINESS SESSION</td>
<td>97</td>
</tr>
<tr>
<td>Reports of Officers</td>
<td>97</td>
</tr>
<tr>
<td>Reports of the Headquarters Staff</td>
<td>109</td>
</tr>
<tr>
<td>Address by the President</td>
<td>135</td>
</tr>
<tr>
<td>Resolution for Clara Quereau</td>
<td>140</td>
</tr>
<tr>
<td>Reports of Committees</td>
<td>140</td>
</tr>
<tr>
<td>Revision of the Bylaws</td>
<td>178</td>
</tr>
<tr>
<td>Resolution for Elmira B. Wickenden</td>
<td>179</td>
</tr>
<tr>
<td>Other Business</td>
<td>180</td>
</tr>
<tr>
<td>ROUND TABLE—THE INTEGRATION OF PUBLIC HEALTH INTO THE BASIC CURRICULUM</td>
<td>181</td>
</tr>
<tr>
<td>SYMPOSIUM—THE NURSING SCHOOL LIBRARY</td>
<td>193</td>
</tr>
<tr>
<td>PANEL DISCUSSION—USING COMMUNITY FACILITIES FOR BETTER PATIENT CARE</td>
<td>209</td>
</tr>
<tr>
<td>ROUND TABLE—METHODS OF TEACHING HISTORY OF NURSING</td>
<td>213</td>
</tr>
<tr>
<td>GENERAL SESSION</td>
<td></td>
</tr>
<tr>
<td>The Health Sciences and Nursing Education</td>
<td>224</td>
</tr>
<tr>
<td>Presentation of the Mary Adelaide Nutting Award</td>
<td>230</td>
</tr>
<tr>
<td>Acceptance of the Territory of Hawaii League of Nursing Education</td>
<td>233</td>
</tr>
<tr>
<td>GENERAL SESSION—RESPONSIBILITY FOR GUIDANCE PROGRAMS IN SCHOOLS OF NURSING</td>
<td>233</td>
</tr>
</tbody>
</table>
CONTENTS
(Continued)

GENERAL SESSION—THE NURSING SCHOOL BUDGET .......................... 245
ROUND TABLE—THE STRUCTURE OF NATIONAL NURSING ORGANIZATIONS ......................................................... 253
SPECIAL SESSION—COST STUDIES IN PUBLIC HEALTH NURSING FIELD EDUCATION ...................................................... 261
ROUND TABLE—ADMINISTRATIVE PROBLEMS IN GUIDANCE PROGRAMS ................................................................. 265
SYMPOSIUM—THE PLACE OF HEALTH STATISTICS IN THE BASIC NURSING CURRICULUM ........................................... 274
GENERAL SESSION—PUBLIC RELATIONS ........................................... 287
GENERAL SESSION—STUDENT NURSE RECRUITMENT PROGRAM ............................................................... 293
GENERAL SESSION—RECRUITMENT TECHNIQUES IN LOCAL COMMUNITIES ............................................................. 313
ROUND TABLE—CO-OPERATIVE PLANNING FOR ADVANCED COURSES IN SPECIAL FIELDS OF NURSING ...................... 325
ROUND TABLE—CURRICULUM PROBLEMS IN PRACTICAL NURSE EDUCATION ............................................................... 328
ROUND TABLE—BUILDING AN UNDERSTANDING OF THE CURRICULUM WITHIN THE SCHOOL OF NURSING ...................... 331
SYMPOSIUM—PRACTICES IN SCHOOLS OF NURSING ......................... 340
GENERAL SESSION ................................................................. 346
General Education and the Professions ........................................... 346
Professional Education for the Nursing of the Future ................. 354
GENERAL SESSION—CURRICULUM RESEARCH IN NURSING .......... 367
CLOSING BUSINESS SESSION .................................................... 379
Revision of the Bylaws ............................................................... 379
Report of the Joint Committee on the Structure of National Nursing Organizations ......................................................... 384
Other Business ........................................................................ 390

APPENDIX

CERTIFICATE OF INCORPORATION .................................................. 393
BYLAWS .................................................................................. 394
LIST OF MEMBERS .................................................................. 404
INDEX OF PARTICIPANTS IN PROGRAM MEETINGS .................... 543
GENERAL INDEX ...................................................................... 544
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Boulder, Colo.

IDA MACDONALD
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525 East 68th Street
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130 Spring Street
Rochester 8, N. Y.

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National Organization for
Public Health Nursing
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New York 19, N. Y.

MRS. EUGENIA K. SPALDING, ex officio
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RENA HAIG
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Room 509, 760 Market Street
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ALBERTA WILSON
National Organization
for Public Health Nursing
1790 Broadway
New York 19, N. Y.

The president and executive secretary are members ex officio of all committees.
Committee composed of representatives of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing

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and Flower-Fifth Avenue Hospital
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*MRS. HENRY JAMES
133 East 64th Street
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Committee composed of representatives of the Association of Collegiate Schools of Nursing, the National League of Nursing Education, and the National Organization for Public Health Nursing

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M. OLVEN DAVIES
National Organization for Public Health Nursing
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ANNA M. FILLMORE
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Teachers College, Columbia University
New York 27, N. Y.

(The president and executive secretary are members ex officio of all committees.)
COMMITTEE ON POSTGRADUATE NURSING EDUCATION

(Continued)

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*The presidents and executive secretaries of the ACSN, NLNE and NOPHN are members ex officio of the Joint Committee on Postgraduate Nursing Education.
Committee composed of representatives of the American Nurses' Association, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, the National Association for Practical Nurse Education, the National League of Nursing Education, and the National Organization for Public Health Nursing

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Adelaide A. Mayo
National League of Nursing Education
1790 Broadway
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1320 York Avenue
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Committee composed of representatives of the American Association of Industrial Nurses, the American Nurses' Association, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, the National League of Nursing Education, and the National Organization for Public Health Nursing

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Elsie Palmer
Bellevue Hospital
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(replacing Virginia A. Henderson)

Nellie X. Hawkinson
University of Chicago
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Anna D. Wolf
The Johns Hopkins Hospital
Baltimore 5, Md.

*Lay member

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1790 Broadway
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National Organization for Public Health Nursing
1790 Broadway
New York 19, N. Y.

COMMITTEE ON CURRICULUM

The Subcommittee on Tuberculosis Nursing of the NLNE Committee on Curriculum is serving as the Committee on Curriculum of the Joint Tuberculosis Nursing Advisory Service. (See page 14)

(Continued on next page)

The presidents and executive secretaries of the NLNE and NOPHN are members ex officio of all committees of the Joint Tuberculosis Nursing Advisory Service.
REVIEWING COMMITTEE, GUIDE FOR PRECAUTIONARY MEASURES FOR TUBERCULOSIS NURSING

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Nellie X. Hawkinson
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National League of Nursing Education
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Ruth Sleeper
Massachusetts General Hospital
School of Nursing
Boston 14, Mass.

The president and executive secretary are members ex officio of all committees.
PAST OFFICERS OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. The officers of the preliminary organization were:

ANNA L. ALSTON, President M. E. P. DAVIS, First Vice President
LOUISE DARCHÉ, Secretary SOPHIA PALMER, Second Vice President
LUCY L. DROWN, Treasurer

Officers elected* in the years following have been:

1894 New York, N. Y., January 10-11.
President, Linda Richards; Vice President, Irene Sutcliffe; Secretary, Louise Darché; Treasurer, Lucy L. Drown.

President, M. E. P. Davis; Vice President, Mary Agnes Snively; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.

President, M. Adelaide Nutting; Vice President, M. E. P. Davis; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1897 Baltimore, Md., February 10-12.
President, Mary Agnes Snively; Vice President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, Ont., Canada, February 10-12.
President, Isabel McIsaac; Vice President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, N. Y., May 5-6.
President, Isabel Merritt; Vice President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1900 New York, N. Y., April 30-May 2.
President, Emma J. Keating; First Vice President, Isabel Merritt; Second Vice President, Sophia Palmer; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, N. Y., September 16-17.
President, Mrs. Lystra E. Gretter; First Vice President, Lucy L. Drown; Second Vice President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

President, Ida F. Giles; First Vice President, Mrs. Lystra E. Gretter; Second Vice President, Jane A. Delano; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

*This list was corrected in 1943 giving officers elected at each convention in accordance with the proceedings printed in the Annual Reports.
1903 Pittsburgh, Pa., October 7-9.
President, Georgia M. Nevins; First Vice President, Ida F. Giles; Second Vice President, Jennie Cottle; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1904 No elections or convention.

President, Annie W. Goodrich; First Vice President, Georgia M. Nevins; Second Vice President, M. Helena McMillan; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1906 New York, N. Y., April 23-27.
President, Maud Banfield; First Vice President, Annie W. Goodrich; Second Vice President, C. Q. Milne; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1907 Philadelphia, Pa., May 8-10.
President, Mary Hamer Greenwood; First Vice President, Maud Banfield; Second Vice President, Florence W. Henderson; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1908 Cincinnati, Ohio, April 22-24.
President, Mrs. Isabel Hampton Robb; First Vice President, Mary H. Greenwood; Second Vice President, Martha M. Russell; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

President, M. Adelaide Nutting; First Vice President, Mrs. Isabel Hampton Robb; Second Vice President, Lauder Sutherland; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.

1910 New York, N. Y., May 16-17.
President, Mary M. Riddle; First Vice President, Annie W. Goodrich; Second Vice President, Francina Freese; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.

President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second Vice President, Francina Freese; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

1912 Chicago, Ill., June 3-5.
President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second Vice President, Mary A. Samuel; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

In June, 1912, the name of the Society was changed to the National League of Nursing Education.

1913 Atlantic City, N. J., June 23-25.
President, Clara D. Noyes; First Vice President, Louise M. Powell; Second Vice President, Helen Scott Hay; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

1914 St. Louis, Mo., April 23-29.
President, Clara D. Noyes; First Vice President, Lila Pickhardt; Second Vice President, Ellen Stewart; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.
PAST OFFICERS

President, Clara D. Noyes; First Vice President, Sara E. Parsons; Second Vice President, Mary C. Wheeler; Secretary, Isabel M. Stewart; Treasurer, Mary W. McKechnie.

1916 New Orleans, La., April 27-May 3.
President, Sara E. Parsons; First Vice President, Anna C. Jammé; Second Vice President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.

President, S. Lillian Clayton; First Vice President, Sara E. Parsons; Second Vice President, Grace Allison; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.

1918 Cleveland, Ohio, May 7-11.
President, S. Lillian Clayton; First Vice President, Anna C. Jammé; Second Vice President, Louise M. Powell; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

President, S. Lillian Clayton; First Vice President, Anna C. Jammé; Second Vice President, Louise M. Powell; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

1920 Atlanta, Ga., April 12-17.
President, Anna C. Jammé; First Vice President, Louise M. Powell; Second Vice President, Isabel M. Stewart; Secretary, Mrs. Alice H. Flash; Treasurer, Bena M. Henderson.

1921 Kansas City, Mo., April 11-14.
President, Anna C. Jammé; First Vice President, Laura R. Logan; Second Vice President, Carrie M. Hall; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

President, Laura R. Logan; First Vice President, Carrie M. Hall; Second Vice President, Amy M. Hilliard; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

President, Laura R. Logan; First Vice President, Caroline E. Gray; Second Vice President, Mary M. Roberts; Secretary, Ada Belle McCleery; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor.

President, Laura R. Logan; First Vice President, Carrie M. Hall; Second Vice President, Mary M. Pickering; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

President, Carrie M. Hall; First Vice President, Mary M. Pickering; Second Vice President, Marion L. Vannier; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

1926 Atlantic City, N. J., May 17-23.
President, Carrie M. Hall; First Vice President, E. M. Lawler; Second Vice President, Marion L. Vannier; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.
1927 San Francisco, Calif., June 6-11.
    President, Carrie M. Hall; First Vice President, Mary M. Pickering; Second
    Vice President, M. Helena McMillan; Secretary, Ada Belle McCreery; Treas-
    urer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

1928 Louisville, Ky., June 4-9.
    President, Elizabeth C. Burgess; First Vice President, Shirley C. Titus;
    Second Vice President, Elsie M. Lawler; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

1929 Atlantic City, N.J., June 17-21.
    President, Elizabeth C. Burgess; First Vice President, Shirley C. Titus;
    Second Vice President, Elsie M. Lawler; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Nina D. Gage.

1930 Milwaukee, Wis., June 9-14.
    President, Elizabeth C. Burgess; First Vice President, Elsie M. Lawler;
    Second Vice President, Anna D. Wolf; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Nina D. Gage.

1931 Atlanta, Ga., May 4-9.
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    Second Vice President, Julie C. Tebo; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Nina D. Gage.

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    Second Vice President, Julie C. Tebo; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1933 Chicago, Ill., June 12-16.
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    Second Vice President, Julie C. Tebo; Secretary, Stella Goosstray; Treas-
    urer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

    President, Effie J. Taylor; First Vice President, Nellie X. Hawkinsen;
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    urer, Marian Rottman Fleming; Executive Secretary, Claribel A. Wheeler.

    President, Effie J. Taylor; Vice President, Nellie X. Hawkinsen; Secretary,
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    A. Wheeler.

    President, Nellie X. Hawkinsen; Vice President, Elsie M. Lawler; Secretary,
    Stella Goosstray; Treasurer, Marian R. Fleming; Executive Secretary, Claribel
    A. Wheeler.

    President, Nellie X. Hawkinsen; Vice President, C. Ruth Bower; Secretary,
    Stella Goosstray; Treasurer, Marian R. Fleming; Executive Secretary, Claribel
    A. Wheeler.

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    Wheeler.
  President, Nellie X. Hawkinson; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

1940 Philadelphia, Pa., May 12-17.
  President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

  President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

  President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Irene Murchison; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler; Acting Executive Secretary, Adelaide A. Mayo.

1943 Chicago, Ill., June 15-17.
  President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1944 Buffalo, N. Y., June 5-8.*
  President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1945 New York, N. Y., May 31-June 2:+
  President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1946 Atlantic City, N. J., September 23-27.
  President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

  President, Ruth Sleeper; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

*Biennial meeting with ANA and NPHN; League not officially in convention; elections by mail.
+No convention; elections by mail.
ORGANIZATIONS WITH WHICH THE NLNE HAS ASSOCIATIONS

American Association of Industrial Nurses, 654 Madison Avenue, New York 21, N. Y.
American Association of Medical Social Workers, 1129 Vermont Avenue, N.W.,
Washington 5, D. C.
American Cancer Society, 47 Beaver Street, New York, N. Y.
American College of Surgeons, 40 East Erie Street, Chicago 11, Ill.
American Committee for Nursing Scholarships, Taylor Hall, Bryn Mawr, Pa.
American Council on Education, 744 Jackson Place, Washington 6, D. C.
American Dietetic Association, 620 North Michigan Avenue, Chicago 11, Ill.
American Hospital Association, 18 East Division Street, Chicago 10, Ill.
American Journal of Nursing Company, 1790 Broadway, New York 19, N. Y.
American Library Association, 50 East Huron Street, Chicago 11, Ill.
American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.
American Nurses' Association, 1790 Broadway, New York 19, N. Y.
American Psychiatric Association, 9 Rockefeller Plaza, New York 20, N. Y.
American Red Cross Nursing Service, Washington 13, D. C.
American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
Association of Collegiate Schools of Nursing, 2063 Adelbert Road, Cleveland 6, Ohio
Harmon Association for the Advancement of Nursing, 140 Nassau Street, New York 7,
N. Y.
Maternity Center Association, 654 Madison Avenue, New York 21, N. Y.
National Association of Colored Graduate Nurses, 1790 Broadway, New York 19,
N. Y.
National Association for Nursery School Education, 2050 East 96th Street, Cleveland 6,
Ohio
National Association for Practical Nurse Education, 654 Madison Avenue, New
York 21, N. Y.
National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.
National Council on Rehabilitation, 1790 Broadway, New York 19, N. Y.
National Education Association of the United States, 1201 16th Street, Washington 6,
D. C.
National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N. Y.
National Health Council, 1790 Broadway, New York 19, N. Y.
National Nursing Council, 1790 Broadway, New York 19, N. Y.
National Society for Medical Research, 25 East Washington Street, Chicago 2, Ill.
National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.
National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
Special Libraries Association, 31 East 10th Street, New York 3, N. Y.
United States Children's Bureau, Washington 25, D. C.
United States Public Health Service, Washington 25, D. C.

46
PROCEEDINGS OF THE
FIFTY-FIRST CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

Seattle, Washington
September 7-11, 1947

MEETING OF THE COUNCIL OF STATE LEAGUES
Sunday, September 7—9:00 a.m.-1:00 p.m.

An open session of the Council of State Leagues was held in the Junior Ballroom of the Olympic Hotel in Seattle, Washington on Sunday, September 7, 1947. The chairman, Ruth Sleeper, called the meeting to order at 9:00 a.m. and spoke a few words of welcome.

The secretary, Anna D. Wolf, called the roll* to which the presidents or representatives of the following twenty-six state leagues responded: Alabama, California, Colorado (Julia Martin for the president), Connecticut, Georgia (Genevieve Garren for the president), Illinois (Nellie X. Hawkins for the president), Kansas, Louisiana, Maryland (Florence Miller for the president), Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, North Dakota, Ohio, Rhode Island, South Carolina, Tennessee, Utah (Maria Johnson for the president), West Virginia, Texas (Marjorie Bartholf for the president), Washington, Wisconsin, and the Territory of Hawaii (Mildred Pinner and Virginia A. Jones, representatives). The presidents, or their representatives, of the District of Columbia, Florida, and Pennsylvania state leagues arrived after the roll call. The four officer-members of the council were also present, as well as other members of the League.

REPORTS OF STATE LEAGUES

At the invitation of the chairman, some of those present contributed information concerning the activities of their state leagues in addition to the annual reports as they appeared in the preprints.

Legislation. Several reports were made concerning the passage of new laws. In Illinois the mandatory bill for the registration of professional nurses has passed the

*Bylaws—Article XI, Sec. 2. A quorum of the Council of State Leagues shall be ten members other than the officers.
legislature and has been signed by the governor, but the permissive legislation for the licensing of practical nurses failed of passage. The Rhode Island and West Virginia leagues have likewise been disappointed in their efforts to obtain legislation requiring licensure for practical nurses. The Minnesota, North Dakota, and South Carolina groups, however, have been more successful; in each of these states a law permitting the licensing of practical nurses has been passed. The Louisiana league is also interested in the question of practical nurse licensure; it recommended consideration by the Board of Directors of the recommendation of the state board of nurse examiners to revise the rules to include practical nurses and communicable disease nurses.

In South Carolina the practical nurse legislation was part of what practically amounted to a new state nursing bill which the league had been instrumental in getting passed, at the same time preventing the passage of undesirable legislation. The Florida league also reported success in securing the passage of legislation; the league president reported that one of the legislators said, "We have never known a group so faithful." Among the specific pieces of legislation secured in Florida was an amendment to a bill authorizing the employment of an educational director.

The president of the New Jersey league, on the other hand, had some less encouraging news to report. New Jersey, also, has a new law providing for the permissive licensure of practical nurses but the Board of Nursing will not be permitted to visit any schools of practical nursing conducted by a board of education. The Board of Nursing, therefore, will have to admit to its examinations some candidates for practical nurse licensure without having seen the schools from which they were graduated. A second unfortunate provision in the New Jersey bill requires the Board of Nursing to consult with the hospital association and the state medical society before any changes can be made in the curriculum or standards of schools of nursing. This is applicable to both practical nurse and professional nurse educational programs.

_Student Enrollment and Reactions to Schools._ Two state leagues, California and Rhode Island, reported on the increase in the number of students enrolling in schools of nursing in their states. In California enrollment figures reached 80 per cent of expectations as against 58 per cent in 1946; in Rhode Island the schools were, at the time of reporting, only twenty-five students short of the requirements in comparison with the shortage of one hundred and ten students at the same time last year.

Concerning the attitude of the students toward schools of nursing, the President of the New Jersey league reported on a very interesting study. "Our student personnel program committee, concerned with needed changes in the current methods of handling young women in schools of nursing, decided to investigate student attitudes regarding school regulations. To help draft the queries, we had student consultants—one preclinical, one junior, one second year, and one third year—and they asked us to send a query to every student instead of to the hundred we had intended to question. This meant that queries were sent to between forty-five hundred and five thousand students. They were unsigned and we asked the students to say anything they wished.

"Every tenth answer has been pulled out and summarized. I am sure that you will be delighted to know that our students are conservative, they are idealistic, and they are all the things we want them to be. Very few of the answers were in any way critical, and we were delighted to find out that our students are probably a little better than we had been thinking they were."

The New Jersey league also, for the second time, sponsored a spring festival for the students from various schools of nursing. School glee clubs came in costumes which they had designed themselves, and there was folk dancing and singing.

_Schools of Nursing._ In speaking of future plans, two state league presidents reported that their leagues are working on programs to enlarge the educational facilities of their states. The West Virginia league is stimulating plans for the opening, within the next year or two, of a department of nursing in the state university at Morgantown.
The Florida league is likewise hopeful of promoting the establishment of a department of nursing in the state university in Gainesville, and is conducting a symposium on the subject in October.

Other state leagues, notably those of the state of Washington and of North Dakota, are interested in evaluating schools of nursing already in existence. The Washington state league has appointed a committee on nursing education which is studying the current educational programs in the nursing schools within the state and which will make recommendations based on its findings at the annual meeting in October. An analysis of schools of nursing will be the subject of a fall workshop of the North Dakota League of Nursing Education.

 curriculum Studies.—Integration of Social and Health Aspects in the Curriculum. For the past three or four years the Committee on Curriculum of the Ohio league has been working on outlines of courses, or units within courses, and has been sending them to all of the schools within the state. The report of the subcommittee which last year worked on the integration of social and health aspects in the basic curriculum has created a good deal of comment and requests for it have been received from schools outside the state.

The subcommittee worked out the knowledge, abilities, and appreciations involved in the attainment of the objectives defined by Irene Carn,1 and then set up typical nursing situations and studied their implications for teaching. A condensed report is to be published in Public Health Nursing, but it will not include all the situations around which the subcommittee built its recommendations. For this reason, the Ohio league is considering whether the demand for the full report will be large enough to warrant having it mimeographed.

A number of members of the Council of State Leagues expressed interest in the report, and Frances Cunningham, the president of the Ohio State League of Nursing Education, agreed to leave a copy of it on display at the League’s booth in the exhibit room. It was also suggested that those interested in obtaining copies might write Miss Cunningham at 2063 Adelbert Road, Cleveland 6, Ohio.

It was also reported that a second course on the implementation of social and health aspects in all nursing was conducted successfully in the University of South Carolina. Registration for both courses was beyond expectations.

Michigan Nursing Center Association. The president of the Michigan league reported upon that league’s recent decision to participate in the Michigan Nursing Center Association. The Association is an experiment aimed toward unification of nursing activities, and will be of considerable significance in the study of plans for unification at a national level. Lulu Sinclair Blaine is the director of the Association. The Michigan league is to act as its educational committee and has already been asked to plan educational programs for private duty nurses and industrial nurses. During the year of the trial, the league is turning over its current income to the association.

Portfolios. The president of the Missouri league reported on the use of portfolios which can be turned over by each officer and committee chairman to her successor. This system of facilitating continuity of work was described by the New Jersey league at a previous meeting and the executive secretary reported that National Headquarters has since provided portfolios to the state leagues.

The Hawaiian League. Mildred Pinner gave a brief description of the background in which the newest of the state leagues, the Territory of Hawaii League of Nursing Education, will operate. There are, in Hawaii, three schools of nursing, all of which

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are situated in Honolulu. One school has a student body of around 150; the second one has about 135 students, and the third 60 students. There is no difficulty in getting students; there are usually twice as many applications as student capacity in the schools.

There is a mandatory law requiring the registration of all nurses, practical as well as professional, and the Examining Board may inspect the schools for practical nurses. A school for practical nurses is going to be opened this fall under the Department of Public Instruction.

The chairman welcomed the representatives of the Hawaii league into the Council of State Leagues, stating her belief that the progress of nursing education will be as rapid in Hawaii in the future as it has been in the past.

**ALABAMA**

*Members as of August 1, 1947: 44*

*New members in 1946: 14*

*Local leagues: Birmingham—Nina Mae Basham, President*

*Mobile—Anna L. Coupe, President*

*Committees: Committee on Curriculum—Sister Celine, Chairman*

*Committee on Membership Campaign—Elizabeth T. McDonnell, Chairman*

*Committee on Psychiatric Nursing—Bertha McElhenny, Chairman*

*Committee on State Board Problems—Frances Whitten, Chairman*

The Alabama league does not function as the department of education of the State Nurses' Association.

*Activities: The two local leagues have held regular monthly meetings that have been well planned and well attended. The topics discussed at the meetings included (1) "Principles of Supervision"; (2) "The Structure Study"; (3) "How to Integrate Social and Health Aspects of Nursing Throughout the Whole Basic Curriculum in a School of Nursing"; (4) "Student Enrollment and Reassignment in Schools of Nursing"; (5) "Psychiatric Nursing" (a symposium); (6) "The ICN Meeting" (a report).*

The league led in getting a group of twenty-two nurses, consisting of directors of nurses, supervisors, and head nurses, registered at the Alabama University Center for a course in guidance. It has planned a two-week course in supervision and nursing care of patients in a polio epidemic, to be held at the Crippled Children's Clinic and the Jefferson-Hillman Hospital in Birmingham from May 5-16, and has also planned a workshop on integrating the social and health aspects of nursing throughout the whole basic curriculum in schools of nursing.

All the committees have been active during the year, the Committee on Revision in revising the bylaws, the Committee on State Board Problems in studying the need for better selection of qualified students for schools of nursing, and the Committee on Psychiatric Nursing in trying to establish a psychiatric affiliation in Alabama.

**ARKANSAS**

*Members as of August 1, 1947: 48*

*New members in 1946: 24*

*No local leagues.*

*Committees: Committee on Curriculum—Mary T. Wright, Chairman*

*Committee on Membership Campaign—Hulda Rogers Rampey, Chairman*

The Arkansas league does not function as the department of education of the State Nurses' Association.
Activities: The Arkansas league, in co-operation with the Maternal and Child Health Division of the Arkansas State Board of Health, presented an institute on pediatric nursing in March. Plans are now under way to offer another institute this year on the subject of integration of public health nursing in the basic curriculum; and at the time of the state convention, a program on mental hygiene.

The league has continued its efforts to work with the interested professional and lay groups toward the establishment of a degree program in nursing in the University of Arkansas. At the annual meeting in November, 1946, Katharine J. Densford, ANA president; Julia Miller, dean of the School of Nursing of Emory University; and Elsie Burdan, of the U. S. Public Health Service, discussed this subject in professional sessions and in one session open to the public. This has given a definite impetus to the undertaking.

The total membership of the Arkansas league in 1946 was fifty—an increase of twenty-three members since 1941.

CALIFORNIA

Members as of August 1, 1947: 379
New members in 1946: 77

Local Leagues: Southern Section (Los Angeles)—Vivian Campbell, President
Northern Section (San Francisco)—Elizabeth Turnbull, President
Northern Valley Section (Sacramento)—Mary M. Somogyi, President

Committees: Committee on Curriculum—Ruth E. Feider, Chairman
Committee on Membership Campaign—Mary Cameron, Chairman
Committee on Psychiatric Nursing—Margaret P. McMurray, Chairman
Committee on Measurement and Educational Guidance—Kathryn T. Burke, Chairman

The California league functions as the department of education of the State Nurses’ Association.

Activities: Time did not allow an opportunity for revising the California league’s bylaws to provide for the increase of National dues voted at the Atlantic City convention; but a method of meeting this was worked out, each section voting individually to accept the increase. The Committee on Revision has provided for this increase of dues in the revision of the bylaws to be voted on at our state meeting this fall, and has made other extensive revisions.

This year a plan for better correlation and co-ordination of sectional and state committees is being tried out. The plan is to appoint a state chairman for each committee and then appoint the sectional committee chairman of the same committee in each local section to serve as a member of the state committee. In many instances the state committee chairman is also a board member, which makes a close tie-in of the interests of the board, state committees, and local committees.

The Committee on Psychiatric Nursing has contributed greatly toward promoting interest in better and more adequate affiliation for students in psychiatry. It seems very possible that affiliation for students in psychiatry will be made available in veterans’ hospitals.

The Committee on Measurement and Educational Guidance’s active program, carried on over the past year, has resulted in interesting more schools of nursing in making use of the prenursing and guidance tests for selection of students.

The Committee on Careers in Nursing has outlined an intensive program to provide information to prospective students. A progressive questionnaire system to ascertain the number of student applications in relation to the total number needed has been used. Speakers bureaus have been organized in each local league to meet all requests for nurse speakers. A brochure containing up-to-date information about all California
schools of nursing has been prepared and distributed liberally to high schools, junior colleges, and colleges in the state. Funds for the travel expenses of speakers and for printing the brochure were contributed by the California Hospital Association and also were drawn from a fund that had been contributed by the Shriners during the war for student recruitment and that subsequently had been turned over to the league.

The Committee on Membership has been very active, yet membership is below that of last year, and unless the rate of renewals and new memberships is stepped up, the total membership may show a loss for the year.

All committees have been very active, but much remains to be accomplished in the remainder of the year.

The California league, co-operating with the California State Organization for Public Health Nursing through a joint committee, has been working on plans for integrating the health and social aspects of nursing in the basic curriculum in schools of nursing. To date three workshops have been planned for hospital nurses and public health nurses on mutual, over-all problems. These will be of two or three days’ duration and will be held in various parts of the state. While attendance will be restricted to special groups, the league is looking upon this as an interesting and valuable project.

The California league has supported the total legislative program of the California State Nurses’ Association for licensure and control of the practical nurse and for the defeat of all bills proposing legislation adverse to nursing standards and nursing education introduced this year, and considerable time has been given to legislative matters.

COLORADO

*Members as of August 1, 1947: 109*

*New members in 1946: 31*

*No local leagues.*

*Committees:* Committee on Curriculum—Irene Murchison, Chairman Committee on Membership Campaign—Louise Allen, Chairman Committee on Education of the Nurse in Care of the Child—Vesta Bowden, Chairman

The Colorado league functions as the department of education of the State Nurses’ Association.

*Activities:* The general purposes of the league are to assist the personnel in schools of nursing in maintaining good nursing standards in this state and to improve the education and instruction of the nursing personnel, developing the student both as a nurse and as an individual, to the end that the patient may have thoughtful, intelligent nursing care and the community sound knowledge of good health principles. Under the sponsorship of the league, a survey of university relationships for schools of nursing in the Central Plan, Denver, was made by Helen Swartz.

Outstanding work has been done by a special committee on safe standards for the conduct of nurseries for the newborn; a manual has been formulated for the use of nurses in Colorado. Other committees have worked on student recruitment, have co-operated with the Colorado State Nurses’ Association on a bill for the licensure and practice of practical nurses in Colorado, have planned a workshop on the health and social concepts of nursing in the basic curriculum, have revised the constitution and bylaws to conform to the revised National Bylaws, have prepared a manual of procedures for use in the care of the obstetrical patient, and have co-operated with the State Nurses’ Association in the structure study.

Connecticut

Members as of August 1, 1947: 209
New members in 1946: 59
No local leagues.

Committees: Committee on Curriculum—Martha Jayne, Chairman
Committee on Membership Campaign—Mary E. Brackett, Chairman
Committee on Education of the Nurse in Care of the Child—Elizabeth
Kirkwood, Chairman
Committee on Psychiatric Nursing—Eloise Shields, Chairman
Committee on Measurement and Educational Guidance—Faye Abdellah,
Chairman

The Connecticut league functions as the department of education of the State Nurses' Association.

Activities: The various standing and special committees of the Connecticut league have sponsored many activities and inaugurated a number of projects during 1946-47.

The Committee on Curriculum has continued a series of study groups started last year, having held seven meetings at bi-weekly intervals in which approximately one hundred and fifty nurses participated. The fields covered in these sessions were pediatrics, obstetrics, and clinical teaching. The committee has been asked to plan another series next year and to explore the possibilities of having credit given for the course by one of the state colleges or universities.

The Subcommittee on Public Health Nursing has completed an outline showing the integration of social and health aspects in the basic curriculum. Members of the committee are now giving consultation service to schools of nursing wishing help in this field and are arranging to visit schools to talk with faculty members in groups as well as individually.

The Subcommittee on Psychiatric Nursing is happy to report that, starting in September, 1947, all students entering Connecticut schools of nursing will receive an affiliation in psychiatric nursing. The length of the course is being increased from two months to three, and the committee is now studying the content of the curriculum.

The Subcommittee on Communicable Disease Nursing likewise is studying the curriculum being followed in the various schools, in an effort to improve the students' background in this area.

Increasing student enrollment has been an ever-present project of the active Student Enrollment Committee. This committee has sponsored the establishment of a speakers bureau, radio skits, and varied newspaper publicity, and has made contacts with the presidents of the Connecticut High School Principals Association and with the Connecticut Vocational Guidance Association, planning a joint meeting for the fall season.

The Committee on Measurement and Educational Guidance has continued to revise drafts for pretests in the area of operating room, obstetrical, medical, surgical, and psychiatric nursing.

A special committee has been formed to study the possibility of setting up collegiate programs in the schools of nursing in our state, having these three purposes: (1) to increase enrollment in schools of nursing in Connecticut; (2) to raise standards of nursing education; (3) to make a pilot study regarding the advisability of establishing collegiate schools of nursing. Lucile Petry attended a meeting of the committee and gave many helpful suggestions. The members have met with directors of nursing and with faculty members of schools, with administrators and board members of hospitals conducting schools of nursing, and with representatives of the State Board of Education, and at all the meetings and conferences a keen interest and co-operative spirit have been noticeable.

In addition to the many committee meetings and the study groups, two general
meetings of the entire membership and five meetings of the board of directors have been held.

DELAWARE

Members as of August 1, 1947: 71
New members in 1946: 19
No local leagues.

Committees: Committee on Curriculum—Marian L. Kelley, Chairman
Committee on Membership Campaign—Bertha C. Schranck, Chairman
Committee on Psychiatric Nursing—Elizabeth S. Miller, Chairman
Committee on State Board Problems—Grace L. Little, Chairman

The Delaware league functions as the department of education of the State Nurses' Association.

Activities: The chief objectives of the Delaware league for the current year are to build up its membership and to increase its treasury in order to secure worthwhile speakers and more planned activities for the members. The programs presented during the season were on a variety of subjects:

1. Two series of educational films on (a) anatomy and physiology, (b) administration of medicine, (c) delinquent children.
2. A discussion by Dr. M. A. Tarumianz, head of the state psychiatric unit, of a local health project, the conversion of Fort duPont at Delaware City to a health and welfare center.
3. A review by Colonel Edmund Bullis, executive secretary of the Mental Hygiene Movement in Delaware, of the mental hygiene program in schools in Delaware.
4. A two-act play, written and produced by students in Memorial Hospital, on "The Nursing Care of a Patient Suffering from Malaria."
5. An illustrated lecture by Dr. C. H. Smeltzer, director of the psychology department of Temple University, on selection of students for schools of nursing from the standpoint of psychometric achievement and results of personal interviews.
6. A program on integrating social service in the curriculum of schools of nursing, led by Margaret Ludden, director of social service at Georgetown University in Washington, D. C.
7. A two-day institute on "The School of Nursing Committee" and "Personnel policies," conducted by Clara Quereau and Ida MacDonald of the NLNE's Committee on the Administration of the Accrediting Program.

There have been only minor social activities in connection with the regular meetings. It is hoped that programs can be more extensive and varied next season, especially including some authoritative speakers on the structure study. Afternoon meetings have been planned to permit active participation by the Sisters of the Third Order of St. Francis, who staff our hospital in Delaware.

Our Ways and Means Committee, headed by Alberta Trunck, has had a particularly effective season. It gave a card party that netted over $300; it chanced off a bond; and it has planned a turkey dinner for the fall.

Educational projects sponsored by the league have been on the use of the League's questions on medical and surgical nursing for the measurement of student attainment in those areas and, also, on the use of State Board Test Pool questions in medicine and surgery for the current State Board examinations being held June 1-2.

Another important project undertaken by the league this year has been the revision and printing of the constitution and bylaws. Anna Quay has headed the committee for this activity most capably.
The Delaware league has been active, also, in student recruitment, members serving on faculty advisory committees for programs during "Nursing as a Career Week." The organization had two radio broadcast periods at which "Opportunities in Nursing" and "Requirements for Nursing" were discussed.

DISTRICT OF COLUMBIA

Members as of August 1, 1947: 141
New members in 1946: 27
No local leagues.

Committees: Committee on Curriculum—Ethel J. Odegard, Chairman
Committee on Membership Campaign—Gladys Jorgenson, Chairman
Committee on Psychiatric Nursing—Theresa G. Muller, Chairman
Committee on Measurement and Educational Guidance—Sister Maurice Sheehy, Chairman

The District of Columbia league functions as the department of education of the State Nurses' Association.

Activities: There have been nine meetings of the District of Columbia league during the past year. It has been the objective of the Committee on Program to assist the faculties of the eight schools of nursing in the District to establish improved clinical learning experiences for the student bodies. This has brought about programs centered around various methods of clinical teaching and improved educational planning.

The Committee on Curriculum is making a study of the methods used in courses in anatomy and physiology, medical and surgical nursing, nutrition and dietotherapy, and Professional Adjustments II. During the past year this committee centered its work around finding means to integrate the public health point of view throughout the entire curriculum. This, it has felt, has resulted in a more conscientious effort to bring about, especially in the clinical program of the basic professional course, the place of the hospital in the total community health program.

The aim of the Committee on Measurement and Educational Guidance has been to study the existing problems in the schools of nursing relative to educational measurements and to provide assistance to the teaching personnel of these schools according to their needs. The committee sponsored an institute on tests and measurements, which the schools of the District felt was most helpful. The attendance at the institute was more than three hundred.

The league has joined with the Graduate Nurses' Association in learning more about the structure study. There have been representatives of the league on various committees of the association this year—for example, on the committee on establishment of programs of study in the vocational schools for practical nurses.

FLORIDA

Members as of August 1, 1947: 51
New members in 1946: 13
No local leagues.

Committees: Committee on Curriculum—Chairman to be appointed.
Committee on Membership Campaign—Ethel Clarke, Chairman
Committee on Psychiatric Nursing—Dora Fulgham, Chairman
Committee on Measurement and Educational Guidance—Florence M. Jones, Chairman
Committee on State Board Problems—Delcie C. Inglis, Chairman

The Florida league functions as the department of education of the State Nurses' Association.
Activities: At the meeting of the league in Miami in May, an interesting program concerning the use of the League’s achievement tests was presented. In October the league met jointly with the Florida State Board of Nurse Examiners in an all-day session. The principal topics of the day included discussion of pending legislation and a round table on the structure study. The league sponsored a series of institutes on the social and health concepts of nursing and how they may be integrated into the basic curriculum. The meetings, in the form of two-day institutes held throughout the state, were well attended by administrative and teaching personnel of the Florida schools. It was with regret that the league accepted the resignation of Mrs. Edna Judd-Behner as president. Mrs. Dorothy Major O’Brien, of Pensacola, is serving out the unexpired term.

GEORGIA

Members as of August 1, 1947: 147

New Members in 1946: 44

Local League: Fifth District League (Atlanta)—Genevieve Garren, President

Committees: Committee on Curriculum—Frances Ward, Chairman

Committee on Membership Campaign—Genevieve Garren, Chairman

Committee on Psychiatric Nursing—Mary Bischoff, Chairman

Committee on Measurement and Educational Guidance—Mabel Korsell, Chairman

Committee on State Board Problems—Ruth A. Babin, Chairman

The Georgia league functions as the department of education of the State Nurses’ Association.

Activities: The Georgia league held its annual meeting with the Georgia State Nurses’ Association on November 4, 1946. “Guidance in Schools of Nursing” was the topic, and the chief speaker was Eugenia K. Spalding, professor of nursing education at Indiana University.

The Nursing Arts Committee, which was organized two years ago, has held eight meetings since the last annual meeting. It is engaging in worthwhile and interesting work relative to methods of evaluating students’ performance in the basic course in nursing arts.

The Committee on Measurement and Educational Guidance has planned to work closely with the State Board of Nurse Examiners on the evaluation program for the schools of nursing in the state. It anticipates sponsoring during the coming year a two-day institute on tests and measurements.

An institute on maternity and infant care, to be conducted by Ruth Doran of the U. S. Children’s Bureau, is being planned for the late summer or early fall; and the Committee on Psychiatric Nursing is planning still another institute to be conducted in November.

We are proud to announce that thirty-three nurses from the Lawson Veterans’ Administration in Atlanta joined the league during the past months, and we are looking forward to their participation in the activities of our group.

ILLINOIS

Members as of August 1, 1947: 575

New members in 1946: 148

Local leagues: Chicago—Bernice Chapman, President

Eastern Illinois—Josephine Balaty, President

Western Illinois—M. Alberta Lang, President

South Central Illinois—Amelia I. Metzker, President
Committee: Committee on Curriculum—Zella Von Gremp, Chairman
Committee on Membership Campaign—Lena D. Dietz, Chairman
Committee on Education of the Nurse in Care of the Child—Harriet
Dexheimer, Chairman
Committee on Psychiatric Nursing—Rose Bigler, Chairman
Committee on Measurement and Educational Guidance—Frances C.
Thielbar, Chairman
Committee on State Board Problems—Elizabeth W. Odell, Chairman

The Illinois league functions as the department of education of the State Nurses' Association.


The officers and committee chairmen of the state and local leagues met on January 11 in Chicago to plan the work for the ensuing year. Four short, special reports helped to set the tone for the meeting: "An Overview of the Work Being Done by the Advisory Council," by Madeleine McConnell; "Some of the New Developments in Nursing Education," by Nellie X. Hawkinson; "Some of the Present Activities of the Board of Directors of the National League of Nursing Education," by Margaret Carrington; and "The Present Work Being Done by the Illinois State Nurses' Association," by Mary I. Bogardus.


The Illinois league co-operated with the Illinois State Nurses' Association's Recruitment Committee, which has been conducting a statewide program for recruitment, by appointing members to the committee.

A special fund of $100 was allotted to the Committee on the Integration of Public Health Nursing into the Basic Curriculum. The State Nurses' Association provided $100 for the same purpose to assist the joint committee of the league and the association.

At the suggestion of many members of the league, the board of directors arranged for the presentation of the recommendations which followed the structure study by the Raymond Rich Associates. The board of directors had Dr. William B. Cherin come to Chicago to speak on April 30 at Murphy Hall. The meeting increased the interest in the workshops on the structure of organized nursing which are being planned.

Four institutes and the annual meeting are being arranged for October 30-31 and November 1, 1947.

The board of directors' meetings have occurred twice monthly since January, 1947, due to the co-operation which has been given to the active legislative program of the State Nurses' Association. A mandatory bill for the registration of professional nurses and a permissive bill for the licensure of practical nurses are pending. Amendments to the present act are ready for presentation in the event the two new bills fail to pass the legislature. The amendments provide that a college graduate may be given time-credit on the basic nursing course and that registration may be granted to graduates of recognized college or university schools of nursing.
INDIANA

Members as of August 1, 1947: 165
New members in 1946: 104
No local leagues.

Committees: Committee on Curriculum—Catherine Parkes, Chairman
Committee on Membership Campaign—Jessie Groves, Chairman
Committee on Measurement and Educational Guidance—Caroline Hauenstein, Chairman

The Indiana league functions as the department of education of the State Nurses' Association.

Activities: An institute on administration of the nursing school program was conducted by Eugenia K. Spalding on June 13-14, 1946, in Indianapolis. It was attended by 110 members.

"Clinical Teaching" was the subject of a workshop held at Camp Marie du Lac in Lakeside, Michigan, from August 25 to September 5, 1946, taught by Agnes Dix. The registration was 17, and credit was granted by Indiana University.

Sectional meetings were held in Evansville, on October 24; in Indianapolis, on October 25; and in South Bend, on November 8. The same program was presented at each of these meetings: Mrs. Mabel Culmer, of the Testing Bureau of Indiana University spoke on "The Value of Testing Applicants for Schools of Nursing," and Edwina MacDougall, Consultant in the Professional Counseling and Placement Service of the Indiana State Nurses' Association, spoke on "The Value of Counseling Potential Nursing School Applicants." The meetings all were well attended.

The Program Committee of the league worked with the Program Committee of the Indiana State Nurses' Association in securing Alma Gault, dean of nursing education at the Meharry Medical College in Nashville, Tennessee, as speaker for the annual meeting on March 20-22, 1947.

The total membership for the year 1946 of 198 members represented a one hundred per cent increase over 1945.

The bylaws, revised to meet new qualifications and bases for membership adopted by the National League and to raise the dues, both state and National, were adopted by the unanimous vote of the members at the annual meeting.

The board of directors held three regular meetings at the call of the president—in March and October of 1946 and just preceding the annual meeting in March, 1947.

IOWA

Members as of August 1, 1947: 164
New members in 1946: 69

Local leagues: Des Moines—Helen Cromwell, President
Sioux City—Lucille Hickey, President

Committees: Committee on Curriculum—Etta C. Hill, Chairman
Committee on Membership Campaign—Sister Mary Olivia, Chairman
Committee on Education of the Nurse in Care of the Child—Thelma D. Snead, Chairman
Committee on Psychiatric Nursing—Sister Mary Stella, Chairman
Committee on Measurement and Educational Guidance—Sister M. Barbara Ann, Chairman
Committee on State Board Problems—Louise E. Alfsen, Chairman

The Iowa league functions as the department of education of the State Nurses' Association.
Activities: At the Iowa league's annual convention in Davenport on October 25, 1946, Julia Hereford, of the Vanderbilt University School of Nursing in Nashville, Tennessee, led a discussion on the integration of the social and health aspects of nursing in the basic curriculum.

On October 29-30 the league sponsored an institute on curriculum planning with Clara Quercum and Ida M. MacDonald, of the National Committee on the Administration of the Accrediting Program, as leaders. Ninety-one persons registered for the institute, which was held at the Des Moines Technical High School.

"Nursing Arts" was the subject of another institute on November 14-15 at the Broadlawns Polk County Hospital in Des Moines. Sister Mary Brigh, director of personnel at St. Mary's Hospital in Rochester, led discussions on "A General Survey of Nursing Arts," "Objectives of the Nursing Arts Course," "Application of Teaching Methods to Nursing Arts," "Supervised Practice Rating Scales," "Development of Nursing Procedures."

The principal activity of the year has been the statewide enrollment campaign. The Iowa State Hospital Association called a special meeting on February 1 and passed a resolution that every hospital in the state should give $1.25 per bed as its share of the campaign costs, and the State Nurses' Association and other interested organizations also have helped in financing and promoting the project. A ten-minute, 16-millimeter movie entitled "For You to Decide" was made available to civic groups in all the ninety-nine counties in Iowa. A supplementary, promotional campaign folder, written from the teen-age point of view, appealed to girls' natural desire for security, education, and position and stressed the humanitarian, educational, and financial advantages of the nursing profession. There was gratifying co-operation by newspapers, the radio, and trade papers.

KANSAS

Members as of August 1, 1947: 79
New members in 1946: 17
No local leagues.
Committees: Committee on Curriculum
Committee on Membership Campaign

The Kansas league functions as the department of education of the State Nurses' Association.

Activities: At the Kansas league's eighteenth annual institute on October 26, 1946, the membership was well represented. The program included a lecture by Deborah MacLurg Jensen on "Adaptation of the Curriculum Guide to Postwar Methods of Nursing Education." Miss Jensen also led an in-service program on "Ward Teaching" for head nurses and supervisors.

In an effort to assure good attendance and the best programs possible, the Eastern Division is experimenting with a plan, meeting jointly with its neighbor, the Kansas City, Missouri, League of Nursing Education. On February 19, 1947, the Kansas City, Kansas, league members were invited to attend a meeting of the Kansas City, Missouri, league at Research Hospital. At this meeting it was proposed that the members of the two local leagues join forces for programs but have individual business meetings. This may be a start for the revival of local leagues.

KENTUCKY

Members as of August 1, 1947: 84
New members in 1946: 23
No local leagues.
 Committees: Committee on Curriculum—Ruby H. Painter, Chairman
Committee on Membership Campaign—Beatrice Lusby, Chairman
Committee on Psychiatric Nursing—Marian Capan, Chairman
Committee on Measurement and Educational Guidance—Nettie Bealer, Chairman
Committee on State Board Problems—Nettie Bealer, Chairman

The Kentucky league functions as the department of education of the State Nurses' Association.

Activities: At the annual meeting last October the constitution and bylaws of the Kentucky league were revised to comply with the revisions of the National Bylaws. At the regular monthly meetings there have been most interesting programs under the leadership of Nettie Bealer. The two most important meetings, probably, were those at which the discussion covered possible solutions for the critical nursing situation and the first four workshops on the structure study.

A Committee on Tests and Measurements was appointed under the chairmanship of Nettie Bealer. Criteria for examination questions have been set up, and current examination questions used by schools of nursing are being reviewed and evaluated. A pool of questions will be presented to the State Board of Nurse Examiners, from which they may select their state board questions.

The fine co-operation of the Public Relations Committee and the Publicity and Recruitment Committee, under the chairmanships of Ruby Painter and Ann Taylor respectively, has resulted in a statewide program on recruitment for student nurses. The Louisville District of the Hospital Council voted to give not only moral support, but material aid as well, for this program.

A joint meeting with the First District Nurses' Association of Registered Nurses was held in February. The main theme of the program was "Public Relations for Nurses."

LOUISIANA

Members as of August 1, 1947: 178
New members in 1946: 45

Local leagues: New Orleans—Bessie B. Colomb, President
Shreveport—Lois Faye Gibson, President

Committees: Committee on Curriculum—Sister Henrietta Guyot, Chairman
Committee on Psychiatric Nursing—Sister Carlos McDonnell, Chairman
Committee on Measurement and Educational Guidance—Margery R. Arbogast, Chairman

The Louisiana league functions as the department of education of the State Nurses' Association.

Activities: The Louisiana league is composed of two local leagues, one in Shreveport and one in New Orleans. The formation of one in Baton Rouge has been delayed, pending the possible reorganization of the national nursing organizations.

The Shreveport league had five chief projects during the year: (1) the tenth annual joint graduation services of the five schools of nursing, at which the theme was "Nursing Today and Tomorrow"; (2) a central teaching program for all students enrolling in the Shreveport School of Nursing; (3) recruiting students for the five schools; (4) a curriculum study emphasizing the development of a study of communicable diseases which shall involve improved therapy and increased practice for the students; (5) the acquiring of scholarships for students entering the schools of nursing.
The New Orleans league presented programs on (1) "University Work and Credits for Staff and Student Nurses"; (2) "Rehabilitation, Its Value and Scope"; (3) "Student Guidance in Schools of Nursing"; (4) "Occupational Therapy—Its Prophylactic and Therapeutic Value."

The league was fortunate in having Katharine Amberson, consultant in tuberculosis nursing of the NLNE, in the state to conduct open forums on undergraduate clinical experience in tuberculosis.

The Committee on Curriculum conducted an institute on "The Teaching of the Biological and Physical Sciences, Nursing Arts, and Nutrition, Foods, and Cookery," sponsored by the Department of Nursing Education of the Louisiana State University.

MAINE

Members as of August 1, 1947: 38
New members in 1946: 3
No local leagues.

Committees:
- Committee on Curriculum—Marion L. Dunn, Chairman
- Committee on Membership Campaign—Ellen J. Hendrickson, Chairman
- Committee on Psychiatric Nursing—Eleanor M. Meledly, Chairman
- Committee on Measurement and Educational Guidance—Mildred I. Lenz, Chairman
- Committee on State Board Problems—Mildred I. Lenz, Chairman

The Maine league does not function as the department of education of the State Nurses' Association.

Activities: At the annual meeting of the Maine league in October, 1946, Eleanor Meledly, delegate to the Biennial Convention, presented a graphic and detailed report on the activities at Atlantic City; the question of the formation of local leagues in Maine was avidly discussed; it was voted to increase the state league dues to $8 per capita effective in 1947; and nominations of and voting for state league officers by mail was incorporated into the bylaws.

On December 10 a general meeting was held. Mildred I. Lenz, the Maine league's vice president and the educational secretary of the Board of Registration of Nurses, discussed the NLNE's prenursing and guidance tests and licensure pool tests. Contracts, sample questions, and findings were displayed to a markedly interested group.

At the first 1947 gathering, public health agencies and facilities within the state were described by Helen Dunn, of the Nursing Division of the State Bureau of Health. She pointed out the value, function, and probable curriculum the student in a basic nursing course should have during a public health observation period and a longer affiliation course.

Dr. Francis Sleeper, superintendent of the Augusta State Hospital, met with the group on April 8. He recalled that it was in 1927 that the NLNE established the principle that psychiatric nursing should be a part of the basic curriculum, and he emphasized the increasing need for mental nursing and the transfer value of mental nursing in the care of general hospital patients. He referred to the material included in the American Psychiatric Association's brochure on psychiatric student nurse education, and portrayed conditions surrounding care in mental institutions within Maine, outlining recent advances in therapy.

Late in May Dr. Julius Seelye Bixler spoke to the Maine league on "The Relationship of Personal Philosophy to Mental Health."

Plans for the summer and early fall activities of the group will be crystallized at, or immediately after, the assembly of the New England Nurses' Association in June.
MARYLAND

Members as of August 1, 1947: 165
New members in 1946: 70
No local leagues.

Committees: Committee on Curriculum—Florence M. Gipe, Chairman
Committee on Membership Campaign—Kathryn Knight, Chairman
Committee on Measurement and Educational Guidance—Esther Lehman, Chairman
Committee on State Board Problems—Jane E. Nash, Chairman

The Maryland league functions as the department of education of the State Nurses' Association.

Activities: Seven regular meetings were held during the year, exclusive of the annual meeting which was held jointly with the State Nurses' Association and the State Organization for Public Health Nursing. The programs were educational and cultural in character, and the attendance was large. On a few occasions, following the regular meeting refreshments were served, and the social hour was greatly enjoyed. The big turnover of nurses, some coming into the state and some leaving, kept the membership committee active throughout the year.

The Maryland league has assisted with the recruitment program that is being carried on in the state.

Massachusetts

Members as of August 1, 1947: 445
New members in 1946: 110
Local leagues: Eastern Massachusetts—S. Daphne Corbett, President
Western Massachusetts—Rose E. Griffin, President
Worcester—Madeline J. Army, President

Committees: Committee on Curriculum—Eleanor P. Bowen, Chairman
Committee on Membership Campaign—Margaret T. Madden, Chairman
Committee on Psychiatric Nursing—Frances A. Thompson, Chairman
Committee on Measurement and Educational Guidance—Elizabeth L. Hart, Chairman

The Massachusetts league functions as the department of education of the State Nurses' Association.

Activities: The annual convention last fall was well attended. An excellent program included discussions of clinical teaching, implantation of health and social aspects of nursing, mental health of the student nurse, and a symposium of nursing school advisory committees. The local leagues have had several stimulating meetings during the year, at which the structure study was discussed.

In co-operation with the Massachusetts Organization for Public Health Nursing, the Massachusetts league in October held a one-day institute on "The Health and Social Aspects of Nursing." At a two-day institute in April, primarily for head nurses, the subjects were "Orientation of the Head Nurse to Her Position," "Analysis of Head Nursing," "Assignments and Uses of the Rating Scale," and "Personnel Policies." In addition, the league is sponsoring, with the Massachusetts Conference of Tuberculosis Secretaries, an institute on "The Better Understanding of the Tuberculosis Patient."

The Committee on Measurement and Educational Guidance has been very active during the past year, having worked with the national committee in planning a schedule
for the administration of the League’s prenursing aptitude tests in Massachusetts. It has also completed an objective type of examination in pediatrics.

The Committee on Revision has completely revised the state bylaws to conform to the revised National Bylaws, and the local leagues, also, have revised theirs accordingly.

**MICHIGAN**

**Members as of August 1, 1947:** 368  
**New members in 1946:** 162

**Local leagues:**  
Southeastern Michigan—Ilene Langdon, President  
Northeastern Michigan—Juliet A. George, President  
Southwestern Michigan—Sister Mary Leonard Sage, President  
Northwestern Michigan—Gertrude E. Nathe, President

**Committees:**  
Committee on Curriculum—Lucy D. Germain, Chairman  
Committee on Membership Campaign—Mary M. Anderson, Chairman  
Committee on Psychiatric Nursing—Lucy B. Rudland, Chairman  
Committee on Measurement and Educational Guidance—

The Michigan league functions as the department of education of the State Nurses’ Association.

**Activities:** The Michigan league held an annual convention in 1946, meeting jointly with the Michigan State Nurses’ Association, the Michigan State Organization for Public Health Nursing, and the Michigan Council on Community Nursing. Five meetings of the board of directors were held during the year.

The league published and distributed to officers and chairmen of committees of the state and local leagues a “Guide for Officers and Chairmen of Committees.” It assisted a committee of the Michigan State Nurses’ Association in revising the minimal personnel policies and practices for personnel in schools of nursing in Michigan, and assisted, also, with the revision of a pamphlet entitled “Nursing Schools in Michigan” that is used for recruitment of students and by high school and college counselors.

A representative of the Michigan league serves on the State Advisory Committee for the Practical Nurse Training Program of the State Board of Control for Vocational Education. Further emphasis was given by the league to the practical nurse problem by a series of institutes held in the four local league areas for which Hilda M. Torrop was brought to Michigan by the league. Meetings planned for practical nurses, league members, members of the Michigan State Nurses’ Association and of the Michigan Council on Community Nursing, and interested members of the public, were well attended.

The Michigan league has attempted to bring to nursing schools in Michigan information on cost analysis for schools of nursing. At two sessions of the annual meeting in 1946, Dr. Louis Block, acting chief of the Office of Hospital Services of the U. S. Public Health Service, spoke on this subject; and Dr. Block and Ruth Johnson, of the Division of Nursing of the USPHS, directed a four-day institute on “Cost Analysis for Schools of Nursing,” a joint project of the league and the Michigan Council on Community Nursing, that was attended by representatives of thirteen of the twenty-nine schools of nursing in Michigan.

A third project of the year was a series of institutes on newer methods in medical treatment and nursing techniques. Each local league planned an institute in its area. Subjects covered were obstetrical nursing, care of the child, preventive psychiatry, and communicable disease nursing.

The league has participated in three workshops sponsored by the Michigan Council on Community Nursing within the past year. These groups have been studying the recommendations made by Dr. Genevieve K. Bixler in the survey “Nursing Resources
and Needs in Michigan" and by Dr. A. C. Bachmeyer and his committee in "Hospital Resources and Needs in Michigan." Certain of these problems have been referred to the league for special study.

The Michigan league is participating with the Committee to Study Structure of Nursing Organizations in Michigan. There are already close working arrangements between these groups, and it is proposed to increase this co-operation. The executive secretary of the Michigan State Nurses' Association acts as the executive secretary of the league, and office space for records and secretarial assistance, also, is given to the league as well as to other nursing organizations.

The Committee on Curriculum is studying the content of the basic curriculum with special reference to pediatrics, obstetrics, operating room, and diet kitchen.

The Committee on Psychiatric Nursing has continued to study facilities for student experience in psychiatric nursing in Michigan. There is available for advice a consultant in psychiatric nursing, who has been appointed to the Mental Hygiene Commission in Michigan within the past year.

The Committee on Revision is proposing changes in the bylaws, to be voted at the annual convention in May, so that the bylaws of the Michigan league will conform to changes in the National Bylaws made in September, 1946.

The president attended the annual convention in Atlantic City in September, 1946.

The Michigan league plans to continue in the coming year the studies and activities now in progress, as well as to cope with new problems which may arise.

MINNESOTA

Members as of August 1, 1947: 338
New members in 1946: 122
Local league: Rochester—Mattie Gail Hotchkiss, President
Committees: Committee on Curriculum—Rena Boyle, Chairman
Committee on Membership Campaign—Marion C. Boardson, Chairman
Committee on Psychiatric Nursing—Lorna G. Bullard, Chairman
Committee on Measurement and Educational Guidance—Doris G. Taylor, Chairman
Committee on State Board Problems—Mellie F. Palmer, Chairman

The Minnesota league functions as the department of education of the State Nurses' Association.

Activities: The Minnesota league has held six meetings, at which these topics were discussed: (1) "Rural Nursing Experience for Students"; (2) "Preparation of a Nursing School Faculty"; (3) "Utilization of the Co-operative Work Program in High Schools by Nursing Schools as a Method of Recruitment"; (4) "Conditions in Nursing in Europe"; (5) "Techniques in the Guidance of Students"; (6) "Preparation of Faculty Members to Help Recognize and Modify Emotional Conflicts in Student Nurses."

The local league has been very active, having held five meetings that centered on the theme "Mental Hygiene as Applied to the Problems of Student Nurses."

The state league's annual meeting took place on October 18-19, 1946, in Duluth in conjunction with meetings of the Minnesota State Nurses' Association and the State Organization for Public Health Nursing. The speaker at a luncheon meeting was Helen G. Schwarz, nursing education adviser of the State Board of Examiners of Nurses. Her topic was "Nursing Education—Its Service in a Peacetime National Health Program." Dr. Ruth E. Eckert, associate professor of education at the University of Minnesota, presented a paper on "Trends in General Education and Their Effect on Nursing Education."

The Committee on Measurement and Educational Guidance planned a one-day insti-
tute on the evaluation of the testing program for school faculties. It also made studies of results from the National League’s achievement tests.

The Committee on Senior Cadets, in co-operation with the Committee on Affiliations, has made a survey of the facilities for rural affiliations. The committee recommends that a service in rural nursing be considered part of the curriculum for the senior year.

A two-day institute has been planned by the Committee on Curriculum in co-operation with the Education Committee of the State Organization for Public Health Nursing. The topic for the institute will be "The Implementation of Social and Health Concepts in the Basic Nursing Curriculum." Following the institute, group discussions in the areas of obstetrics, pediatrics, medical and surgical nursing, and public health nursing will be continued to further the application of these social and health concepts.

The league is co-operating with members of the Minnesota Nursing Council in the preparation of a curriculum for practical nursing.

MISSISSIPPI

Members as of August 1, 1947: 32
New members in 1946: 7
No local leagues.

Committees: Committee on Curriculum—Mary A. G. Perez, Chairman
Committee on Membership Campaign—Mary Richie, Chairman

The Mississippi league functions as the department of education of the State Nurses’ Association.

Activities: The Mississippi league is co-operating with the State Nurses’ Association, the State Board of Health, and the American Hospital Association in an intensive student nurse recruitment program. It has been invited by the State Hospital Planning Board to act in an advisory capacity regarding the nursing school facilities and curriculum to be connected with the 8000 new hospital beds to be added in Mississippi; the Committee on Curriculum is using this opportunity to raise the standards of nursing education in the state.

As our membership is scattered over the state and as we do not have enough members to organize local leagues, we are districting the state in order that the programs will be more conveniently attended. We feel that this will create more interest in the league.

One school for practical nurses has been opened recently in the state. Much thought and careful planning have been put into the program, but a suitable set of records is still being sought.

MISSOURI

Members as of August 1, 1947: 162
New members in 1946: 40

Local leagues: Kansas City—Esther H. Dersch, President
              St. Louis—Clara M. Miller, President

Committees: Committee on Curriculum—Virginia H. Harrison, Chairman
             Committee on Membership Campaign—Mabel M. Faulkner, Chairman
             Committee on Psychiatric Nursing—Stella H. Amass, Chairman
             Committee on Measurement and Educational Guidance—Nora Wills Camden, Chairman

The Missouri league functions as the department of education of the State Nurses’ Association.
Activities: During 1946 and 1947 the Committee on Curriculum and Guidance, the Committee on Membership, and two special committees, one on the structure study and the other on the study of nursing needs and resources in Missouri, have been particularly active. The curriculum for the state is being revised, and local committees on curriculum have been working closely with the state committee chairman on this revision.

The local leagues have been represented on committees for enrollment campaigns in both Kansas City and St. Louis, and we hope to realize some results in the fall enrollment in schools throughout the state.

The state Committee on the Structure Study is a joint committee of the league and the State Nurses' Association. Workshops have been held in several towns and cities throughout the state. They have been well attended, and the nurses seem unusually enthusiastic in wanting to find out all about the study.

Another, and one of the most important, committees: namely, the Committee to Study Nursing Needs and Resources in Missouri, also, is a joint committee of the league and the State Nurses' Association. As a direct outgrowth of the interest of the University of Missouri in assisting the State Nurses' Association to conduct institutes in some of the smaller towns in Missouri, the university agreed to contribute to the work of this committee. To conduct and supervise the survey, the university has given the part-time services of Dr. Jeannette Gruener, a member of the staff of the Department of Sociology and Social Work. In addition, the head of the university's Department of Rural Sociology, Dr. C. E. Lively, is available for consultation service. Inasmuch as a hospital survey is being conducted at the same time with state and Federal funds, we will be able to profit by information collected for that survey.

An inventory is being made of the present supply of nurses in Missouri—where nurses are and what type of nursing they are doing. Much of the information can be obtained from the Missouri State Board of Nurse Examiners. In addition, questionnaires are being sent to doctors, and pertinent information can be obtained from current hospital surveys. The survey of nursing needs and resources will include a study of feeders to nursing, and questionnaires are being sent to counselors in high schools and colleges throughout the state. On the basis of this survey, it is hoped, a far-reaching program for recruitment and educational procedures in nursing can be mapped out.

The league is planning to conduct a variety of institutes on subjects of particular interest to the head nurse, the supervisor, and the clinical instructor, following the state meeting in the fall.

MONTANA

Members as of August 1, 1947: 54
New members in 1946: 17
No local leagues.

Committees: Committee on Curriculum—Sister Frances Maureen, Chairman
Committee on Membership Campaign—Margaret Ann Sammick, Chairman
Committee on Psychiatric Nursing—Lala Handorf, Chairman
Committee on Measurement and Educational Guidance—Anna T. Beckwith, Chairman

The Montana league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Montana league was held in Billings on October 14, preceding the Montana State Nurses' Association convention. The after-
noon was devoted to discussion of the proposed revisions of the regulations for Montana schools of nursing by the State Board of Nurse Examiners.

The Committee on Curriculum is making a study of the curriculums of the schools of nursing in Montana, with the purpose of finding the weak and strong points in the individual schools, that they may thus aid one another. At present the committee has received the outlines of courses from the majority of the schools and is evaluating them on the basis of the Curriculum Guide.

The league co-operated with the Montana State Nurses’ Association in the revision of the Nurse Practice Act, which successfully passed the state legislature in February.

A special meeting of the league was held in Butte on April 24 in conjunction with a league-sponsored institute on the integration of social and health aspects of nursing in the basic curriculum. Mary Dunn was the guest speaker.

NEBRASKA

Members as of August 1, 1947: 138
New members in 1946: 31
Local leagues: Omaha—Marie Kilmer, President
Lincoln—Helen C. Marsh, President

Committees: Committee on Curriculum—Blanche Graves, Chairman
Committee on Membership Campaign—Hazel W. Meyer, Chairman

The Nebraska league functions as the department of education of the State Nurses’ Association.

Activities: The Omaha league has sponsored a project on “Centralized Teaching of Communicable Diseases” that has resulted in the adoption of a program whereby all six schools of nursing in Omaha will send, beginning with the next school term, all their students to the isolation unit of the Douglas County Hospital in Omaha for their communicable disease experience. A course of forty hours of theory will be given during the affiliation.

A joint committee of the Omaha league and the Omaha Hospital Council was set up to study the cost of nurse education.

To further its objective of better public relations, the Omaha league was granted membership in the Health Division of the Omaha Welfare Council and in the Women’s Interclub Council.

A program on the structure study and nurse enrollment was carried out jointly by the Omaha league and the District Nurses’ Association. A special meeting was planned, with Phoebe Gordon, counselor at the University of Minnesota School of Nursing, as guest speaker. All directors of the schools of nursing in Nebraska, also hospital administrators, high school counselors, and chairmen of other groups, were invited.

A representative of the Omaha league was sent to the ICN meeting.

The Lincoln league carried the nurse enrollment program jointly with the State Nurses’ Association. Graduate nurses spoke to high school student groups in the neighboring vicinities. Open house was held in the Lincoln hospitals for high school students, and those of them who, in “Career Week,” had indicated interest in nursing were entertained by the senior nurses in a local hospital. A recruitment program was sponsored by the Legion Auxiliary in Lincoln to interest young women candidates for the several nursing scholarships they are offering. A Florence Nightingale Memorial Service, open to the public, was held in a local church, with student and graduate nurses in uniform.

The Nebraska league is planning, with the Iowa league, to have an Iowa-wide quiz program over a local radio station this fall.

A committee of the Nebraska league has been appointed to make a survey of the need for establishing a nursing education course in a university.
The monthly program of the Omaha league this spring has been as follows:

February.—Panel discussion of the objectives of the local league.
March.—"Entrance Tests Being Used in Selection of Students in Schools of Nursing in Omaha."
April.—"Use of Films for Teaching." A report by the Committee on Audio-Visual Education.
May.—"Counseling and Guidance of Students." Phoebe Gordon, guest speaker.

The fall programs are to be devoted to graduate nurse education and to plans for general staff education.

The monthly programs of the Lincoln league have been planned through December.

January.—"New Trends in the Rehabilitation of the Psychopathic Veteran." Dr. Wilson, of the Veterans Administration Facility, guest speaker.
February.—"Bills of Interest in the Unicameral Legislature—Practical Nurse Bill." Walter Raeke, Speaker of the House of the Nebraska Legislature, guest speaker.
March.—"Nursery School Trends." Angeline Anderson, director of the nursery school of the College of Agriculture of the University of Nebraska, guest speaker.
April.—Panel discussion of the curriculum for preclinical students.
May.—"Interpretation of Results of Pre-entrance Tests." Dr. Warren Baller of the Department of Educational Psychology of the University of Nebraska, guest speaker.
June.—A social evening—a picnic supper.
September.—"New Drugs and Developments in Medicine." Dr. E. B. Reed, guest speaker.
October.—Joint meeting—state convention.
November.—"Diet in Disease." Arlene Luthi, therapeutic dietitian, guest speaker.
December.—Annual Christmas party, annual meeting—election of officers.

NEW HAMPSHIRE

Members as of August 1, 1947: 36
New members in 1946: 4
No local leagues.

Committees: Committee on Curriculum—Sister Marie Rose Larivee, Chairman
Committee on Membership Campaign—Genevieve S. Crayton, Chairman
Committee on Psychiatric Nursing—Dorothy Breen, Chairman
Committee on Measurement and Educational Guidance—Sister Marie Rose Larivee, Chairman
Committee on State Board Problems—Marie V. Dowler, Chairman

The New Hampshire league functions as the department of education of the State Nurses' Association.

Activities: The New Hampshire league has established a special committee to study the possibility of establishing a division of nursing education at the State University. At the present time this committee is working with the Department of Education and the School of Education at the university.
NEW JERSEY

Members as of August 1, 1947: 433
New members in 1946: 124
No local leagues.
Commitees: Committee on Curriculum
Committee on Measurement and Educational Guidance

The New Jersey league functions as the department of education of the State Nurses' Association.

Activities: The New Jersey league has had only two general meetings this year, as its greater activity has been through functioning committees that sponsored programs throughout the state. At the first general membership meeting, William Cherin, of the Raymond Rich Associates, presented the structure study and led the discussion that followed. The second meeting was a dinner, with Edward L. Bernays as speaker on the subject "Today's Crisis in Nursing." The league has sponsored workshops on the structure study in several centers.

All the standing committees have been active throughout the year. The Committee on Curriculum has given a total of fifteen statewide institutes, with an attendance ranging from sixty to one hundred, including representation from every school of nursing in the state. This committee functions through six subcommittees: on science, nursing arts, nursing and health service in the family and outpatient department, obstetrics, pediatrics, and medical-surgical. The subjects covered by these groups were "Integration of Microbiology with Clinical Experience" (Subcommittee on Science); "Application of Accident Prevention in Teaching Nursing Arts" (Subcommittee on Nursing Arts); "Functions of the Outpatient Department in Relation to the Community" and "The Outpatient Department and Interagency Relationships" (Subcommittee on Nursing and Health Service in the Family and Outpatient Department); "Use of Audio-Visual Aids in Teaching Pediatrics," "Teaching and Nursing Care of Pyloric Stenosis," "Teaching Possibilities in Nursing Care of Children with Respiratory Infections," "Formula Room Technique" (Subcommittee on Pediatrics); "Caudal Anesthesia," "Nursing Care of the Premature Infant," "Bleeding in Pregnancy," "Bedside Teaching to New Mothers," "Fathers' Classes," "Puerperal Sepsis," "Breast Care," "Early Ambulation," "Preoperative and Postoperative Care in Caesarian Section" (Subcommittee on Obstetrics).

The Subcommittee on Ways and Means of the Committee on Finance sponsored a hobby show, a "country store," and a play, "The Gay Nineties," as it did last year. In May the second annual spring festival of student nurses was held, with seven schools participating in the program of song and dance.

The Committee on Nursing Information has been responsible this year, in addition to publicity, for clearing dates of various league activities and for monthly notifications to the entire membership of all activities occurring in each month.

Of the special committees, the Committee on Administration of Schools of Nursing has continued active in discussing problems of schools and in planning for and executing the resumption of prewar requirements.

The Council on Student Personnel Programs sent out an inclusive questionnaire to more than 5000 students now in schools of nursing in New Jersey. The questionnaire covered the following topics: "Selecting Your School of Nursing," "Orientation to the School and to Nursing," "Counseling and Guidance," "Student Governing Body," "Student Privileges," "Extra Professional Program," "Health," "Professional Appearance," "Housing," "Instruction, Clinical Assignment, Study," "Marriage," "Attitude Toward Nursing," and so forth. The percentage of returns was high, and the committee has completed only the first rough draft of tabulation. The study will continue into next year.

The Committee on Nursing Service has now become a committee of interests. It
has enlarged its scope of activity and has increased its membership to thirty representing all groups interested in nursing, including the consumer public, hospital administrators, doctors, the State Department, and all branches of nursing.

The board of the New Jersey league has been conscious of its responsibility to nursing generally and to the orientation of younger nurses to nursing organization work. In light of this, the board has adopted the policy of inviting to all board meetings a representative of each of the five districts of the State Nurses’ Association and the chairman of each league committee, both standing and special. Each chairman has been asked to bring one member of her committee, rotating the privilege so that each member in turn may have the opportunity of sitting in at least one board meeting to see how the organization functions.

Hard-pressed for time as they all have been, and despite the extreme shortage of personnel, the ardor of the New Jersey league’s members has not dampened. Through individual effort and by concerted action, they have made it possible to gain some progress toward improving the quality of nursing and nurses.

New York

*Members as of August 1, 1947:* 1201

*New members in 1946:* 196

*Local leagues:* New York City—Mrs. Dorothy D. McLaughlin, President
Hudson Valley—Mrs. Beatrice E. Kinney, President
Central New York—Marie E. Hudson, President
Linda Richards—Bessie S. Merrill, President
Genesee Valley—Margaret M. Gibson, President
Western New York—Mrs. Hazel M. Hogan, President

*Committees:* Committee on Curriculum—Mary D. Burr, Chairman
Committee on Membership Campaign—Evelyn G. Fraser, Chairman
Committee on Education of the Nurse in Care of the Child—Alice K. Hyslop, Chairman
Committee on Psychiatric Nursing—Dorothy D. McLaughlin, Chairman
Committee on Measurement and Educational Guidance—Esther M. Thompson, Chairman

The New York league functions as the department of education of the State Nurses’ Association.

*Activities:* The major project of the New York league for the past year has been a study of the curriculum for schools of nursing in New York State. This activity has included the preparation of suggestions for a revision of the curriculum. A copy of the report has been forwarded to the State Education Department as a basis for the revision being prepared by that department.

The work of the main Committee on Clinical Nursing, and its several subcommittees, has been carried on at the state level, with study groups in local leagues submitting recommendations and suggested content in the various areas of the curriculum. Each local league studied a special area of the curriculum and in addition to suggesting hours, placement, and so forth, prepared a suggested teaching outline for the major clinical courses, which is available on a loan basis through the State Board of Nurse Examiners.

The Committee on Graduate Nurse Education has worked in several areas in the past year, asking each local league to carry one special project relating to graduate nurse education. The projects included the following:

1. Investigation of possibilities for summer session courses on a visiting instructor basis to be given in areas of the state not serviced by a college or university having established programs in nursing education.
2. Preparation of a statement of college courses in nursing available in New York State, for use by local nursing councils, guidance officers, and so forth.

3. Study of the educational background of present nursing staffs in a representative section of the state, as a basis for determining specific needs and recommendations relating to improvement in faculty standards.

4. Investigation of the policy of colleges and universities in New York State which offer advanced professional programs relative to accepting as credits for advanced standing general background and social science courses taken in liberal arts schools located in an area where the nurse is employed but where no established nursing education programs are available.

5. Study of needs for development of advanced clinical courses in colleges and universities offering established programs in nursing education.

A joint Committee of the SLNE and the SNA on Careers in Nursing has been appointed recently. It is planned that this committee will encourage conferences on nursing, at the local level, for high school principals, guidance officers, and others interested in the recruitment of qualified young women for schools of nursing. Speakers are provided for high schools requesting a nurse representative at conferences on vocational information, and the services of the consultant on counseling and placement of the SNA are available in developing the program.

Local leagues were asked to co-operate with District Nurses' Associations in forming joint committees to discuss the workshop guides on the structure study.

Institutes on the care of the child, to be given in various areas of the state, have been planned by a subcommittee of the Committee on Curriculum. It is hoped that the first may be held in New York City this spring, others being held elsewhere in the state during the fall.

In preparing for a curriculum requirement in psychiatric nursing experience for registered nurses in the state, the league is recommending improvement in the educational background of personnel in psychiatric hospitals. It is hoped that well-qualified teachers and supervisors with special preparation in psychiatric nursing will be available for appointments, with a view to building a practice field for the future needs of student nurses in the state.

**NORTH CAROLINA**

*Members as of August 1, 1947: 112*

*New members in 1946: 26*

*Local leagues: Eastern Division—Bessie P. Burgess, President*

*Western Division—Jane Lawrence, President*

*Committees:*

Committee on Curriculum—J. Virginia Miles, Chairman
Committee on Membership Campaign—Hazel C. Williams, Chairman
Committee on Psychiatric Nursing—Getrude Pitchford, Chairman
Committee on Measurement and Educational Guidance—Miriam Daughtry, Chairman
Committee on State Board Problems—Myra R. Maxwell, Chairman

The North Carolina league functions as the department of education of the State Nurses' Association.

*Activities: The North Carolina league held two state meetings in 1946-47, and in addition, the Eastern Division held one meeting and the Western Division, two.*

In co-operation with the North Carolina Hospital Association, the league sponsored a very interesting institute on cost analysis, led by Dr. Louis Block and Louise Waagen, of the U. S. Public Health Service, at Duke University in May.

The league is sponsoring a publicity campaign for recruitment of student nurses, publishing a large-size pictorial and expository catalog in which all the schools of
North Carolina are represented. This catalog will be placed in high school and college libraries.

NORTH DAKOTA

Members as of August 1, 1947: 47
New members in 1946: 10
No local leagues.

Committees: Committee on Curriculum—Sister Angela Tufts, Chairman
Committee on Membership Campaign—Leona Baumler, Chairman
Committee on Psychiatric Nursing—Clara G. Lewis, Chairman
Committee on Measurement and Educational Guidance—Ruth Anderson, Chairman
Committee on State Board Problems—Mildred Udegaard, Chairman

The North Dakota league functions as the department of education of the State Nurses’ Association.

Activities: The North Dakota league has been making an effort to increase interest on the part of head nurses and supervisors in becoming members by providing institutes of special benefit to them. Two such institutes have been held during the past year. In the Spring of 1946 there was a regional institute on ward teaching, held in two centers of the state. At the institute in 1947 round table discussions were arranged for five departmental groups for the purpose of a free exchange of ideas over problems pertaining to their specific departments—medical and surgical nursing, pediatric nursing, obstetrical nursing, and nursing arts. All parts of the state were well represented by instructors. Plans are being made for regional institutes to be held next fall at which the main subject will be student evaluation and efficiency reports. We hope to continue and develop the departmental round table groups. In order to conduct these institutes, our state membership dues have been raised to $5.

The time of the annual meeting has been changed from fall to spring. At the fall convention of the North Dakota State Nurses’ Association, the head of the Department of Education of the University of North Dakota spoke on the importance of a general college background for all people, with special application to nurses.

Plans have been made for an active state recruitment program by means of the radio and press.

OHIO

Members as of August 1, 1947: 572
New members in 1946: 102

Local leagues: Cleveland—Eugenia C. Motok, President
Toledo—Anne D. Madaras, President
Akron—Gladys A. Eaton, President
Columbus—Dorothy Brinker, President
Dayton—Minnetta A. Schafer, President
Cincinnati—Martha M. Pflueger, President

Committees: Committee on Curriculum—Olivia L. Barres, Chairman
Committee on Membership Campaign—Goldie D. Harker, Chairman
Committee on the Education of the Nurse in Care of the Child—Pauline Seymour, Chairman
Committee on Psychiatric Nursing—Josepha K. Lott, Chairman
Committee on Measurement and Educational Guidance—Evelyn M. Tovey, Chairman
Committee on State Board Problems—Clara F. Brouse, Chairman
The Ohio league does not function as the department of education of the State Nurses' Association.

*Activities:* The annual convention of the Ohio league was held at the Southern Hotel in Columbus on November 14, 15, and 16. At this time an institute was given by Clara Quereau and Ida MacDonald, of the National Committee on the Administration of the Accrediting Program. Much valuable information was imparted on faculty organization and personnel policies in schools of nursing and on curriculum planning for postwar programs in basic nursing education. Also at this meeting the constitution and bylaws of the Ohio league were revised to provide for an increase in dues to the National League from $3 to $5 a year and an increase in the state league dues from $1 to $2 per year.

The six local leagues have been very active during the past year. Two have concentrated their efforts on a study of community health as related to nursing education. A committee of another developed a list of functions of the nonprofessional worker in hospital nursing service, which was later approved by the state league and referred to the Ohio State Nurses' Association. Having been approved by the SNA, the list has been sent to all the hospitals in Ohio with the recommendation that it be used as a guide for the assignment of work to the trained-on-the-job auxiliary worker.

The Committee on Curriculum continued the preparation of outline for various courses: pharmacology, orthopedic nursing, the circulatory system, the endocrine system, and the social and health aspects of nursing in the basic curriculum. Studies or outlines were prepared and sent to the director of each accredited school of nursing in the state. These suggestions were greatly appreciated and were found to be very helpful.

The Committee on Measurement and Educational Guidance continued to direct its attention to the Pre-nursing Guidance and Test Service. Several schools of nursing in Ohio have used this service this year for the first time. Next year the committee hopes to compile a handbook on "Interpretation of Test Results," to include all types of standardized tests which may be used in the high schools and colleges.

Joint meetings of the board members of the Ohio league, the State Nurses' Board, and the SNA were held on February 20 and March 8, 1947. Consideration was given to the preparation and use of trained assistants and to the goals of professional nursing education. These meetings created a better understanding among board members, and some definite recommendations were passed, which will be taken back to the respective bodies for action at their next meetings.

The Ohio State League of Nursing Education is an institutional member of the Ohio Hospital Association.

**Oklahoma**

*Members as of August 1, 1947:* 44

*New members in 1946:* 10

*No local leagues.*

*Committees:* Committee on Curriculum—Florence Muchilhauser, Chairman

Committee on Membership Campaign—Ruby Roepe, Chairman

Committee on the Education of the Nurse in Care of the Child—Helene Bonneau, Chairman

The Oklahoma league functions as the department of education of the State Nurses' Association.

*Activities:* At the last annual meeting of the Oklahoma league, the bylaws were revised to increase the dues of the members, and their revision to include lay members is now in process.

It was decided at the 1946 meeting that more interest and activity on the part of members would be stimulated if there were more than one meeting a year, and there-
fore the league is planning a spring meeting of which the theme is to be "Student Education."

At the State Fair the league had a booth for recruitment of student nurses. Contacts were made in this way with many young women interested in preparing themselves for entrance to schools of nursing. Recruitment has also been stimulated by broadcasts over local radio stations and by talks to high school students.

A three-day institute on cost analysis for schools of nursing, held in April, was well attended, and it was felt that this was time well spent despite the drastic shortage of personnel in the various schools represented.

OREGON

The Oregon State League of Nursing Education held three meetings in the Fall of 1946. In December a special meeting was called to discuss whether to continue as the Oregon State League of Nursing Education or to dissolve and become the educational section of the Oregon State Nurses' Association. The vote was by ballot, and the majority voted to dissolve.

PENNSYLVANIA

Members as of August 1, 1947: 670

New members in 1946: 170

Local leagues:
District #1 (Philadelphia)—Edith D. Payne, President
District #2 (Reading)—Amanda I. Lerch, President
District #3 (Wilkes-Barre)—S. Louise Marvin, President
District #4 (Harrisburg)—Mary R. Lau, President
District #5 (Spangler)—Mary A. Dumm, President
District #6 (Pittsburgh)—Frances L. George, President
Districts #7 and #8 (Warren)—Dorothy T. Peterson, President

Committees:
Committee on Curriculum—Katie Lee Walton, Chairman
Committee on Membership Campaign—Mary E. Spare, Chairman
Committee on Psychiatric Nursing—Mildred Van Sickel, Chairman
Committee on Measurement and Educational Guidance—Theresa L. Lynch, Chairman

The Pennsylvania league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Pennsylvania league was held in Harrisburg in October, 1946. Major action at this meeting brought about the revision of the constitution and bylaws of the state league, in order that they would conform to those of the National League. At this meeting a new local league was accepted for membership, to be known as the "Local League of District #4." Voting for new officers, also, took place; as a result all officers but one—the past president—remained in office. An increase of eighty-three members was reported, bringing the total membership in October to 707.

During the year much thought was spent on problems of recruitment. Various problems had arisen in some of the local leagues, and it was felt that the assistance of the Pennsylvania State Nurses' Association was necessary if an effective program was to be possible. Consequently, a resolution was sent to the Pennsylvania SNA requesting the formation of a recruitment committee by the SNA of which the membership should be composed of representatives of the SNA, the state league, the Pennsylvania Hospital Association, and possibly of the Pennsylvania State Medical Association. The league expressed itself as eager to co-operate to the fullest in a recruitment program and pledged financial support up to $1,000.

Concern has been registered about the results (the large number of failures) of the
use of the NLNE's test pool examinations. After a discussion, the board voted to ask the board of directors of the SNA to give serious consideration to the matter to try to ascertain the difficulties and probable solutions. The president of the Pennsylvania league was present at a meeting of the state committee that had been appointed to advise with the state board. As a result of the meeting, the league was asked to have its Committee on Measurement and Educational Guidance make a study of the examinations to determine the validity and practicability of the examinations and to have a report ready for the annual meeting of the State Board of Nurse Examiners with the directors and instructors of schools of nursing in Pennsylvania. At a recent meeting the committee chairman brought a report of acceptability, and we are now faced with the problem of finding other causes for the failures. This will be discussed at the June meeting of the board of directors.

Many interesting meetings have taken place throughout the state under the direction of the various local leagues. The Philadelphia league has been very active. Its program is set forth here for the value it may have to others.

"The plans for this year included program meetings of general interest each month and meetings of committees concentrating around specific problems as decided by the committees. . . . In addition to the regular meetings, two meetings during the year were planned in conjunction with the District Nurses' Association and the Nursing Council.

"The programs conducted at the Philadelphia league's meeting were these:

2. 'The Practical Nurse.' A panel discussion with Hilda M. Torrop as the principal speaker.
4. 'Scholarships for Nursing.' A panel discussion directed by Dr. Mary Gardiner.
5. 'Some Social Implications of Atomic Energy.' Speakers from the Philadelphia Associates of Churchmen and Scientists.
6. 'The Structure Study.' A joint meeting with the Nursing Council of Metropolitan Philadelphia. Eleanor Palmquist, speaker.
7. 'Nursing of the Present and the Future.' Anna M. Schwarzenberg, speaker.
8. 'Educational Tests and Guidance.' Elizabeth L. Kemble, speaker.

"The Directors Committee, with Theresa Lynch as chairman, has held three meetings. The discussion at the first meeting was on the need for nursing scholarships. The second meeting was with high school counselors to discuss mutual problems. Rating scales for evaluating graduate nurse performance was taken up at the third meeting.

"The Committee on Curriculum conducted four programs: (1) 'Psychosomatic Medicine'; (2) 'Integration of Social and Health Aspects of Nursing'; (3) 'Student Nurse Discusses Psychiatric Nursing' (a panel discussion); (4) 'Undergraduate's Program in Tuberculosis Nursing.'

"The lay committee has been quite interested and active in forming a committee to work on scholarships for students in schools of nursing. Mrs. Branen Reath has accepted the chairmanship of this committee, and many interested lay people in the community have been invited to join. There are at present eighteen lay members, and ten new members have been tentatively approved. The objectives of this program are (1) to secure adequate financial aid for any qualified student entering a school of nursing who may need such help, (2) to interest and inform lay groups, clubs, etc., about nursing as a career and as a profession. Considerable work has already been done by this group, and the first scholarship was presented in March by the Philadelphia Federation of Women's Clubs. Further meetings and activities are scheduled so that this program may be effectively operating by fall."

In District #3 there were three meetings; at one a qualified laboratory technician
explained the Rh factor of the blood; at another there was a historical reading; at
the third the discussion was on the advantages of the accelerated program in schools
of nursing.

District #5 has been concentrating on membership. Of special interest was the
meeting planned on public relations, at which experts from both the professional and
nonprofessional fields discussed the subject.

The Pittsburgh league (District #6) had a very worthwhile institute on public
relations. An expert from a local public relations bureau and Jean Henderson, of the
U. S. Public Health Service, were the main speakers at the morning session, and in
the afternoon Miss Henderson conducted a most profitable panel discussion. Most of
the meetings of this league have centered around pertinent phases of teaching pro-
grams in schools of nursing.

The local league of Districts #7 and #8 have considered the growing problems
in care of the aged, ward teaching, and orthopedic nursing. A successful institute on
orthopedic nursing was sponsored by this league.

All committees of the Pennsylvania league have been active in their special fields.
We hope there will be an increase in lay membership as a result of the efforts of the
Committee on Lay Participation. Since we now have a lay member on our board, it
may be that such an increase will be more certain.

PUERTO RICO

Members as of August 1, 1947: 32

New members in 1946: 14

No local leagues.

Committees: Committee on Curriculum—Elena Bonilla, Chairman
Committee on Membership Campaign—Juana S. de Zayas, Chairman
Committee on Measurement and Educational Guidance—Maria L.
Sagardia, Chairman
Committee on State Board Problems—Sarah G. White, Chairman

The Puerto Rico league functions as the department of education of the Puerto Rico
Nurses' Association.

Activities: During the past year attendance at meetings of the Puerto Rico league
was disappointingly small. It seemed that, with the war over, nurses would be less
pressed for service and would dedicate part of their time to the activities of the pro-
fessional organizations. Contrary to this, everybody appeared to be either too tired or
too busy, due, probably, to the limited number of nurses on the island and to the ever-
increasing demand of the public for nursing service. Furthermore, the league lost,
during the last year, several of its most active members; some went back to the States
for good, others just for a while.

Four regular meetings and a special one were called during the year. The outstanding
features at these meetings were (1) a discussion of the new organization of the Puerto
Rico State Board of Nurse Examiners; (2) the showing of teaching films at the Army
Hospital at Fort Brooke.

The board of directors met six times. To one of these meetings the directors of
the different schools of nursing in the island were invited; the main purpose of this
meeting was to arouse the directors' interest in the work of the league, hoping that
they in turn would interest the members of their nursing school staffs to join the league.

The Committee on Psychiatric Nursing undertook a study of the nursing situation
at the two largest mental hospitals on the island—the Julia Clinic and the Insular
Psychiatric Hospital. Their final report shows that although from the medical aspect
psychiatry is improving, there is still a most arduous and difficult task facing the
nursing profession in Puerto Rico—that of giving service under the most unfavorable
conditions.
The Committee on Measurement and Educational Guidance has been rather busy all year working on a set of tests from which they plan to prepare an integrating examination for use as a pretest for graduate nurses who apply for admission to the course in public health nursing offered by the School of Tropical Medicine.

The Committee on Curriculum has been active in trying to prepare a model curriculum for use in our schools of nursing.

The Committee on Revision did a fine job of revising the bylaws as suggested by the National League.

At the annual meeting, which was held on January 31, 1947, there was a panel discussion on the study of the structure of the national professional organizations. The contribution to the discussion by Pearl McIver was most inspiring and gratifying. The league plans to continue these discussions throughout the present year so as to enlighten all graduate nurses on the island on this subject.

Just recently, during the regular session of the legislature, the league co-operated with the Nurses' Association in combatting legislation tending to lower the standards of the nursing profession in Puerto Rico.

RHODE ISLAND

Members as of August 1, 1947: 179
New members in 1946: 71
No local leagues.

Committees:
Committee on Curriculum—Sister Miriam Frances, Chairman
Committee on Membership Campaign—Sylvia Pigeon, Chairman
Committee on Psychiatric Nursing—Margaret Ferguson, Chairman
Committee on Measurement and Educational Guidance—Florence M. Weigner, Chairman

The Rhode Island league functions as the department of education of the State Nurses' Association.

Activities: 1946 was an interesting year for the Rhode Island league and one during which an active Committee on Membership Campaign succeeded in obtaining more members than ever before. A tea was held at nursing headquarters during June in honor of our new members.

Our most time-consuming piece of work was an intensive two-week student nurse enrollment campaign held during July. Expenses coincident with the drive were defrayed by contributions made by the Hospital Service Corporation of Rhode Island and its member hospitals with and without schools of nursing. A committee of community leaders representing civic life, the Rhode Island State League of Nursing Education, the Hospital Association of Rhode Island, and the Hospital Service Corporation of Rhode Island spearheaded the program, which opened with an appropriate proclamation by the Governor of Rhode Island and by the mayor of each city. For the subsequent two weeks, a steady flow of publicity kept the nursing profession before the public. The publicity included interesting feature stories and daily five hundred line advertisements, sponsors for which were secured by our various hospitals from among their friends. Radio stations were most co-operative; frequently, courtesy spot announcements were made, and interviews with graduate and student nurses were featured; regular radio programs were adapted to portray various phases of nursing, and five-minute talks were delivered by well-known members of the local nursing and medical professions. Special one-minute trailers on "Nursing as a Career" were used in all theatres, and the official campaign poster was displayed on streetcars and on the windows of buses and drugstores. Department stores in all larger cities generously donated attractive window displays. Graduate nurses addressed assemblies in most of our high schools, speaking about the requirements for and opportunities in nursing. During the last three days of the campaign, information booths staffed by registered nurses were
established in each of our six communities. While results of the campaign in terms of applicants for the 1946 fall classes were not spectacular, each school did receive additional students, and over three hundred people—parents and students in their junior and senior years of high school—made inquiries. The inquiries from students provided us the opportunity to give worthwhile and needed guidance. Graduate nurses were quick to express appreciation for the opportunity the drive provided them to place the various aspects of the profession before our community in a very desirable way. At the time this annual report is being written, enrollment for our 1947 fall classes is very satisfactory. It is the consensus that this increased interest is due to a large extent to last year’s campaign.

At a well-attended spring meeting, Jean Barrett, associate professor of nursing at the Yale University School of Nursing, spoke on “The Evaluation of Students’ Work in the Clinical Situation.” Our summer, fall, and annual meetings were held in conjunction with the Rhode Island State Nurses’ Association.

After a lapse of two years, our annual institute, planned by the league and conducted in conjunction with the State Nurses’ Association and the State Organization for Public Health Nursing, was held for two days during October. The program, planned about the theme “Nursing on the Threshold of the Future,” included many outstanding speakers and attracted an attendance of 652 nurses.

A series of eleven group conferences, planned for league members with similar interests and problems, was held at our various hospitals and public health agencies. Each meeting proved thought-provoking and stimulating.

The Committee on Measurement and Educational Guidance has successfully continued to promote the use of the National League’s test services by our schools. At an all-day meeting in Providence on April 15, 1946, faculty members from each of our local schools of nursing as well as from three schools in adjacent sections of Massachusetts were present to hear a discussion of the testing service by two of the staff members of the National Committee.

The Committee on Mental Hygiene and Psychiatric Nursing prepared and reviewed a questionnaire to ascertain how it could be most helpful to our various schools of nursing as well as to find out the number of student nurses in Rhode Island receiving affiliations in psychiatric nursing. At the time of the questionnaire, a good number of students in two of our schools were receiving such experience, while three schools were planning such an affiliation for their students. In keeping with the request for help for the graduate nurses who did not have psychiatric nursing as part of their undergraduate program, arrangements were made whereby one session of our annual institute was devoted to a discussion of “Why All Nurses Need the Psychosomatic Point of View.” In the near future, it is hoped, we will be able to provide further assistance to this group by an intensive two-day institute on psychiatric nursing.

In 1946, in preparation for nursing courses to be given in Providence early in 1947 by faculty members of the Division of Nursing Education of Boston University, the league sponsored two courses in educational psychology for graduate nurses. These were arranged through the kind co-operation of the Extension Division of the Rhode Island State College, and were well attended.

**South Carolina**

*Membros as of August 1, 1947: 82*

*New members in 1946: 23*

*No local leagues.*

**Committees:** Committee on Curriculum—Ruth Chamberlin, Chairman
Committee on Membership Campaign—Marguerite Andell, Chairman
Committee on Psychiatric Nursing—Abigail Y. Rheney, Chairman
Committee on Measurement and Educational Guidance—Isadora Poe, Chairman
The South Carolina league functions as the department of education of the State Nurses’ Association.

Activities: During the past year the South Carolina league has held four all-day meetings, including the annual meeting. Attendance has been excellent, and great interest has been taken in the subject—the structure study.

The Committee on Curriculum made a special study of possibilities throughout the state for the improvement of teaching public health nursing, tuberculosis nursing, and psychiatric nursing in the undergraduate curriculum.

The special Committee on Planning met with the South Carolina State Hospital Association for the study of recruitment plans throughout the state.

The Committee on Revision has revised the constitution and bylaws to accord with all changes made by the National League.

The league has co-operated with the South Carolina State Nurses’ Association and the State Board of Examination and Registration of Nurses in preventing undesirable legislation for the licensing and control of auxiliary nurses.

The league has been instrumental in bringing two courses into the summer school of the University of South Carolina: Ruth W. Hay, of the University of North Carolina, will teach “Principles and Practice of Public Health Nursing,” and a course on the integration of social and health aspects of nursing will be given, though the instructor for this course has not yet been selected.

SOUTH DAKOTA

Members as of August 1, 1947: 50
New members in 1946: 4
No local leagues.

Committees: Committee on Curriculum—Virginia Dryden, Chairman
Committee on Membership Campaign—R. Esther Erickson, Chairman
Committee on Psychiatric Nursing—Sister M. Desideria, Chairman
Committee on Measurement and Educational Guidance—Sister Marie Theresa, Chairman
Committee on State Board Problems—Sister M. Rosalie, Chairman

The South Dakota league functions as the department of education of the State Nurses’ Association.

Activities: The South Dakota league conducted a workshop in Sioux Falls on April 14-15. Led by Margaret Staley Cashman, a group of thirty-three nurses, representing all eight schools of nursing in the state, spent two days in study and preparation of the problems and principles of nursing.

The Committee on State Board Problems worked with the State Nurses’ Association in a revision of the Nurse Practice Act. This revision was passed by the legislature in the 1947 session.

TENNESSEE

Members as of August 1, 1947: 91
New members in 1946: 23

Local leagues: Knoxville—Mrs. Grace B. Johnson, President
Memphis—Ruth Neil Murry, President
Nashville—Virginia Crenshaw, President

Committees: Committee on Curriculum—Alma E. Gault, Chairman
Committee on Membership Campaign—Mary L. Frisz, Chairman

The Tennessee league functions as the department of education of the State Nurses’ Association.
Activities: The Tennessee league had five objectives in 1946-47: (1) To amend the constitution and bylaws to conform to the Bylaws of the National League; (2) To sponsor an institute for the state; (3) To explore the clinical fields of psychiatric and tuberculosis nursing in order to know the potentialities for instruction of nurse students in these areas; (4) To participate in plans for the preparation of practical nurses in Tennessee; (5) To establish and maintain sound organization planning and recording of financial and other business matters.

The Tennessee and Nashville leagues co-operated in sponsoring a three-day institute on psychiatric nursing and the mental health program in the community. The attendance of 125, drawn from all over the state, included students from local schools of nursing and colleges as well as many interested persons, both professional and lay, from the community. One of the important accomplishments of the institute was having representatives from so many different groups come together to discuss the vital topic of mental health.

The Committee on Curriculum has formulated plans to study the facilities in Tennessee for psychiatric nursing experience for students in basic nursing education. A three-month experience in psychiatric nursing will be required of students entering in 1948.

The Committee on Revision is completing the revision of the constitution and bylaws to provide for voting by mail and for increase of national, state, and local dues.

The president of the state league met with the Nashville local league to explore the needs and possibilities for practical nurse education in Nashville. The league has expressed its interest and willingness to assist in furthering these plans throughout the state.

Each of the local leagues has been active this year, holding regular meetings with discussions centering around such problems and current issues as "The Structure Study — How It Would Affect Nursing Education and the Place of Nurse Educators in Such a Proposed Structure"; "The Practical Nurse"; "Personnel Policies"; "Counseling and Placement"; and "Weaknesses in Teaching as Shown by the State Board Examinations."

The Tennessee Hospital Association has assumed financial responsibility for the recruitment program in Tennessee. A professional nurse has been employed to direct the program. It is functioning through local units with which the league is co-operating.

TEXAS

Members as of August 1, 1947: 289
New members in 1946: 31
Local leagues: Austin—Bernice Johnson, President
Dallas-Fort Worth—Merle O. Mayo, President
Galveston-Houston—Louella Olson, President
San Antonio—Julia O. King, President
Amarillo-Lubbock—Ruth Binder, President

Committees: Committee on Curriculum—Irene Healy, Chairman
Committee on Membership Campaign—Edith H. Turner, Chairman
Committee on Measurement and Educational Guidance—J. Katharine Bratton, Chairman
Committee on State Board Problems—Lucy Harris, Chairman

The Texas league does not function as the department of education of the State Nurses' Association.

Activities: The Texas league through its Evaluation Committee has attempted to survey the facilities, curriculum, and faculty of all schools of nursing in the state by
questionnaire. Each school will receive a report showing its relationship in all areas to other schools in the state.

At the annual convention in May the membership voted to recommend to the Board of Nurse Examiners that State Board Test Pool questions be used as soon as possible, and at any rate, not later than the Spring of 1949.

Upon the recommendation of the Committee on the Training of Practical Nurses, the membership approved a plan for the training of practical nurses. This committee will meet shortly with representatives of the Texas Graduate Nurses’ Association, the State Organization for Public Health Nursing, the State Medical Association, the Texas Hospital Association, and the Division of Vocational Education to complete plans for setting up schools for the training of these workers.

A plan is being worked out through a joint committee of the league and the SOPHN, with Bertha Allwardt as co-ordinator, to institute throughout the state workshops on the structure study.

**Utah**

*Members as of August 1, 1947:* 33

*New members in 1946:* 4

*No local leagues.*

**Committees:**
- Committee on Curriculum—Martha K. Haugsten, Chairman
- Committee on Membership Campaign—Luella Hyatt, Chairman
- Committee on Education of the Nurse in Care of the Child—Melba Sorensen, Chairman
- Committee on Psychiatric Nursing—Cynthia Curtis, Chairman
- Committee on Measurement and Educational Guidance—Hazelle B. Macquin, Chairman
- Committee on State Board Problems—Maria Johnson, Chairman

The Utah league functions as the department of education of the State Nurses’ Association.

**Activities:** During 1946-47 two meetings of the Utah league were held jointly with District No. 1 of the Utah State Nurses’ Association. Board meetings were held monthly. Some of the board meetings were special sessions to which all state committee chairmen were invited; reports from the committees were considered and joint plans for the year were outlined. At one such meeting all members working in obstetrical nursing were invited to meet the new hospital consultant in child and maternal health. This consultant, together with the state public health nursing consultant in child and maternal health, outlined to the group the functions of the consultants and how the consultants might be useful to the obstetrical nursing staffs of the hospitals conducting schools of nursing.

In March of 1947 a two-day workshop on principles and methods of supervision was sponsored by the league. Registration was so heavy that three sections had to be scheduled—two in Salt Lake City and one in Ogden. The April and May activities of the league centered around the structure study.

The Committee on Curriculum and the Committee on Psychiatric Nursing working together carried on correspondence with and made visits to institutions where psychiatric nursing affiliations for basic nursing students were offered. In March a report on one of these affiliations was sent to the Utah State Board of Nurse Examiners with a request that the affiliation be approved for the instruction and practice of students in Utah schools of nursing. This approval was given and the recommendation for such an affiliation is now before the administrative officers of the Utah schools. As this affiliation may not be able to take all the students of the state, effort is being continued at an increased tempo to have the physical facilities and personnel of the Utah State Hospital prepared to offer similar opportunities within the state.
The Committee on Curriculum has been designated to work with the State Hospital Association in the recruitment of students for the basic nursing programs offered in Utah. This same committee is active in encouraging graduate nurses to prepare for the clinical specialties, informing them of scholarships available and contacting hospital superintendents to urge cooperation with the State Nurses' Association in its efforts to promote educational leaves of absence at half pay.

In spite of or in some cases, perhaps, because of its small membership, the Utah league has been able to mark up advances along several fronts in the past year. The coming year is looked forward to as one of unusual opportunity.

VERMONT

Members as of August 1, 1947: 27
New members in 1946: 27
No local leagues.
Committees: Committee on Curriculum—Grace Buttolph, Chairman
Committee on Membership Campaign—Eleanor H. Dyke, Chairman
Committee on Psychiatric Nursing—Catherine Terrien, Chairman
Committee on Measurement and Educational Guidance—Mary Ferry, Chairman
Committee on State Board Problems—

The Vermont league functions as the department of education of the State Nurses' Association.

Activities: On March 15, 1946, a group of individual members of the National League of Nursing Education and other interested nurses met in Burlington and organized the Vermont State League of Nursing Education. Mabel F. Huntley gave a stimulating resume of the development and progress made by the three national nursing organizations, with special emphasis on activities of the National League of Nursing Education. Miss Huntley stressed the advantages of a state league in furthering nursing education in Vermont.

The league was accepted as a constituent member of the National League early in May of 1946. Since this time, the board of directors has held four meetings and the membership two, in connection with the Vermont State Nurses' Association.

On March 6, 1947, an institute was held, which was attended by seventy-five nurses representing all state nursing organizations. The forenoon program dealt with integration of the social and health concepts in the basic curriculum and was participated in by representatives of health agencies, including hospitals, the Visiting Nurse Association, the Division of Public Health, and medical social workers. The afternoon program dealt with the selection and guidance of students, the speakers including a hospital superintendent, the principal of the high school, the director of the university's Department of Student Personnel, and two representatives of secondary schools.

At its June meeting the league will revise its bylaws to conform to the changes in the National Bylaws and will make plans to increase its membership.

VIRGINIA

Members as of August 1, 1947: 97
New members in 1946: 21
No local leagues.
Committees: Committee on Curriculum—Mary Love Green, Chairman
Committee on Membership Campaign—Josephine McLeod, Chairman
Committee on Measurement and Educational Guidance—Hazel Higbee, Chairman
Committee on State Board Problems—Mary Love Green, Chairman
The Virginia league functions as the department of education of the State Nurses’ Association.

Activities: During the period 1946-47 the Virginia league had a minimum of activity. In May, 1946, it provided the program for one day of the annual meeting that was held jointly with the Graduate Nurse Association of Virginia, arranging for Virginia Henderson, of the Department of Nursing Education of Teachers College, New York, to discuss unit construction. In December, 1946, it conducted an institute on “Planning an Integrated Curriculum,” with demonstrations in the fields of medical and surgical nursing, pharmacology and nursing arts, and dietetics. In the months between September and January, the Committee on Revision was very busy revising the constitution and bylaws so that needed changes might be adopted at a meeting in January; with the adoption of the changes, including some having to do with state league dues, it should be possible to carry on a more active program in the future.

Present plans for the year 1947 include a week of study, or a workshop, to be held during the summer and an institute in the early fall. It is hoped that a number of local leagues will be formed during this year.

WASHINGTON

Members as of August 1, 1947: 144
New members in 1946: 46
No local leagues.

Committees: Committee on Curriculum—Virginia Felton, Chairman
Committee on Eligibility and Membership—Helen Stolessen, Chairman
Committee on Psychiatric Nursing—Nancy Kintner, Chairman
Committee on Measurement and Educational Guidance—Virginia MacIvor, Chairman

The Washington league functions as the department of education of the State Nurses’ Association.

Activities: The Eastern and Western Branches of the Washington league are not local leagues but function as two parts of one organization, sharing committees and activities. Each branch holds regular monthly meetings.

The Committees on Program and on Arrangements have been functioning since early fall, preparing for the convention of the National League to be held in Seattle next September.

Upon the request of the board of advisers of the Edison Vocational School, the Auxiliary Workers Committee of the league surveyed the day course of instruction given practical nurses at the school. After the school met the recommendations made by the committee, the course was approved and confirmation of this approval was sent to the state director of vocational education in order that this school might be used as a criterion. Subsequently, two other courses—a part-time day course and a night course—given at the same school were surveyed and, after the committee’s recommendations had been put into effect, approved. A course for practical nurses in psychiatric nursing was considered and rejected.

The Washington league has been intensely interested in legislation pertaining to a nurse practice act. Two bills were before the legislature—one presented by professional nurses and one by practical nurses. League members helped lobby, but neither bill was passed. League representatives participated, also, in a committee that set up rules and regulations for nursing service for a bill for the licensing of hospitals.

The director of nursing of the Department of Licenses has requested the league to consider training school records, pretest and achievement tests, and stipends for students. These items have been referred to appropriate committees.
The Committees on Structure Study and on Program are planning a workshop on the structure study for presentation at a meeting in May.

The Eastern Branch this year conducted a meeting of professional and lay people to discuss student enrollment in September. The Eastern Branch’s Committee on Auxiliary Workers has set up a curriculum for a practical nurse program at the Spokane Trade School. A two-day institute was given on April 17-18 in Spokane, the program being on varied subjects concerned with nursing education. There were excellent speakers, several from the faculty of Washington State College at Pullman.

The Student Enrollment Committees of both branches have been very active. Plans have been made for financial assistance with their program, and for the collection and distribution of information, and for publicity. Newspaper and radio publicity has been available in certain areas. Speakers have been provided for vocational programs in various organizations. The program outlined by the committees is as follows: (1) Distribution of the booklet *I'd Like to Know About Nursing* to all high schools and colleges and in answer to requests for information; (2) Publicity through the state league’s journal; the February issue was entirely devoted to vocational guidance material and was sent to all high schools and public libraries; (3) Preparation by the committee of a concise leaflet listing all accredited schools of nursing in the state; (4) Use of publicity booths at all fair grounds this year to interest the public; such an exhibit was made last year and evoked a good deal of interest; the Eastern Branch furnished dolls dressed in school uniforms as an added attraction. The results of the program as carried out to date are still unknown, but most schools of nursing report a slightly increased enrollment as the year has progressed.

**WEST VIRGINIA**

*Members as of August 1, 1947: 36*

*New members in 1946: 7*

*No local leagues.*

*Committee: Committee on Membership Campaign—Alma C. Corbitt, Chairman*

The West Virginia League does not function as the department of education of the State Nurses’ Association.

*Activities: Membership in the West Virginia league is small and, because of widely scattered members, our meetings are very difficult to arrange. However, the league held two institutes during April, 1947—one in Clarksburg for the northern part of the state, and the other in Charleston for the southern section. The subject of the institutes was “In-Service Program.” An average of twenty-five nurses attended the meetings, and great satisfaction was expressed.*

*Our fall meeting will center around the theme “Improving the Educational Standards in Our Schools of Nursing.”*

*Although the league does not function as the department of education of the State Nurses’ Association, for the past two years members have been appointed to the Committee on Education of the association and act as advisers to the State Board of Nurse Examiners, reviewing the curriculum and recommending changes, aiding in setting up a curriculum for a practical nurse school, and supporting efforts of the State Nurses’ Association in the establishment of a psychiatric affiliation.*

The West Virginia league’s aim is that every eligible nurse shall become a member, and towards the achievement of this purpose all efforts will be directed.

**WISCONSIN**

*Members as of August 1, 1947: 185*

*New members in 1946: 41*

*Local league: Milwaukee—Florence Charles, President*
REPORTS OF STATE LEAGUES

Committees: Committee on Curriculum—M. Evelyn Mercer, Chairman
Committee on Membership Campaign—Esther Olson, Chairman
Committee on Psychiatric Nursing—Clara Brauer, Chairman
Committee on Measurement and Educational Guidance—Florence W. Rehfeld, Chairman

The Wisconsin league functions as the department of education of the State Nurses' Association.

Activities: The Committee on Curriculum of the Milwaukee league has been active in co-operating with the Milwaukee Vocational School in planning a program for the training of attendants.

Recruitment programs were sponsored by the Milwaukee league in co-operation with high school counselors of Milwaukee. Several meetings with the counselors were held, and a program of weekly tours to hospitals affiliated with schools of nursing was planned.

The Planning Committee completed, early in 1946, a study of qualifications for various positions for professional nurses. The report submitted proved very useful to employers of professional nurses in Milwaukee and was also used by the Wisconsin State Nurses' Association's Policies Committee.

The Wisconsin league, in co-operation with the Wisconsin State Organization for Public Health Nursing, is planning a two-day combined program for the annual meeting of both organizations. The theme of the convention is centered around "Integration of Social and Health Aspects into the Basic Curriculum for Nurses."

On February 14, 1947, the Committee on Curriculum sponsored an institute. The principal objective was to demonstrate ways and means of promoting integration of the basic sciences in the clinical teaching program. Edna Groppie, director of workshops in nursing of the University of Pennsylvania, was invited to act as moderator. The organization of the institute was under the chairmanship of Louise Schmitt. Two situations—one medical, the other surgical—were presented. The success of the institute might be measured by the audience reaction, which, on the part of some, was that there were unplumbed possibilities in clinical co-ordination with basic science principles; on the part of others, that their present program was being properly handled, since it measured up to the demonstrations. The program was representative of the faculties of the Milwaukee schools of nursing.

ASSISTANT EXECUTIVE SECRETARY

The executive secretary repeated her hope, expressed previously at the meeting of the Council of State Leagues in Atlantic City, in 1946, that an assistant executive secretary could be procured whose main function would be field service in the states. She reviewed her unsuccessful attempts to find such a person, and appealed to the members of the Council of State Leagues to send to her their suggestions for candidates for this position.
REVISION OF THE BYLAWS

Consideration was then given to suggestions for revisions in the Bylaws which had not been previously circulated among the League membership and which, therefore, could be adopted only by unanimous vote of the membership at the forthcoming Business Meeting. These revisions were suggested at a meeting of the presidents, treasurers, and chairmen of the committees on eligibility of the state leagues of Connecticut, Maryland, New Jersey, New York, and Pennsylvania and the New York City and Philadelphia local leagues, and were prompted by the time-consuming difficulties encountered in approving applicants for membership in the League and by the need for expediting this process.

Dues. The difficulties in record-keeping caused by the variation in dues for active members* had led to the recommendation that the clause setting dues for new members at $4.00 for the first year only be eliminated, and that dues for all active members be $5.00. There was unanimous agreement among those at the meeting of the Council of State Leagues that this recommendation for revision of the Bylaws was a desirable one and should be presented to the membership at the Business Meeting scheduled for September 8, 1947.

Membership. Several recommendations for revision of the requirements for membership in the League were then discussed. The first of these concerned the educational prerequisites for League membership which are defined in Article I, Section 2 a. of the Bylaws.† It had been proposed that Article I, Section 2 a. be eliminated entirely and that eligibility for League membership be based upon the applicant's eligibility for state licensure rather than upon the present requirements of educational preparation. The reason given for this recommendation was that the present basis of membership eligibility no longer seems educationally sound.

Lucy D. Germain, chairman of the Committee on Membership, pointed out the standard of a "daily average of 50 patients" is essentially an arbitrary one, and remarked on the problems involved in accepting an applicant who has been graduated from a school connected with a hospital having a daily average of 50 patients and requiring considerable additional preparation from the applicant whose school connection was with a hospital having a 49-patient daily average. She expressed the opinion that the criterion for membership in the League should be less rigid as to formal preparation and more of a qualitative one, and pointed out that if the present artificial barriers are

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*Bylaws as of September 23, 1946—ARTICLE VIII, Section 1. The annual dues for all active members of the National League of Nursing Education shall be $5.00, except that dues for assistant supervisors, head nurses, and assistant head nurses shall be $4.00 for the first year only, after which they shall be $5.00.

†See page 394.
continued many people who really need to come under the educational influence of the League will be denied this opportunity.

As for using the state registration as a basis of eligibility, Miss Germain said that consideration must be given to any potential difficulty which might result from the fact that different states have different registration standards. Anna D. Wolf expressed concern about the eligibility of nurses in foreign countries or foreign nurses in states where citizenship is a requirement for registration. Miss Germain, however, expressed the opinion that the statement of eligibility for League membership need not be so worded that the applicant would have to be registered in the state of her current residence; the requirement that she be licensed in some state or some other country should be sufficient.

Nellie X. Hawkinson raised the question as to whether the League’s present membership requirement had not perhaps served as a stimulus to states to raise their standards of school accreditation. If the League were to abandon its standard insofar as the average daily number of patients is concerned, some states might likewise relax their requirements.

In view of the far-reaching nature of the proposal to eliminate Article I, Section 2.1 from the Bylaws, it was the consensus that the matter should be referred to the Committee on Revision prior to its consideration by the membership at large.

Enlargement of Membership Categories. In connection with the foregoing discussion, Deborah M. Jensen raised the very important question as to whether the groups specified in Article I, Section 2.1. of the Bylaws* should not be increased to permit the admission of hospital staff nurses to membership in the League. She pointed out that many staff nurses contribute a great deal to the ward teaching program and are setting a pattern in nursing education in the clinical fields, yet, because they do not officially hold an "advisory, executive, teaching, supervisory, assistant supervisory, head nurse or assistant head nurse position," they are not eligible for membership in the League. She suggested that this situation should in some way be rectified.

Mary M. Roberts (editor, American Journal of Nursing and member of the Board of Directors of the League) expressed her heartfelt agreement with Mrs. Jensen’s suggestion, stating that the recognition of the bedside nurse for the quality of service she renders would raise her morale more than any other single action that could be taken.

Sister M. Augusta and Genevieve Garren likewise voiced their approval of Mrs. Jensen’s proposal and several other members of the Council, by a show of hands, indicated that the institutions with which they were connected were using staff nurses for active instruction in the clinical program. Agnes A. Dix stated that when the same proposal had been discussed at

*See page 394.
meetings of the District of Columbia league, the admission to membership of the staff nurse who is teaching student nurses had been favored, particularly since membership is now open to lay people interested in nursing education. Marjorie Bartholf said that nurses interested in preparing themselves for educational positions are naturally resentful at their exclusion when lay persons are admitted to membership. Julia Hereford cited an instance of a nurse who was at one time a faculty member of a school of nursing but who, since her marriage, no longer holds a teaching position. Application by her for League membership would have to be as a lay member rather than as a nurse and the inference might be drawn that the qualifications for lay membership are not so difficult to meet as those for nurse membership.

Anna D. Wolf stated that not only would the admission of staff nurses to League membership cover the many cases where the staff nurse is an actual if unofficial teacher, but it would also stimulate the interest of the staff nurse in the educational program and make her aware of her responsibility in this program. Lucy D. Germain emphasized this point, stating that by admitting the general staff nurse to membership, the League would be creating a channel through which its educational policies could be carried straight to the bedside.

Ruth Harrington called attention to the fact that there is another group of staff nurses, other than those engaged in bedside nursing, who participate in educational programs—the staff nurses in public health agencies to which students are assigned. These nurses are not in as close touch with the faculty in schools as are hospital staff nurses, and they would therefore profit considerably from League membership.

Lucile Petry summed up these attitudes by stating: "There seems to be considerable evidence in favor of admitting to membership any nurse who is really interested in joining the League. I do not think we would suffer from dilution."

Bernice E. Anderson suggested that the basis for membership be broadened even further to include anyone—nurse or lay—interested in nursing education. Dorrit D. Sledge supported this point, stating that interest in nurse education is no longer confined to those now eligible for League membership but has spread to many other groups of various types.

The chairman pointed out that the contemplated change in membership requirements might affect the whole character of the League. Hitherto, the League has consisted of a group of people homogeneous in their interests who could work together well because of this homogeneity. If League membership is opened to anyone who cares to join—physicians, practical nurses, and so on—the activities and policies of the League might be radically changed.

It was agreed that this proposed revision, like the last one, was so far-
reaching in its implications that it should be subjected to further careful study. It was therefore referred to the Committee on Revision.

Membership in the American Nurses' Association as a requirement of League membership. Among the recommendations of the group of state league officers was one calling for a reconsideration of Article I, Section 2 c. which makes membership in the American Nurses' Association a prerequisite of League membership. The reasons advanced for this recommendation were the long delays and other difficulties in clearing membership in the ANA and the fact that many new members are unwilling to pay the increased dues of the ANA.

Lucile Petry expressed her approval of the proposed change on the grounds that it would considerably simplify the mechanics of admitting new members without affecting the spirit of the present requirement to any great extent; in her opinion only a small number, perhaps one per cent, of the new members would not be members of the ANA also.

Ada Hawkins questioned this estimate of Miss Petry's, stating that in Michigan, where there is no state organization for public health nursing and where public health nurses belong to the National Organization for Public Health Nursing on an individual basis, only about 20 per cent belong to the Michigan State Nurses' Association. In other words, if membership in the ANA is not a requirement for eligibility, the tendency is to overlook it.

Bernice E. Anderson challenged the advisability of presenting the proposed amendment to the membership on the grounds that the ANA dues have been increased, stating that such a reason would imply a repudiation of the new ANA dues for which those in the group present, as members of the ANA, had voted.

Marjorie Bartholf stated her reluctance to advocate the elimination of the requirement of ANA membership, stating that such an action might increase the problems which are arising between state leagues of nursing education and state nurses' associations. As an example of these problems she cited the fact that the Texas State Nurses' Association had ceased to recognize the Texas League of Nursing Education as its educational section because of the acceptance of lay members in the League.

The chairman stated that Miss Bartholf's point was well taken, and that now, when the possibility of unifying the various nursing organizations is being considered so carefully, is scarcely the appropriate time to take any action which might interfere with unification. This, the chairman said, is the prevailing attitude of members of the Board of Directors.

Miss Petry stated her agreement that the action would be untimely, although still of intrinsic value, and moved that the proposed revision of the Bylaws not be presented to the membership at the Business Meeting. The motion was seconded by Dorrit D. Sledge and passed unanimously.
Dues of Sisters. In the course of the foregoing discussion, Sister M. Olivia Gowan called attention to the problem of the membership of Sisters in the League and in any future unified organization which may be established. She stated that some religious communities have fifty or a hundred or even more nurses and, for financial reasons, often arrange it so that representatives of the group, rather than all the nurses, join professional associations. The Committee on Sisters of the League has voted that all Sisters joining the League do so according to regular procedure, but Sister Olivia believes that further consideration should be given to the devising of some arrangement whereby more Sister nurses might participate in the nursing organizations. Sister Olivia stated that she did not think the problem should be considered at the present meeting, but that it should be given attention by the Joint Committee on the Structure of National Nursing Organizations.

Responsibility for Passing Upon Application for Membership. Because of the delays which are occasioned by having applications for membership passed upon first by the Committee on Eligibility and then by the Board of Directors (in both the state leagues and the national organization), it was agreed that it would be advisable to accept as final the decisions of the committees on eligibility in instances where no problems are presented. Cases involving problems could still be referred to the Board of Directors of the state or national league. It was accordingly agreed that a revision of Article IV, Section 1 k. of the Bylaws to this effect be recommended to the membership at the Business Meeting.

Administrative Details of Membership. The group of representatives from state and local leagues which met in the spring had also suggested several changes in administrative procedure which might expedite the admission of new members to the League.

Transfer of Members. Because of the delays involved in the present system whereby the transfer of membership from one state league to another is effected by correspondence between the two treasurers of the state leagues involved, it was agreed that it would be more expedient to have the transfer arranged for by National Headquarters. It was accordingly decided that an appropriate revision of Article I, Section 7 of the Bylaws should be recommended to the membership at the Business Meeting and that the transfer cards used by state leagues should be discontinued. In connection with this recommendation, the executive secretary warned that there would still be delays in effecting transfers if state league treasurers are slow in transmitting the dues of members to Headquarters.

With regard to the problem of the payment of dues as it relates to a member who is transferring her membership from one state league to another, it was the consensus that the following policy would be desirable: A member who has paid her dues for the current year before transferring to another state league will receive a new membership card from and be granted full
membership privileges by the state league to which she is transferring her membership without further payment of dues for the current year. A member who transfers to another state league before she has paid her current dues will pay her dues to the state or local league to which she is transferring. It was accordingly agreed that the Committee on Revision should, in line with this recommendation, draft a revision of Article I, Section 7 of the Bylaws for presentation to the membership at the forthcoming Business Meeting.

**Dues.** The Council next considered the recommendation that new members whose dues are paid in the last three months of the year should be carried as paid-up members for the following year and that old members who have allowed their dues to lapse until after September first should be carried over as paid-up members for the following year.

It was agreed that the first part of this recommendation which related to new members should be accepted, but that the second part, which would in effect reward members who delay their payment of dues, should not be adopted.

**History Cards.** It was agreed that the history card, designed to record the various positions held by the League member and other pertinent data relative to her experience, should be done away with for several reasons. It requires considerable clerical work to record on the history card the information concerning the member when she first joins the League. This information is soon outmoded, yet it is impossible to keep it up-to-date; therefore, in a few years the history card is practically valueless. And, finally, any information which is transferred to the history card from the application form (which is usually the extent of information on the card) can always be obtained through reference to the original application form at Headquarters.

**Endorsement of Application for Membership.** The question was then raised as to whether endorsement of an applicant for League membership by one League member would be sufficient rather than by two as required currently. It was brought out that in some states, such as West Virginia, where there are not many League members, it is sometimes difficult to find two members who know an applicant, and that for this reason applications are often held up. Furthermore, the endorsements are sometimes meaningless because they are given by a member who does not know the applicant personally. On the other hand, as Marjorie Bartholf pointed out, if the Bylaws are to be revised so as to eliminate the educational requirements for applicants for membership, it would be well to retain the requirement of two endorsers as a check against the admission of undesirable persons. It was accordingly decided to defer the submission of this question to the membership until the recommendation of the Committee on Revision relative to the revision of Article I, Section 2 a. of the Bylaws is formulated.
RELATIONSHIP OF THE LEAGUE TO THE AMERICAN NURSES' ASSOCIATION

The secretary presented a letter under date of August 29, 1947, to the president of the National League of Nursing Education from the president of the New Jersey league, in which inquiry was made as to the exact relationship of the League to the American Nurses' Association as regards the League’s function as the department of education of the ANA. Bernice E. Anderson, president of the New Jersey League of Nursing Education, explained the reasons for this question, stating that the only real relationship which the New Jersey league seems to have with the New Jersey State Nurses' Association is to contribute money to the state association, but that no written records could be found concerning the responsibilities which the state league has as the department of education of the state association.

The executive secretary and Mary M. Roberts (editor of the American Journal of Nursing) explained the history of the League's service as the department of education of the American Nurses' Association. This relationship was established in 1932 as a result of a recommendation by Miss Roberts to the Boards of the two organizations, and resulted from recognition of the fact that the programs of the organizations are bound to be interlocking. The relationship has always been a functional one and not an organizational one; it is not provided for in the Bylaws of either the League or the ANA. As examples of how it has worked out on the national level, Miss Mayo stated that the ANA has referred to the League many problems relating to state boards of nurse examiners, counselling, and recruiting.

Illustrations were also given of the functioning of this relationship at the state level. In Michigan, every problem relating to education which comes before the state nurses' association is immediately referred to the state league, and, until three or four years ago when the state nurses' association experienced financial difficulties, projects of educational value to the entire profession were presented by the state league to the board of the state nurses' association which voted money for the carrying out of the projects. In Minnesota, joint annual meetings of the state league, the state nurses' association, and the state organization for public health nursing are held, and the chairmanship of the programs of these meetings is rotated among the three groups.

Other members of the Council of State Leagues, however, reported that service as the department of education of the state nurses' association has been construed as a surrender of autonomy on the part of the state league. In Missouri where the two organizations hold their meetings at the same time, the state nurses' association assumed entire charge of the program without consulting the state league and even went so far as to invite the president of the state league to preside at the league's business meeting. In West Virginia, because of inactivity of the league, the state nurses'
association assumed responsibility for educational functions, but with the renaissance of the league in that state, a return of this responsibility to the state league is expected.

In reply to these remarks, the chairman stated that there is no question as to the autonomy of any state league, regardless of whether or not it serves as the department of education of the state nurses' association.

As regards the organizational relationship between state leagues and state nurses' associations, it was brought out that in Minnesota and in California the presidents of the state league and the state organization for public health nursing are voting members of the Board of Directors of the state nurses' association. However, this arrangement is going to be changed in California this fall and the league and public health nursing presidents will not have voting rights on the association's Board, a fact which led the president of the California league to ask for advice.

The chairman explained that the action of the California State Nurses' Association will conform to that which has taken place at the national level. The presidents of the ANA and NOPHN, as well as the editor of the *American Journal of Nursing*, serve as voting members on the Board of Directors of the League, a very valuable arrangement as far as the League is concerned. Until last year, the presidents of the League and the NOPHN likewise served as voting members on the Board of Directors of the ANA. However, the Bylaws of the ANA have been changed so that only elected members serve on the Board of that organization although the presidents of the other two organizations may be invited to sit on the advisory council of the ANA.

Returning to the question raised by the New Jersey league, Miss Anderson, its president, stated that although the discussion had proved helpful, it was quite obvious that if the relationship between the state league and the state nurses' association is to be recorded in any bylaws it would have to be recorded in the bylaws of the nurses' association rather than those of the league.

**RELATIONSHIP BETWEEN STATE AND NATIONAL LEAGUES**

A second question raised by the president of the New Jersey league in her letter of August 29 concerned the relationship between the state league and the National League of Nursing Education. No statement of this relationship exists in the bylaws of the state league and the New Jersey league would like to have such a statement which might be expressed in its bylaws.

Upon motion of Bernice E. Anderson, president of the New Jersey League of Nursing Education, seconded by Deborah M. Jensen, it was voted that this question be referred to the Committee on Revision.
STRUCTURE STUDY

At the request of the president, the secretary read the eleven recommendations of the Joint Committee on the Structure of National Nursing Organizations and the revisions of these recommendations which had been suggested by the Board of Directors of the League.* In the discussion which followed the reading of each recommendation, approval was expressed of the recommendation and of the revision of it in those cases where the Board had recommended a modification.

FINANCIAL PROBLEMS OF STATE LEAGUES

Among the questions which had been suggested for discussion at the meeting of the Council of State Leagues was one concerning the difficulties which state leagues experience in raising enough money to pay for secretarial assistance, the travel expenses of committee chairman and members, and the holding of institutes without extra charge to the members.

The chairman pointed out that the National League of Nursing Education does not prescribe what dues the state league should charge over and above the sum payable to the National League, and each league has the power to set dues which will cover its activities.

Bernice E. Anderson described the ways in which the New Jersey League of Nursing Education has been able to provide the chairman of all committees with traveling expenses and clerical help. The dues of the New Jersey league are five dollars over and above the five dollars sent to the National League. Miss Anderson also said the New Jersey league raises between $1,600 and $2,000 each year from a fair which it puts on each spring, consisting of a white-elephant sale, a country store, a puppet show, a play, and similar features of entertainment. As for institutes, each specialty group in the New Jersey league sponsors its own institute which means that there are from four to eight a month. League members are admitted free of charge, but many non-members interested in the particular specialty like to come to the institutes and they are charged fifty cents each which usually pays the expenses of the institute.

EDUCATION OF THE PRACTICAL NURSE

Activities of State Leagues. Margaret Kelleher reported that the Rhode Island League of Nursing Education had been asked to approve a "refresher" course for untrained practical nurses practicing in the community, and, upon being assured by the executive secretary that this would be all right even though no provision is made for the licensure of practical nurses in Rhode Island, had agreed to cooperate with the National Association for Practical

*These recommendations and the revisions proposed by the Board of Directors will be found on pages 385-390.
Nurse Education in the conduct of the course. The executive secretary thereupon explained that these "refresher" courses sponsored by the National Association for Practical Nurse Education are intended to provide some training for practical nurses who have little, if any, formal training. Although the League has not approved the content of the refresher course, it is working very closely with the NAPNE through a committee. The cooperation of the state leagues in this field would also be of considerable value to those who are trying to improve the quality of work done by the practical nurses, especially in those states where there are no provisions for the licensure of this group.

Julia Hereford stated that the Tennessee league is interested in developing programs for the preparation of the practical nurse and would like to cooperate with the state nurses' association's committee on the auxiliary worker which is now developing one such program. However, although the state nurses' association is willing to have a League representative on its committee, it would not agree to making its committee on the auxiliary worker a joint committee. The chairman stated that on the national level, the national organizations have set up a committee on this subject which is truly a joint committee: that is, Joint Board action is required on all recommendations of the committee. She stated that the creation of such a joint committee could not be forced, but said that, despite its inability to have a joint committee set up, the Tennessee league could doubtless accomplish results through its representative on the committee of the state nurses' association.

Activities of the National League. The chairman stated that in addition to the Joint Committee on Auxiliary Nursing Service of which the NLNE is one of the participating organizations, the League has its own Committee to Work with the NAPNE. Recently, another opportunity has been offered to the League to participate in the solution of some of the problems involved in the preparation of the practical nurse.

Upon the request of the chairman, Elizabeth L. Kemble, director of the Department of Measurement and Educational Guidance of the League, stated that the Trade and Industrial Education Division of the Michigan State Board of Control for Vocational Education has requested the Department of Measurement and Educational Guidance of the League to develop a testing technique for measuring the competence of untrained practical nurses. Funds for this project will be forthcoming from the Kellogg Foundation.

**STUDY GROUPS**

The New York State League of Nursing Education had sent in a suggestion concerning the advisability of state leagues forming study groups to consider various problems facing nursing education today. In the discussion which followed, numerous instances of study groups set up by state leagues were cited on such subjects as measurement and educational guid-
ance, psychiatric nursing, health aspects of nursing, and the structure study. Mildred Pinner stated that in Hawaii study groups had been formed with the Tuberculosis Association, with medical groups, with the American Hospital Association, and with some of the colleges.

**Nurse Experts for Writing Test Items in Department of Measurement and Educational Guidance**

It was announced that the Department of Measurement and Educational Guidance would appreciate receiving the names of nurses who are experts in various fields of nursing education and who could be employed for short periods of time by the Department to construct items for tests. This type of work does not appeal to a nurse on a permanent basis. Moreover, by employing nurses for limited periods of time, the Department will benefit by having people fresh from the clinical field at all times and will be able to draw from all sections of the country.

**Recruitment of Nurses for Faculty Positions in Schools of Nursing**

The chairman spoke of the critical situation faced by nursing education because of the shortage of faculty members in schools of nursing, and stated that the Board of Directors had, at its January meeting, appointed a committee to study the subject. The secretary thereupon read the recommendations of the Committee to Formulate Plans for the Recruitment of Graduate Nurses for Faculty Positions in Schools of Nursing.*

The meeting adjourned at 1:00 p.m.

*These recommendations will be found on pages 172-173.
REPORTS OF OFFICERS

OPENING BUSINESS SESSION

Monday, September 8—9:00 a.m.-12:30 p.m.

The opening business session, held in the Moore Theatre, was called to order by Ruth Sleeper, the president. Members from thirty-four state leagues, including the Territory of Hawaii League of Nursing Education, responded to the roll call.* Members from Arizona, Idaho, New Mexico, Oregon, and Wyoming where there are no state leagues also indicated their presence.

REPORT OF THE SECRETARY

The Biennial Convention in Atlantic City in September, 1946, and the Congress of the International Council of Nurses in May, 1947, pointed out sharply the problems in nursing education common to this and other countries and the great opportunities now before nurse educators to co-operate with all national and international groups to secure better education of nurses for the better health of the nations. Your Board of Directors has borne these facts in mind in all its deliberations.

A meeting of the newly elected Board of Directors was held in Atlantic City on September 27, 1946, immediately following the Biennial Convention. A special Committee to Prepare a Statement of Objectives Concerning Federal Aid for Nursing Education, with Eugenia K. Spalding as chairman, was appointed. At the Board meeting in January, 1947, Mrs. Spalding gave an interim report. As had been done before, the co-operation of the Association of Collegiate Schools of Nursing and of the National Organization for Public Health Nursing was sought in order to promote co-ordination of thinking of all organizations interested in, and responsible for, nursing education. Another evidence of co-operation between organizations on behalf of nursing education has been the appointment of Sister M. Olivia as the representative of the National League to confer with the American Council on Education in its consideration of Federal aid for higher education. Mrs. Spalding's and Sister Olivia's committees are working together very closely.

The importance of the League's membership being kept well informed about pending Federal legislation relative to health or education based upon data secured by an official representative of the League was brought before the membership at the fall meetings. Because of the limited budget it has not been possible to appoint a full-time representative this year to carry on this work, as was recommended. The Board of the National League has reiterated its desire to co-operate fully with the American Nurses' Associa-

*Bylaws—Article XI, Section 3. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
tion's Committee on Federal Legislation and trusts that information through that committee may be useful to the League's members.

Our membership gave full attention to the report on the structure study of the national nursing organizations, as was demonstrated by the discussions and action at the meetings in Atlantic City. As authorized, the Board of Directors met jointly with the boards of the other five organizations immediately following the biennial meetings, at which time opportunity was given each organization to state its actions, and the next steps to be undertaken jointly were outlined.

The members elected to the new Committee on Structure, now named the "Joint Committee on the Structure of National Nursing Organizations," appreciate the large responsibility placed upon them and are giving considerable attention to all aspects of this important committee's work as it may be reflected in the field of nursing education. Two meetings of the joint committee have been held. The first one on November 20-23 in New York City followed the last meeting of the original committee, which was dissolved on that day and which turned over its files, books, and assets to the new joint committee. At this meeting the joint committee developed plans for its organization and its program and laid the foundations for an objective study of the Rich report. An executive committee was elected with power to carry forward the work and to appoint staff within the budget. As a result of this action, workshop materials have been prepared and sent out to the membership as guides for study of the report. Limitation of funds precludes much of the work to be done.

At the January meeting of the Board of Directors, the National League's further support of the Joint Committee on Structure was indicated by action that 10 cents per capita based on the 1946 National League membership would be allocated from the general funds of the National League as a contribution to the Joint Committee on the Structure of National Nursing Organizations. Every effort should be exercised to secure funds to carry on this activity in which the National League has so much concern.

The recruitment of students for schools of nursing and the preparation of guidance materials have been primary interests of the Board, which has supported these activities through its Committee on Vocational Guidance in co-operation with the Committee on Careers in Nursing of the National Nursing Council, the Nursing Information Bureau, and the American Hospital Association. Funds from the League are not available in sufficient amounts to make large financial contributions to these projects.

It was voted at the January meeting of the Board to set up a department of curriculum within the organization at League Headquarters and to appoint an expert on curriculum construction as a director of the department, and an advisory committee.

Funds up to $800 were allocated by the League to the activities of the NNC to promote its final projects: (1) the school study, which now is
under way under the direction of Dr. Esther Lucile Brown, director of the Department of Studies in the Professions of the Russell Sage Foundation; this is subsidized by a grant of $28,000 from the Carnegie Foundation; (2) the socio-economic study now being done in cooperation with the Bureau of Labor Statistics; (3) the activities of the committee on interests to develop one professional accrediting body; and (4) the writing of the history of nursing activities of World War II.

The Board of Directors approved and adopted a statement of principles concerning the control and organization of programs in nursing education, which was published in the April issue of the American Journal of Nursing (p. 247). The state leagues have been asked to study this statement and to submit their opinions regarding it.

The pamphlet entitled Practical Nurses and Auxiliary Workers for the Care of the Sick, reviewed by your Board and recently published, is the outcome of many hours of labor by the Joint Committee on Auxiliary Nursing Service. We record with great appreciation the service of this committee and especially of its chairman, Elisabeth C. Phillips.

The Board recognizes the great need for implementing the public relations program outlined by its special Committee on Public Relations and is making every effort to carry forward the committee's recommendations, although sufficient funds are not in hand to have a full-time service.

The recently established Department of Measurement and Educational Guidance, under the direction of Elizabeth L. Kemble, is carrying on with vigor the work originally promoted by the chairman of the committee, R. Louise McManus, whose stimulating leadership and untiring devotion to the development of this project established one of the most outstanding and useful services of the National League. The Board of Directors records its deep appreciation of Mrs. McManus' splendid work.

The Board of Directors voted to create the M. Adelaide Nutting Fund for the purpose of honoring Miss Nutting—the fund to be used for the publication of original studies. The Board accepted with appreciation a bequest made by Nina D. Gage and, also, a contribution of $100 made by the New Jersey League in lieu of entertainment of Board members during the Biennial, and allocated both gifts to the fund.

Your Board reappointed Ruth Sleeper as a representative to the American Council on Education for a period of three years.

The meeting of the Joint Boards of Directors on January 25, 1947, resulted in the following actions:

1. At future biennial conventions all organizations will share in the expense of a previously agreed upon public relations program.

2. The approval in principle of the idea of a joint public relations program.

3. The approval of the publication and sale of the pamphlet entitled Practical Nurses and Auxiliary Workers in the Care of the Sick (aforementioned) and of making a specific financial contribution to the work of the Joint Committee on Auxiliary Nursing Service for 1947.
4. The twelve representatives of the ANA may continue to be present at meetings of the Joint Committee on the Structure of National Nursing Organizations, although these members, by virtue of the action of the House of Delegates of the ANA, cannot participate fully in the deliberations of the joint committee and although the ANA is not contributing financially to the committee.

The Committee to Work with the Harmon Association presented the following recommendations, which were adopted by the joint boards:

1. That there be clarification of relation between the Harmon Association and the national nursing organizations through the Joint Committee to Work with the Harmon Association.
2. That the committee become a committee to study, or to enlarge, the plans that are available for nurses, in terms of all kinds of protection and security.
3. That someone at National Headquarters be made responsible for assembling information for the field—someone to whom complaints may be reported and to whom nurses may turn for information on all the plans.

The executive secretary of the NNC reported that the council will remain incorporated until projects initiated by the National Nursing Planning Committee, as referred to previously in this report, are well advanced and means found to bring them to completion.

The suggested plan of the formation of an independent group called "Careers in Nursing, Inc." stimulated great discussion. It was voted by the joint boards:

1. That the joint boards approach the American Hospital Association, urging the inclusion in their present public relations program for recruitment of all students a similar recruitment of graduate nurses for hospital positions and supporting personnel, and that each organization appoint one member to meet immediately with Miss Seder (of the Nursing Information Bureau) to implement this decision.
2. That a committee of the joint boards be formed to discuss Careers in Nursing, Inc., to which should be invited the members of the Committee of Interests of the NNC and representatives of the ANA; expenses of calling the committee together to be divided among the three national nursing organizations.

The membership of the NLNE for 1946 was 9775.

It was with sorrow that the Board learned of the death of Nina D. Gage on October 18, 1946. Miss Gage will be remembered for her outstanding contribution to nursing as executive secretary of the National League from 1929 to 1931 and as a great leader of nursing educators in this country and in China. The Roosevelt Hospital in New York, of which Miss Gage was a graduate, has offered to give the League a portrait of Miss Gage. This has been accepted with gratitude.

The Board of Directors records with deep regret the death of members of the National League whose names follow:
George T. Caldwell ..... January 20, 1947
Melissa J. Cook ..... November 6, 1946
Nina D. Gage ..... October 18, 1946
Kathryn D. Gibson ..... July 15, 1946
Kitty Page Hegner ..... August 18, 1946
Nellie Hothersall ..... August 21, 1946
Emma Wilson Jenkins ..... March 5, 1947
Katharine E. Krogh ..... April 23, 1947
Margaret A. McGregor ..... January 14, 1947
Rosemary Phillips ..... March 30, 1946
Sister Agatha Kirchmier ..... November 7, 1946
Helen Priya Wood ..... August 9, 1946

Respectfully submitted,

Anna D. Wolf, Secretary

Report of the Treasurer

New York 19, N. Y.
January 16, 1947

Miss Lucile Petry, R.N., Treasurer
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

Dear Madam:

Pursuant to engagement, we have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1946, and present herewith the following two exhibits and five schedules:

Exhibit A—Statement of Financial Condition December 31, 1946
Exhibit A—Schedule 1—Statement of Receipts and Expenditures for the Year Ended December 31, 1946, Relative to Grants Received for Joint Orthopedic Nursing Advisory Service
Exhibit A—Schedule 2—Statement of Receipts and Disbursements for the Year Ended December 31, 1946, of the Committee on Postgraduate Clinical Nursing Courses
Exhibit A—Schedule 3—Statement of Receipts and Disbursements for the Year Ended December 31, 1946, of the Special Study on Definitions and Criteria
Exhibit B—Schedule 1—Statement of Headquarters Expenses for the Year Ended December 31, 1946
Exhibit B—Schedule 2—Statement of Receipts and Disbursements for the Committee on the Administration of the Accrediting Program for the Year Ended December 31, 1946
In connection with the foregoing we examined or tested accounting records and other supporting evidence, including confirmation of cash by inspection and certificates obtained from the depositaries. We also made a general review of the operating and income accounts for the year, but did not make a detailed audit of the transactions.

In our opinion based upon such an examination, the accompanying two exhibits and five schedules fairly present the financial condition of the National League of Nursing Education at December 31, 1946, and the results of the operations for the year ended on that date.

Very truly yours,

BERNER AND DERRY

[Certified Public Accountants]

EXHIBIT A

Statement of Financial Condition December 31, 1946

Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking account</td>
<td>$25,844.51</td>
</tr>
<tr>
<td>Savings account</td>
<td>9,183.47</td>
</tr>
<tr>
<td>Petty cash fund</td>
<td>125.00</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>4,774.29</td>
</tr>
<tr>
<td>President's revolving fund</td>
<td>100.00</td>
</tr>
<tr>
<td>Prepaid expense—travel advance to JONAS</td>
<td>325.00</td>
</tr>
</tbody>
</table>

| Total Assets                        | $40,354.27 |

Liabilities:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended balances:</td>
</tr>
<tr>
<td>Grants from National Foundation for Infantile Paralysis for JONAS:</td>
</tr>
<tr>
<td>For 1944-45—account of accrued expenses</td>
</tr>
<tr>
<td>For 1945-46—account of accrued expenses</td>
</tr>
<tr>
<td>For 1946-47—balance, per Schedule 1</td>
</tr>
<tr>
<td>Grant from ANA for Department of Education</td>
</tr>
<tr>
<td>Grants from American Journal of Nursing:</td>
</tr>
<tr>
<td>For Committee on Postgraduate Clinical Nursing Courses, per Schedule 2</td>
</tr>
<tr>
<td>For Special Studies on Definitions and Criteria, per Schedule 3</td>
</tr>
<tr>
<td>M. Adelaide Nutting Award</td>
</tr>
</tbody>
</table>

| Total Liabilities                                                             | $19,381.97 |

Net assets: $20,972.30

General Fund: Balance December 31, 1946, per Exhibit B $20,972.30
EXHIBIT A—SCHEDULE 1
Statement of Receipts and Expenditures for the Year Ended December 31, 1946, Relative to Grants Received for Joint Orthopedic Nursing Advisory Service

<table>
<thead>
<tr>
<th></th>
<th>Fifth Grant</th>
<th>Sixth Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1945</td>
<td>$15,392.68</td>
<td></td>
</tr>
<tr>
<td>Receipts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant from the National Foundation for Infantile Paralysis for the period July 1, 1946–June 30, 1947</td>
<td>$22,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$15,392.68</td>
<td>$22,000.00</td>
</tr>
<tr>
<td>Expenditures:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>3,276.88</td>
<td>5,359.15</td>
</tr>
<tr>
<td>Travel</td>
<td>1,061.74</td>
<td>2,041.47</td>
</tr>
<tr>
<td>Office maintenance</td>
<td>1,149.15</td>
<td>925.00</td>
</tr>
<tr>
<td>Educational material</td>
<td>1,856.30</td>
<td>2,606.81</td>
</tr>
<tr>
<td>Scholarships</td>
<td>7,904.01</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>144.60</td>
<td></td>
</tr>
<tr>
<td>Total expenditures</td>
<td>$15,392.68</td>
<td>$10,932.43</td>
</tr>
<tr>
<td>Balance December 31, 1946, per Exhibit A</td>
<td>$15,392.68</td>
<td>$11,067.57</td>
</tr>
</tbody>
</table>

EXHIBIT A—SCHEDULE 2
Statement of Receipts and Disbursements for the Year Ended December 31, 1946, of the Committee on Postgraduate Clinical Nursing Courses

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1945</td>
<td></td>
<td>$5,951.92</td>
</tr>
<tr>
<td>Receipts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution from American Journal of Nursing</td>
<td></td>
<td>2,800.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$8,751.92</td>
</tr>
<tr>
<td>Disbursements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee to complete 1944 study and publication of Pamphlet #2</td>
<td></td>
<td>$200.90</td>
</tr>
<tr>
<td>General expenses of committee:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$ 12.50</td>
<td></td>
</tr>
<tr>
<td>Secretarial assistance and honoraria</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Telephone, telegraph, and supplies</td>
<td>1.19</td>
<td></td>
</tr>
<tr>
<td>Mimeographing</td>
<td>39.50</td>
<td>93.19</td>
</tr>
<tr>
<td>Subcommittee on Pediatric Nursing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$110.06</td>
<td></td>
</tr>
<tr>
<td>Secretarial assistance</td>
<td>14.00</td>
<td>124.06</td>
</tr>
<tr>
<td>Subcommittee on Tuberculosis Nursing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$ 78.86</td>
<td></td>
</tr>
<tr>
<td>Secretarial assistance</td>
<td>35.00</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>24.65</td>
<td>138.51</td>
</tr>
</tbody>
</table>
### Subcommittee on Orthopedic Nursing:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$139.28</td>
</tr>
<tr>
<td>Secretarial assistance</td>
<td>30.00</td>
</tr>
<tr>
<td>Supplies, telephone, and telephone</td>
<td>6.40</td>
</tr>
</tbody>
</table>

Total disbursements: $175.68

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcommittee on Maternity Nursing Service:</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$536.29</td>
</tr>
<tr>
<td>Secretarial, supplies, postage, and printing</td>
<td>645.92</td>
</tr>
</tbody>
</table>

Total disbursements: $1,378.26

Balance December 31, 1946, per Exhibit A: $7,373.66

### EXHIBIT A—SCHEDULE 3

**Statement of Receipts and Disbursements**

for the Year Ended December 31, 1946,

of the Special Study on Definitions and Criteria

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1945</td>
<td>$666.54</td>
</tr>
<tr>
<td><strong>Disbursements:</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$51.52</td>
</tr>
<tr>
<td>Printing</td>
<td>276.25</td>
</tr>
<tr>
<td>Total disbursements</td>
<td>$327.77</td>
</tr>
<tr>
<td>Balance December 31, 1946, per Exhibit A</td>
<td>$338.77</td>
</tr>
</tbody>
</table>

### EXHIBIT B

**Statement of Income and Expenses of the General Fund and Changes in the Balance of That Fund for the Year Ended December 31, 1946**

**Income:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues—state and individual</td>
<td>$29,188.00</td>
</tr>
<tr>
<td>Contributions: General</td>
<td>$423.65</td>
</tr>
<tr>
<td>Convention Program</td>
<td></td>
</tr>
<tr>
<td>Committee</td>
<td>50.00</td>
</tr>
<tr>
<td>Sales:</td>
<td></td>
</tr>
<tr>
<td>Curriculum</td>
<td>$5,189.38</td>
</tr>
<tr>
<td>Publications</td>
<td>14,715.40</td>
</tr>
<tr>
<td>Record forms</td>
<td>25,874.52</td>
</tr>
<tr>
<td>Photographs</td>
<td>62.50</td>
</tr>
<tr>
<td>Slides</td>
<td>438.50</td>
</tr>
<tr>
<td>Bulletins</td>
<td>1,247.40</td>
</tr>
<tr>
<td>Rental of films</td>
<td>68.70</td>
</tr>
<tr>
<td>Consultation fees—Department of Studies</td>
<td>150.00</td>
</tr>
<tr>
<td>Royalties</td>
<td>18.41</td>
</tr>
<tr>
<td>Interest on savings accounts</td>
<td>136.22</td>
</tr>
<tr>
<td>Institutes</td>
<td>653.00</td>
</tr>
<tr>
<td>Convention fees and exhibits</td>
<td>6,757.08</td>
</tr>
</tbody>
</table>

Total income: $84,972.76
## Expenses:

### Travel:
- Board of Directors: $2,595.03
- President: 152.18
- Executive secretary: 299.88
- Assistant executive secretary: 160.55
- Appointed representatives: 194.03

### Printing and mailing Annual Report: $1,915.44
- Stationery: 432.38
- Exhibit space at AHA meeting: 71.50
- Legal fees: 316.38
- Dues—American Council on Education: 100.00
- Storing and handling films: 30.68
- Surety bond premiums: 148.83
- Auditing fees: 165.00
- Rental of conference rooms: 20.00
- Reporting Joint Board of Directors meeting: 32.20
- Reporting Advisory Council meeting: 121.80
- Miscellaneous: 37.24
- Slides: 161.78
- State league supplies: 262.75
- Photographs: 30.00

### Standing committees:
- Curriculum: $89.53
- Executive: 172.58
- Nominations: 17.21
- Program: 22.98
- Revision: 94.59

### Special committees:
- Audio-Visual Aids: $66.75
- Nursing School Library: 32.89
- Public Relations: 348.93
- Records: 49.80
- Vocational Guidance: 35.43
- To Work with National Association of Practical Nurse Education: 8.96

### Committees with other organizations:
- Community Nursing Service: $150.00
- Integration of the Social and Health Aspects of Nursing in the Basic Curriculum: 13.62
- National Nursing Council: 120.66

### Printing—Publications: 8,266.61
- Printing—Record forms: 6,121.04

### Convention:
- Meeting rooms—Convention Hall: $400.25
- Staff travel: 196.84
- Miscellaneous: badges, booths, etc.: 240.43
- Preprints of reports: 236.00
- Reporting: 245.80
- Honoraria: 366.16

Total: $3,401.67
Department of Studies:

Salaries ........................................ $12,264.54
Mimeographing, postage, etc. ................. 486.92
Travel—Director of Studies .................... 131.89  12,883.35

Headquarters' expenses, per Exhibit B, Schedule 1 ........................................ 37,450.30

Total expenses .................................. 74,878.36

Excess of income over expenses .................. $10,094.40

Deduct deficit December 31, 1946, Committee on the Administration of the Accrediting Program, per Exhibit B, Schedule 2 .................. 7,467.57

Total excess of income over expenses ........... $ 2,626.83

Add surplus balances December 31, 1945:

General Fund .................................. 12,846.93
Emergency Fund ................................ 5,498.54  18,345.47

Balance December 31, 1946, per Exhibit A .................. $20,972.30

EXHIBIT B—SCHEDULE 1

Statement of Headquarters' Expenses for the Year Ended December 31, 1946

Expenses:

Salaries ........................................ $21,991.37
Extra stenographic service ...................... 649.69
Rent ............................................. 3,154.51
Reception room service ........................ 180.00
Telephone and telegraph ....................... 1,107.98
Supplies ...................................... 717.01
Postage and express ........................... 3,874.38
Shipping ....................................... 3,374.80
Mimeographing and multigraphing ............ 842.16
Library service ................................ 150.00
Special office care ............................ 61.38
Miscellaneous ................................ 101.56
Entertainment ................................ 34.10
Insurance ..................................... 155.70
Reference books, subscriptions, etc. ........ 24.00
Joint staff rest room ......................... 271.36
Equipment ................................... 661.77
Servicing typewriters ........................ 98.53

Total expenses per Exhibit B .................... $37,450.30
RECEIPTS OF OFFICERS

EXHIBIT B—SCHEDULE 2
Statement of Receipts and Disbursements
of the Committee on the Administration of the Accrediting Program
for the Year Ended December 31, 1946

Receipts:
Fees—Applications ........................................ $ 165.00
Annual ........................................ 3,710.00
Survey ........................................ 2,110.00
Resurveys ........................................ 750.00
Consultation service ........................................ 350.00
Total receipts ........................................ $ 7,085.00

Disbursements:
Salaries .................................................. $11,400.00
Committee meetings ......................................... 227.37
Printing "List of Schools" ................................ 145.40
Supplies, postage, and mimeographing ............. 230.92
Expenses for field work ................................ 2,379.71
Reproduction of reports for schools ................. 169.17
Total disbursements ..................................... 14,552.57

Deficit December 31, 1946, per Exhibit B .......... $ 7,467.57

NEW YORK, N. Y.
January 20, 1947

Miss Lucile Petry, Treasurer
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

DEAR MADAM:

Pursuant to engagement, we have made an examination of the books of account of the National League of Nursing Education’s Department of Measurement and Educational Guidance for the year ended December 31, 1946, and present herewith the following two exhibits:

Exhibit A—Statement of Financial Condition December 31, 1946
Exhibit B—Statement of Income and Expenses and Surplus Balance for the Year Ended December 31, 1946

In connection with the foregoing we examined or tested accounting records and other supporting evidence, including confirmation of cash by certificate obtained from the depository. We also made a general review of the operating and income accounts for the year but did not make a detailed audit of the transactions.

In our opinion based upon such an examination, the accompanying two
exhibits fairly present the financial condition of the department at December 31, 1946, and the results of the operations for the year ended on that date.

Very truly yours,

BERNER AND DERRY
[Certified Public Accountants]

EXHIBIT A

Statement of Financial Condition December 31, 1946, for the Department of Measurement and Educational Guidance

<table>
<thead>
<tr>
<th>Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in bank</td>
<td>$6,311.97</td>
</tr>
<tr>
<td>Petty cash</td>
<td>175.00</td>
</tr>
<tr>
<td>Accounts receivable (unpaid service fees)</td>
<td>18,491.20</td>
</tr>
<tr>
<td></td>
<td>$24,978.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable (unpaid bills)</td>
<td>$1,672.15</td>
</tr>
<tr>
<td>Federal income taxes withheld</td>
<td>454.20</td>
</tr>
<tr>
<td>Accounts receivable—credit balances (prepaid fees for uncompleted services)</td>
<td>694.10</td>
</tr>
<tr>
<td></td>
<td>2,820.45</td>
</tr>
<tr>
<td>Net asset value</td>
<td>$22,157.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surplus:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1945</td>
<td>$16,765.30</td>
</tr>
<tr>
<td>Deduct—Prior period adjustments:</td>
<td></td>
</tr>
<tr>
<td>Cancellation 1945 accounts receivable due overcharge</td>
<td>$38.00</td>
</tr>
<tr>
<td>Express charges applicable to 1945, paid 1946</td>
<td>715.30</td>
</tr>
<tr>
<td></td>
<td>753.30</td>
</tr>
<tr>
<td>Total surplus</td>
<td>$16,012.00</td>
</tr>
<tr>
<td>Add—Excess of income over expenses, per Exhibit B</td>
<td>6,145.72</td>
</tr>
<tr>
<td>Balance December 31, 1946</td>
<td>$22,157.72</td>
</tr>
</tbody>
</table>

EXHIBIT B

Statement of Income and Expenses for the Year Ended December 31, 1946, of the Department of Measurement and Educational Guidance

<table>
<thead>
<tr>
<th>Income:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees in connection with the operation of the following:</td>
<td></td>
</tr>
<tr>
<td>Achievement Test Service</td>
<td>$9,310.58</td>
</tr>
<tr>
<td>Graduate Test Service</td>
<td>7,964.50</td>
</tr>
<tr>
<td>Pre-Nursing and Guidance Test Service</td>
<td>33,450.20</td>
</tr>
<tr>
<td>State Board Test Pool Service:</td>
<td></td>
</tr>
<tr>
<td>Professional nurses</td>
<td>$53,495.51</td>
</tr>
<tr>
<td>Practical nurses</td>
<td>137.63</td>
</tr>
<tr>
<td></td>
<td>53,633.14</td>
</tr>
<tr>
<td></td>
<td>$104,358.42</td>
</tr>
</tbody>
</table>
Expenses:

Salaries ........................................ $61,328.14
Examiners and proctors fees .................. 4,491.44
Royalties on prenursing tests ................. 530.50
Postage and express ............................ 4,555.16
Inter-agency rest room (pro rata share of expenses) ........ 271.36
General (miscellaneous) ...................... 232.87
Mimeograph supplies ........................... 543.91
Library ........................................ 48.70
Convention ..................................... 330.27
Auditing fees .................................. 165.00
Rental—machines ............................... 3,431.75
Rental—typewriters ............................ 267.42
Rental—premises ............................... 4,644.51
Repairs and maintenance ...................... 217.29
Shipping and supplies ......................... 1,561.51
Stationery and supplies ....................... 2,332.56
Statistical supplies ........................... 543.80
Telephone and telegrams ...................... 1,035.05
Test materials ................................ 8,113.32
Travel and room rental ....................... 1,129.52
Outside scoring expense (Bernreuter Personality Inventory) .................................. 238.00
Permanent equipment ......................... 2,402.62

Excess of income over expenses, per Exhibit A $ 6,145.72

Respectfully submitted,

LUCILE PETRY, Treasurer

REPORT OF THE EXECUTIVE SECRETARY

When the last report was written, there was difficulty in seeing ahead, in knowing how to plan for the coming months with their after-war problems. While there is still no clear-cut and well-outlined road ahead, there is probably less confusion and, perhaps, more definite conviction regarding the League’s opportunities and obligations to nursing education.

The most outstanding obligations relate to the activities that have been fostered and promoted by the National Nursing Council and the National Nursing Planning Committee during these several years and for which the League must assume some responsibility with the lessening of the council’s program. One of these concerns the recruitment of applicants for schools of nursing. There has been an NNC Committee on Careers in Nursing for some time. Absence of funds to carry on a very active public relations program has presented many difficulties for the committee, faced with the falling off of enrollments in schools of nursing all over the country. Because the NNC’s committee could not activate an intensive program, due to lack of funds, state groups have been encouraged to develop their own recruitment programs. Also, because of the concern of the hospitals, the American Hos-
hospital Association became increasingly interested in the problem and organized a committee to proceed with a recruitment program. The nursing organizations approved the formation of a National Committee on Careers in Nursing to be sponsored and administered by the Nursing Information Bureau. These two committees have overlapping membership, in order that their respective activities may be co-ordinated and duplication avoided. The main purpose of these committees is to provide a national backdrop for recruitment, with assistance to the state and local groups in planning their own regional campaigns. There is, however, a major factor to be considered by the League which relates to the need for a general upgrading of schools of nursing. The AHA, also, is concerned with this and has expressed a definite desire to work with the NLNE on a plan which will accomplish this end. The first step toward this is an institute which is now being planned and in which both the League and the AHA will participate.

Another obligation that the League must assume is assistance with the next phase of the study on the practical nurse occupation, sponsored by the U. S. Office of Education. The job analysis was completed in March, 1946, and reached the distribution stage a little over a year later. The original concept of the study was that there should be a second part—the building of the curriculum—based upon the job analysis. This part of the study was temporarily slowed by the resignation of Dr. J. C. Wright and the appointment of Dr. Raymond Gregory, assistant U. S. commissioner for vocational education. However, a new committee has been appointed on which the executive secretary has been asked to serve, and approval of this has been granted by the NLNE president. It is planned that there shall be a curriculum production committee composed mainly of nurse, general, and vocational curriculum experts. The first steps have been undertaken and an excellent start has been made on the curriculum. After the summer the committee will continue its work.

With the election of the new officers for the Joint Committee on the Structure of National Nursing Organizations, the activities carried by the League staff were transferred—greatly to the relief of those concerned. One of the most difficult problems facing the new Structure Committee is the method of organizing for the study with no funds available for the initial steps. While the League contributed to the committee the amount voted upon—10 cents per capita—this and similar amounts from the participating organizations are mere drops in the bucket. However, we were able to prepare and distribute six structure study guides which have been a considerable help to groups interested in studying our present organization structure impartially and in attempting to determine what will best meet the present and future needs of nurses and nursing.

To the executive secretary, a constant committee meeting attender, there is one problem that is persistently reappearing within the activities and plans of the majority of the League’s committees. Possibly this problem, which
concerns curricula of all types, is to be expected, since our primary function is education. However, it is increasingly apparent that every group sooner or later will express a need for curriculum review or curriculum content that can be used by instructors in our schools of nursing—both by those in the basic course and by those in the advanced courses. Each group is sincerely trying to find answers to present-day questions and to give the requested assistance. The problem lies in the absence of co-ordination and single direction or leadership.

Under our present organization all responsibility for these curricula lies with the Committee on Curriculum. The chairman of this committee is faced with an almost impossible task. She cannot give the time to all these committees plus all her subcommittees. She cannot attend their meetings nor can she possibly give the desired single direction necessary if co-ordination of all curriculum activities is essential. Furthermore, this year marks the tenth anniversary of the completion and publication of our last curriculum study. The profession seems to have a strong belief that somehow we shall again produce a 1947 Curriculum Guide for Schools of Nursing to conform with the 10-year production periods. Plans for the review and possible revision of the Curriculum Guide are certainly due and must be considered. Are we to plan for such a revision, and how can it be financed? It has become urgent that these problems relating to the curricula in nursing education be centralized for better co-ordination and more effective solution. This can be done only by providing a department for curricula activities, headed by an expert in this field.

During the past year more attention has been given to a public relations program. The appointment of the Committee on Public Relations was a step in the right direction, but the committee has been beset with problems of membership and has found it exceedingly difficult to obtain the right persons. Lay membership is still too small in this area to give us a sizable group to draw upon, and lay members are needed for the best committee results. We have been further handicapped in not having funds to employ a full-time public relations person and thus have someone whose interest and preparation make her keenly alert to the best ways of translating the League's program into an understandable one both for nurses and for all others. Only for about a month did we enjoy the services of a public relations person, when Josephine Nelson helped us with the convention publicity and with the writing of the first draft of the two pamphlets consigned to the Committee on Public Relations for completion. Illness interrupted Miss Nelson's service with us, but she was here long enough to convince us of the real value such a person could be to an organization. We have been further handicapped by our inability to find a chairman for the committee, following Mrs. White's resignation in January. Thus, through the current year the work of the committee has been completely stopped. We shall hope that this greatly needed program can be revived in the fall.
The Executive Committee of the Board in November accepted the invitation of the Washington State League of Nursing Education to hold the 1947 convention in Seattle. There were only two possible weeks available, and the week of September 7 was chosen. It was recognized that any week in September would be difficult for some, but this choice seemed preferable to a week in August. The next steps were the appointments of the Committee on Program and the Committee on Convention Arrangements.

Marion St. Clair, our convention manager, prepared all types of aids to go out to the Committee on Convention Arrangements. The distance is so great that time seemed to pass very rapidly in the exchange of correspondence, even with air mail. We found ourselves always anticipating the reply too soon. Miss St. Clair's services were invaluable in the early days of organization.

The accepted revision of the Bylaws in September, 1946, made it necessary to work rapidly to get directions out to the state and local leagues in order that they could revise their bylaws at their annual meetings, many of which were being held in October and November. Rapid exchange of revised bylaws between the chairman of the National Committee on Revision, Harriet H. Smith, and the state Committees on Revision took place. The second step was to send information regarding the collection of increased dues to all state treasurers, especially in those states where the revision of their bylaws was being delayed for one reason or another. The third step was the revision of the directions for state treasurers and secretaries regarding the transfer of members. There are still the suggested forms for state and local league constitution and bylaws to be completed, and this will be done as soon as possible.

In December the following publications were sent to all sustaining members.

*Faculty Positions in Schools of Nursing and How to Prepare for Them*
*Pamphlet No. 2. An Advanced Course in Psychiatric Nursing*
*Psychiatry and Allied Subjects*

Because we were unable to secure added secretarial assistance during the fall, we utilized two part-time workers quite successfully, although one has returned to school and can no longer come to us. We are very short of secretarial assistance, and only by the willingness of our very loyal group to share and assist each other have we managed at all—and without piling up overtime, which is always so difficult to pay back. When and if any new projects are started, added secretarial assistance will be a primary need—one that will be difficult to meet because of the lack of space for desks, especially on the eleventh floor.

The amount of work of this type at Headquarters is indicated in general by the volume of correspondence, as follow:
MAIL COUNT
June 1, 1946 – May 31, 1947

<table>
<thead>
<tr>
<th></th>
<th>Total Incoming Mail</th>
<th>Total Outgoing Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>9,791</td>
<td>9,365</td>
</tr>
<tr>
<td>Membership</td>
<td>16,148</td>
<td>16,225</td>
</tr>
<tr>
<td>Bookkeeping</td>
<td>5,514</td>
<td>4,199</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>1,179</td>
<td>2,111</td>
</tr>
<tr>
<td>Committee on the Administration of the Accrediting Program</td>
<td>32,632</td>
<td>33,020</td>
</tr>
</tbody>
</table>

Our one hope of meeting the need for space lies in the fact that the League holds the room on the second floor from which the Department of Measurement and Educational Guidance moved in the fall. To assist our neighbor organizations we have allowed both the NNC and the Committee on the Structure Study of National Nursing Organizations to continue to use this space temporarily.

The editorial work has been very heavy for some time. There have been so many different pieces of work awaiting attention that it has been necessary to determine from day to day which should take precedence. The pressures changed so rapidly that adjustments in plans were imperative. The revision of the publications list was delayed, since we had to await the re-evaluation of prices; increases were made where costs of printing advanced. Then there was the preparation of materials for the states, already referred to. The mimeographed pamphlet entitled “Information and Suggestions for Committee Activities and Program Meetings of State and Local Leagues,” usually ready in the fall, did not go out until February; the lateness of the convention, necessitating delay in requesting the chairmen for their suggestions, was responsible for this lag. Pamphlet No. 3. An Advanced Clinical Course in Pediatric Nursing was published in the spring. Outlines of three more advanced courses will be completed and ready for printing some time during the remainder of this year. The Manual for the Nursing School Library was published just before the ICN meeting in Atlantic City.

We regret the delay in the distribution of the 1946 Annual Report. One reason for the delay was that there were very few prepared papers available, because of the symposium- and discussion-type of program, and to give our members some sort of a summary of these discussions, the notes taken by our staff had to be translated into brief reports; this has been a time-consuming job. Then, as so frequently happens, other work had to take priority over the already delayed Annual Report: for example, a fall convention has added many problems to our Headquarters’ time schedule. But we hope that the 1947 Report will reach you without too much delay; there is likely to be some.

The executive secretary has attended relatively few meetings or conferences
out of the city this past year. However, meetings have been more numerous here; the total number of meetings throughout the year 1946 was higher than ever before—222. The spring months of 1947 have been somewhat easier, with a lessening of committee meetings. Because it was impossible to accept all invitations to attend meetings, members of the Philadelphia league and, also, of the Colorado league were asked to represent the National League at the National Conferences of the United Nations Educational, Scientific, and Cultural Organization. Members were also asked to participate in meetings of the American Academy of Political and Social Science. In this way we have been able to extend special opportunities to a limited number, a policy which we shall continue whenever and wherever possible.

Through December, the ANA, the AJN, the NLNE, and the NOPHN co-operated in working out a plan for the four groups of foreign nurses, visiting in this country under the auspices of UNNRA, to come to Headquarters to learn of the organizations and their special activities. The four groups comprised nurses from Czechoslovakia, Italy, Poland, and China. Each of the Headquarters staffs entertained one of the groups at luncheon. The League’s group was the Chinese nurses—the only one with whom English was the medium of conversation. For all the others, an interpreter was necessary. Several groups of foreign nurses have visited Headquarters this spring, both before and following the ICN meetings, and many individual nurses have requested conferences in addition. Assistance by correspondence has been extended to Denmark, Nigeria, Brazil, Mexico, Wales, Canada, Switzerland, Hawaii, Union of South Africa, and Peru.

With the increase of professional members of the staff and the growing number of League activities, staff conferences have been formally conducted so that all members could be informed of the developments in every other area of work. These have been interesting and informative meetings and have also served as a means of getting acquainted. Unfortunately, a full attendance is seldom possible because we always have so many persons in the field.

As this report is being prepared, we are still without the assistant executive secretary whose appointment was approved over a year ago. A report was given to you in September of the attempts made to secure names of qualified persons and the refusal of all those approached. However, I am hopeful that by the time we convene in Seattle we can announce the appointment of an assistant executive secretary. We shall then be able to offer the state and local leagues the assistance which has long been promised them in developing better educational programs within their states and in helping them find solutions to some of their problems. Only by increasing our efforts to strengthen nursing education in the local areas and co-ordinating our activities for the steady improvement of nursing education and by working with other nursing organizations interested in nursing education can we hope to accomplish all that needs to be done now and in the future. Your National Head-
quarters will be calling upon each of the League members to help in its increasing effort to strengthen and support better and broader standards in nursing education—with your help we can reach our goals.

Respectfully submitted,

ADELAIDE A. MAYO, Executive Secretary

REPORT OF THE DIRECTOR OF STUDIES

If there is any one thing that gives a sense of historic continuity, it is the annual writing of a report. Each year the National League of Nursing Education holds a convention and each year we of the Headquarters staff submit to the membership a yearly accounting. To tell merely what happened during the past year, apart from what happened during the year and the year preceding, would be giving a report without perspective, like offering a view of the trees without even a glimpse of the woods. For what happened during the past twelve months has been brought about, to some extent, by what has happened before, and what happens during the present year, we can be certain, will affect what happens in the years to come. History is like that.

In the summer of 1946 the U. S. Children’s Bureau and the National League of Nursing Education, through its Department of Studies, began conversations on a possible pediatric nursing study. Later the New York Hospital was approached to find out whether that institution would provide the field for such a project. The Children’s Bureau secured and provided the field worker, Louise E. Flynn, Assistant to the Director of Teaching and Supervision, Children’s Hospital, Cincinnati, Ohio. On December 2, 1946, a six-month study, sponsored by the Children’s Bureau and the League and under the direction of the League Department of Studies, was begun on one of the pediatric wards of the New York Hospital. The study was practically completed on May 31, and at the time of this writing, July 25, the manuscript is on the press.

In the development of the study new techniques and new forms were evolved. These techniques and forms, with such adaptation as may be indicated, provide a basic procedure for an analysis of any service—obstetric, medical, or other. An instrument was developed for measuring the psychological aspects of pediatric nursing, and a device was also worked out for classifying children according to the amount of care they require. The report, which is being published by the League, will be available about the end of September.

Since February, 1947, there have appeared in the American Journal of Nursing a series of articles based on data reported in the 1946 List of State-Accredited Schools of Nursing and on questionnaires sent out during the year. The first of these articles dealt with the organizational control of schools of nursing offering the basic professional program. The particular importance
of this article was that it brought together facts about schools that they themselves reported and that had never been brought together before. Let us look at some of these facts.

Twelve hundred and fourteen schools answered the question on organizational control of the then existing 1,271. Eleven hundred and one, or 91 per cent, stated that they were organized in and controlled by hospitals. Seventy-seven schools, or 6 per cent, reported that they were organized in a college or university. The remaining 3 per cent reported eight different types of organization, of which the largest number was the independently controlled school. There were 13 of them.

Of the 1,101 hospital-controlled schools, 91 had some sort of relationship with a college or university and, by virtue of that relationship, were able to offer in conjunction with the college or university a combined program leading to an academic degree. When these 91 hospital schools are added to the 77 collegiate schools, the sum of the two is 168. But—and this is the point it is wished to stress—we did not have reported 168 college- or university-controlled schools. We had 77.

Not long ago a distinguished educator, making an address at a distinguished university, referred to 168 university schools of nursing, or more than double the number actually in existence. The source of this information is not known. As nursing educators, when interpreting our schools to a general educator, it is our responsibility to differentiate between the hospital-controlled school and the university-controlled school quite apart from the merits of either one or the other insofar as their programs are concerned. Schools of nursing, for the most part, are not integral parts of the educational system of the country—they are atypical of the typical professional school in their organizational form. To a general educator the fact that a program is offered leading to an academic degree implies that a school or department offering any part of that program is operated upon a level comparable to all other schools or departments in the college or university. This is not true of many of the nursing schools that provide for a combined program.

The information reported in the state-accredited list shows changes in the admission requirements in effect on January 1, 1946, and those in effect on January 1, 1943. The most significant change was that in age. In 1943, 81 per cent of the schools required that students be 18 years or over at the time of their admission; in 1946, 55 per cent had this requirement. Stated otherwise, in 1943, 19 per cent of the schools admitted students who had not reached their eighteenth birthday; in 1946, 45 per cent—about two and a half times as many as in 1943—admitted this age student. Equally or more disturbing is the fact that while 6 per cent of the schools in 1943 admitted students who were 17 years of age or less, in 1946 there were 17 per cent of such schools. The policy of admitting an occasional, very occasional, applicant who has not attained her eighteenth birthday and whose social, emotional, and intellectual maturity far exceeds her chronological age is one kind of policy; the
policy of admitting any student who is not 18 years old is another kind of policy. This second policy is a hazardous one because it raises two questions: first, whether the 17-year-old is ready to profit by a professional program; and the second, whether she is sufficiently matured to be entrusted with the care of patients.

In 1946 data were collected for the first time as to whether or not a school required a prenursing test. Seventy-nine per cent of the schools reported they always required a prenursing test, 20 per cent that they never required it, and 1 per cent sometimes.

*General educational requirements for admission* to schools of nursing in percentage terms were exactly the same in 1946 as they were in 1943. Ninety-seven per cent of the reporting schools required a high school diploma in 1943, the same per cent required it in 1946. Two per cent of the schools required one year of college, 1 per cent either two or four years of college.

The *educational qualifications of students admitted* during 1946 made a somewhat better showing than the admission requirements of schools. While 3 per cent only of the schools require one or more years of college, actually 11 per cent of the students admitted had had one or more years of college. Very little change has occurred in the educational qualifications of students admitted since 1943. But until educational requirements are generally raised and students generally have some college preparation—at least two years—it cannot be expected that a program on a professional level can generally be operated.

Some schools charge tuition, other schools pay allowances, and some schools charge tuition and also pay allowances. Tuition refers only to the educational charge, not to charges for books, health fee, et cetera. This discussion of fees covers a span of 14 years—from 1932 to 1946.

In 1932, 5 per cent only of schools of nursing charged tuition; in 1946, 60 per cent of them—an increase of 55 per cent. Not only had the practice of charging tuition become much more general but, at the same time, the amount of tuition charged had increased. In 1932 the median or typical school charged $45; in 1946 the typical school charged $110. This increase in fees did not all take place since 1943 when the U. S. Cadet Nurse Corps became operative. Actually the greatest proportional increase took place between 1932 and 1935. After 1935 the increase in the per cent of schools charging tuition followed a fairly regular pattern. Why did only 5 per cent of the schools charge tuition in 1932 and why did 60 per cent charge it in 1946? Had the schools improved their educational offerings to the extent that more of them provided programs which increased the costs of operating the school? Had 60 per cent of the schools had cost analyses which showed that that proportion of schools had a fact basis for charging the amount of fees that they did?

At this point I am impelled to recite certain facts which may or may not have to do with the establishing generally of tuition policies.
Certain of the questions on the questionnaire for the 1946 state-accredited list involve additions. For any of us it is very easy to add a single column of figures and make 2 plus 2 equal 5. But for the Department of Studies 2 plus 2 must always make 4 before we accept and report information. When an error occurred in the addition of the fees, we wrote to the director of the schools and requested an explanation. In writing to one such school four or five months after the form had been returned, that school promptly replied and made the necessary corrections in its addition and, at the same time, told us that it no longer charged tuition. The reason given for this change in policy was not because of change in educational program but because the school was not getting the number of applicants it desired.

From a strictly monetary standpoint, a tuition charge in a school represents an exchange of commodities between two parties as does the charge for any commodity. The school provides the students with a nursing education program and the students pay to the school a certain amount of money in return. Sound economics and sound educational principles presume some sort of relationship between the costs of education and the tuition that is charged, even though the fee may not cover the educational cost. In the last several years colleges and universities have increased their fees, and the reason for this increase has been that their costs have increased. A well-administered university will know its student per capita cost. The school of nursing also needs this information—information based on a reliable cost analysis which takes into consideration the value of student service as well as the costs directly related to instruction and maintenance—as one basis in establishing or revising its policy relating to tuition charges.

While the number of schools charging tuition has increased, the number of schools paying allowances has decreased; 78 per cent of the schools paid allowances in 1932, 14 per cent in 1946. When the financial value of the service of students exceeds their educational expenses to the hospital, the sound educational practice is to credit the difference to the school of nursing and the school expend whatever the difference is in either scholarships for students or in whatever phase of the school operation—library, instructional staff, or other—that needs it most.

On January 1, 1946, the peak of student enrollment was reached. There were 129,000 students enrolled in schools of nursing. This large enrollment was the cumulative result of the expansion which took place during the years 1943, 1944, and 1945 when the number of students admitted exceeded any number admitted during any previous year. On January 1, 1947, enrollments had dropped to 107,000, one reason being that admissions had decreased in 1946 and the other, that one of the large war classes had completed its course. Nevertheless, enrollment still exceeds, by 19,000 students, enrollment in 1941, the last prewar year. This fact should be recalled when we speak of “serious shortage” of students. What is meant by “serious shortage”? Does it refer
to a shortage of qualified applicants to qualified schools—schools that offer broad professional programs?

As already indicated, the largest class graduated during any calendar year was the class of 1946. Thirty-six thousand students completed their program. During 1947 it is expected that this number will be increased by 5,000 or more, depending on the withdrawal rate. The graduates of 1946 and 1947 are the students admitted during the peak war recruiting years—1943 and 1944. Since 1938 annual withdrawal rates have showed no significant change, varying 1 or 2 per cent yearly. If any large numbers of students left schools of nursing at the close of hostilities in August, 1945, this fact would probably first be apparent in the classes graduating in 1947 or 1948.

The foregoing discussion of statistical information concerning schools of nursing gives some picture of what our schools are like. Analyses are still to be made of data that are telling about the schools and contained in the 1946 state-accredited list. Those that should be mentioned and will appear in the Journal in the near future are (1) experience offered in services, such as psychiatric, tuberculosis and other communicable diseases, outpatient and community nursing and (2) daily average patients in the hospital as a whole and on the medical, the surgical, the pediatric, and the obstetric services.

Directors of schools of nursing will recall that early in February they received a memorandum from the Department of Studies stating that we are planning to make a study of the withdrawal reasons of students who are admitted during 1947. In the memorandum we said that we shall wish to gather information on withdrawals from this group of students at different periods during their entire program. We gave a list of reasons and requested that the schools classify according to these reasons all students admitted during 1947 who withdraw from school. In this study we shall need the help of a large number of schools for a period of three years—until the students admitted during 1947 are no longer in the school. If we knew why large proportions of students drop out, then we should know better how to select students. The project can be a highly significant one to all schools.

In requesting the help and co-operation of the schools in the withdrawal study, we are reminded of a note that we have struck before. In concluding this report, we are impelled to strike it again. We refer to the high return of questionnaires from schools of nursing. Annually we send out six or more questionnaires and annually from 80 to 90 per cent of those we send out come back. This is a good response, although we would welcome a reply from every school in the country on every questionnaire. We can best express our appreciation of the schools' co-operation by giving back to them, in some published form, the facts that they send us. In that way every school shares with every other school information on its organization, policies, curriculum, and program. It is the privilege of the League to make this sharing possible.

Respectfully submitted,

BLANCHE PFEEFFERKORN, Director of Studies
Identification of good schools of nursing is one of the most pressing needs of the nursing profession today. The fact that the accrediting program of the League survived the war period should be recognized as evidence of continued interest and belief in the benefits to be derived from such evaluation and recognition of schools. The number of schools now on the published list should not be regarded as criteria for determining the success of this project. To do so would be to disregard the deterring influences of the war years and the fact that the program was in its infancy when the war began. It is perhaps surprising that the list now shows as large a proportion of the good schools of the country as it does, in view of the period through which we have passed.

The 113 schools accredited at the time this report is written are a larger proportion of the outstanding schools of the country than may be recognized by the person who looks at the situation casually. The number of schools in the country that might be classed as good or superior is not known, but there are facts that give clues to the possible number that might qualify. It is known, for example, that schools operated by hospitals with a daily average of less than 150 patients are often inferior, especially if affiliations are not provided to supplement the clinical services available for teaching in the home school. The 1946 list of schools registered under state laws shows 1271 schools. The daily average census in the hospitals that are used as the teaching fields by these schools has been studied, and the median census was found to be 134. In other words, half the schools registered under state laws, or 635, are conducted by, or associated with, hospitals with this very limited census or less. Thus, it is probable that in this group a very large number would not qualify for recognition.

Some schools in the upper half of this group also would not qualify, as the size of the hospital does not necessarily indicate superiority—it is only one measure of the facilities needed for a good basic program in nursing. In judging the effectiveness of the League’s program, therefore, the 113 accredited schools should be considered in relation to not more than half the schools of the country, or 635—perhaps not more than 500. It is necessary to direct attention also to the following facts: first, the League has surveyed schools that have not qualified for accreditation; second, through correspondence and conferences with representatives of many other schools preparations are being made now for surveys of new schools; third, some schools have been resurveyed after a three-year period of conditional accreditation and dropped from the list because defects have not been corrected. This means that the committee has been in contact with many more schools than the number recognized would indicate; in fact, it is probable that fifty
per cent of the schools that might qualify for accreditation have either sought this recognition or are now preparing for it. It is doubtful if more than this could have been expected during a war period.

The need now is to push the program forward rapidly by appealing to the good schools of the country to support this project, to provide an organization that will permit prompt action on all applications, to keep costs down so that the program can be as nearly self-supporting as possible, and to co-ordinate all accrediting activities in nursing through one agency or organization.

The revisiting of conditionally accredited schools should be continued according to the policies that have been established, in order that the refining process may not be interrupted. Only good schools must be retained on the list. Eight of the conditionally accredited schools were resurveyed between September, 1946, and June, 1947, and twenty more are due for revisits in the coming year. The progress made by some of these schools in spite of prevailing conditions has warranted advancement to full accreditation; in other cases recognition cannot be continued for the present, but the schools may be reinstated when defects have been overcome. Five new schools have been surveyed and five fully accredited schools have been re-examined. The number of new schools to be visited this fall is mounting constantly. The states from which applications or requests for information have come include the following:

Alabama
California
Connecticut
Delaware
District of Columbia
Florida
Illinois
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
New Hampshire
New Jersey
New York
Ohio
Oregon
Pennsylvania
Tennessee
Texas
Washington
Wisconsin

The institutes conducted in Texas, Iowa, Minnesota, Ohio, Delaware, Missouri, and Nebraska may have given help to some schools, we hope, so that they may qualify for accreditation. Other activities of the committee are being reported by the chairman, so they will not be repeated here.

The need for a list of schools that are approved by the profession is accepted without question, and the League has made a substantial investment and great progress toward this goal. The way is open now for a much more rapid expansion of the program if it is supported by the good schools of the country. The staff that is employed at present can be increased to meet the demand, but the expression of interest must come from the schools.
In order to proceed from the point we have reached and to utilize present achievements, the whole-hearted support of the country is needed now.

Respectfully submitted,

CLARA QUEREAU, Secretary

REPORT OF THE DIRECTOR OF THE DEPARTMENT OF MEASUREMENT AND EDUCATIONAL GUIDANCE

The League Board, at its September, 1946, meeting, voted to change the status of the Committee on Measurement and Educational Guidance to a department of the League. It was felt that such a change would result in a more efficient organizational structure for the dissemination of information and service to the nursing profession.

The Department of Measurement and Educational Guidance, in keeping with the intention of the original committee members' ideas, endorses the philosophy of providing the nursing profession with measurement and guidance services of the highest caliber based on sound test philosophy and utilizing the results of pertinent research in the area of measurement and guidance.

The policy for test construction and standardization is predicated on the following principles:

1. Preparation of blueprints to facilitate the construction of parallel and comparable forms.
2. Construction of items of a form which will minimize factors extraneous to those which it is desired to estimate.
3. Competent editorial, technical, and subject-matter assistance in the preparation of both experimental and final forms of tests and in their standardization.
4. Experimental tryout of tests on samples carefully chosen to be maximally representative of the group for which each test is designed.
5. Validation of tests against a performance criterion whenever possible.
6. Adequate investigation of validity and reliability and the establishment of representative norms before a test is released for use on a test-service basis.
7. Preparation of a manual containing instructions for administering the test and interpreting the results, suitable for circulation among test users.

We believe that the following principles are essential for the efficient conduct of our test services:

1. Only qualified examiners should administer our tests. We shall define the qualifications to meet the needs of the various test services.
2. Planning the test schedule for the Pre-nursing and Guidance Examination should be done by the Department of Measurement and Educational Guidance.
3. All testing materials should remain the property of the Department of Measurement and Educational Guidance.
4. All plans for the interpretation of test results and the further use or expansion of test services should be cleared through the director of the Department of Measurement and Educational Guidance.

The philosophy governing the activities of the department includes a recognition of the importance of considering tests in relation to other important information about individuals. There is a recognition of tests as a means to an end rather than a viewpoint that looks upon tests as ends in themselves. Furthermore, the philosophy emphasizes the importance of the developmental uses of tests. This developmental aspect is inherent in the provision of tests for students before admission, during their stay in the school of nursing, and finally, after graduation as licensing examinations are needed.

In order to function efficiently and realize the objectives set for the work of this department, certain plans were proposed, and the League Board approved them at its meeting in January, 1947. A three-year plan which included a test construction schedule and a budget was submitted. Since it is our desire to plan for the future of the department on the basis of maximum accomplishment in a minimum of time, it was felt that a three-year plan should be set up to show the direction in which our efforts were going and to indicate possible cycles for test construction and standardization. We therefore presented a plan for 1947, 1948, and 1949 for consideration by the League Board.

Furthermore, it seemed advisable to seek the assistance of professional workers especially qualified to serve on special committees to assist the department in carrying out plans for serving the nursing profession. Three general activities are defined as follows:

1. Dissemination of information concerning the test services available to the profession so that they may be more widely used.
2. Planning and carrying on research in measurement and guidance.
3. Securing competent subject-matter experts and reviewers with adequate geographic representation.

The Committee on Measurement and Educational Guidance under the direction of R. Louise McManus, national chairman, acts on the dissemination of information concerning the test services available to the nursing profession. The state and local groups under their chairmen have been active in various parts of the country. They deserve much of the credit for the ever-increasing use of the test services.

In order to plan and carry on research in measurement and guidance, experts in test construction in the field of general education are being asked to aid the department as consultants. It is planned to seek the assistance of these people in the Fall of 1947.

Furthermore, the department plans to seek the assistance of subject-matter experts and reviewers to serve as an editorial advisory committee. It is felt
that such a committee could render valuable assistance with the subject-
matter content of the tests in addition to submitting the names of various
subject-matter experts throughout the country who could review and criticize
the tests.

Therefore, it is felt that with the continued help of the Committee on
Measurement and Educational Guidance, plus the assistance of a group of
psychologists highly qualified in the area of test construction and guidance,
and with the aid of the editorial advisory committee, the work of the depart-
ment can be carried on in a manner that will best serve the interests and
needs of the nursing profession.

The ever-expanding work of the department has necessitated a considera-
tion of reorganization of the staff at Headquarters. Approval was given by
the League Board for the creation of the position of assistant director.
Emma Spaney, statistician for the department, was made assistant director.

The director and assistant director have participated in meetings of state
boards of nurse examiners, state leagues, and state Committees on Measure-
ment and Educational Guidance, and other interested groups in New York,
New Jersey, Pennsylvania, and Indiana. During the fall further trips are
planned to assist local groups in understanding the uses of the various test
services.

Phyllis Sammul, previously employed as test editor, is no longer able to
give full time to the work of test construction. Mrs. Sammul continues to
be interested in the activities of the department and gives part-time service
from her new home in Greenville, Pennsylvania.

Charlotte Gale, of the test production staff, has been able to assist special
committees of the League on problems of test construction and to attend
meetings and conventions as a representative of the department.

Two full-time professional workers have been added to the editorial staff:
Ruby Barnes Work, in addition to other nursing activities, has had several
years’ preparation and experience in administration and teaching in nursing
arts and clinical areas; Sarah C. Leach, in addition to army experience, has
had several years’ preparation and experience in teaching sciences in schools
of nursing. Both Mrs. Work and Miss Leach have taken academic work in
tests and measurement, guidance, counseling, and so forth.

Evelyn Horton, assistant statistician, with many years’ experience as super-
visor of a statistical laboratory and special academic preparation in statistics,
is in charge of the scoring and reporting unit of the department. Miss Horton,
in addition to the many responsibilities of this unit, has given generously of
her time in demonstrating the procedures and use of the IBM equipment
to nurses of the United States as well as to the many foreign nurses visiting
Headquarters during the ICN Congress. Miss Horton also represented the
department part of the time at Atlantic City during the ICN Congress.

The professional group in the department—past and present—represents
a cross section of most parts of the country. Among the states represented
have been Kansas, Nebraska, Minnesota, Ohio, New York, New Jersey, and Massachusetts.

Tests Services

The Pre-nursing and Guidance Test Service continues to serve an ever-increasing number of schools of nursing. A survey of the current literature on tests and measurement indicated that there is a definite trend in the direction of short, powerful, test batteries for use in predicting academic success and that tests which are repetitive (i.e., measure an ability which is being more effectively measured by some other test in the battery) are being eliminated. Considerations such as these, together with the outcomes of small studies conducted by us and comments by our test users and examiners have resulted in a revision of the Pre-nursing and Guidance Test Battery. The scores which will be reported are as follows: (1) ACE Psychological Examination (three scores); (2) Reading Comprehension (two scores); (3) Mathematics (one score); (4) Natural Science (one score); (5) History and Social Studies (one score).

There has been a well-defined trend in general education for some years in the direction of cumulative records in a form which can be easily used by the guidance worker. One aspect of the Cumulative Record of Standardized Test Results is the record of scores made by the student on objective tests administered for the school. We have revised the previous Personal Data Form so that it is now part of the Cumulative Record of Standardized Test Results. Much of the information which was previously obtained on the Personal Data Form is available on the new form, and, in addition, a profile has been set up which includes not only the results of the Pre-nursing and Guidance Test Battery, but also the results of personality tests, achievement tests, state board tests, and so forth. Actual scores made by the students are reported, in addition to the deciles indicating their standing in relation to a norms group. A comparison of the applicant for admission is made with women entering liberal arts colleges, in addition to the comparison with nursing school applicants which was formerly made. A general statement concerning her intelligence in relation to that of nursing school applicants and of liberal arts college applicants also appears for each applicant. This replaces the punched profile card.

Because the revised battery of tests takes approximately five hours to administer, in contradistinction to a minimum of seven hours for the previous battery, the fee schedule for examiners and proctors was revised as follows: examiners—$10 for a group of from one to fifteen regularly scheduled applicants, 25 cents for each additional applicant, the total not to exceed $25; proctors—$5 a day.

The tests included in the Achievement Test Service in 1946 were as follow: (1) Anatomy and Physiology; (2) Chemistry; (3) Microbiology;
(4) Fundamentals of Nursing Care; (5) Nutrition and Diet Therapy*; (6) Pharmacology and Therapeutics*; (7) Medical Nursing*; (8) Surgical Nursing*; (9) Medical-Surgical Nursing (gastro-intestinal and respiratory tracts); (10) Nursing of Children*; (11) Obstetric and Gynecologic Nursing*; (12) Tuberculosis Nursing; (13) Communicable Disease Nursing; (14) Social Foundations of Nursing*; (15) Psychiatric Nursing.* Since these tests are untimed, the examiner may be any member of the faculty or other authorized agent of a school of nursing. There is considerable teaching toward the tests at the present time because it is not commonly understood that any test contains only a sampling of subject-matter and should not be used as an end in itself.

We have had considerable criticism from test users in the field of the Series 145 State Board Test Pool Tests which was released as an emergency measure. It was, therefore, decided to send copies of these tests out for review in order to determine whether they could remain on the market for use for another year. This has been done. The tests have been revised by the omission of obsolescent items and by minor rewording wherever possible. The revised, re-normed forms will probably be available in August, 1947.

Series 945 of the State Board Test Pool examinations was use in 1946. The following tests are included in the battery: (1) Anatomy and Physiology; (2) Microbiology; (3) Chemistry; (4) Nursing Arts; (5) Nutrition and Diet Therapy; (6) Pharmacology; (7) Medical Nursing; (8) Surgical Nursing; (9) Obstetric and Gynecologic Nursing; (10) Nursing of Children; (11) Psychiatric Nursing; (12) Communicable Disease Nursing; (13) Social Foundations of Nursing.

The demand for tests increased in the Fall of 1946 and it became necessary to reprint test booklets in all thirteen areas in order to meet the needs of the state boards of nurse examiners. It was therefore decided to circulate a postcard questionnaire regarding the testing dates set for licensing examinations and regarding the number of candidates likely to be tested so that plans for 1947 could be made. This series will be available for use in August, 1947, and will be of the same general type as Series 945—i.e., thirteen tests in the areas mentioned. We also propose to compile a brochure of aids for the interpretation of results, at the request of various state boards of nurse examiners.

During 1946 the Graduate Nurse Test Service included the following tests: (1) ACE Psychological Examination, or (2) Otis Self-Administering, or (3) Thurstone Mental Alertness Test; (4) Co-operative Reading Comprehension Test; (5) Test of Basic Nursing. The fee for the Test of Basic Nursing alone is $4. The fee for the complete battery (any one of the three intelligence tests, Reading Comprehension, and the Test of Basic Nursing) is $5. This battery of tests is offered for use by colleges, universities, and

*Starred tests are Series 145 State Board Test Pool Tests released for use because of demands from the field.
merit systems. The Test of Basic Nursing, for which only a total score is available, will be replaced by tests from the achievement test series as soon as the revised tests are available. This will probably be in August, 1947.

The following summary table gives the extent of the use of test services for 1946:

<table>
<thead>
<tr>
<th>Test Service</th>
<th>Candidates</th>
<th>Schools</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Nursing</td>
<td>7,277</td>
<td>379</td>
<td>40</td>
</tr>
<tr>
<td>Achievement</td>
<td>31,746*</td>
<td>273</td>
<td>39</td>
</tr>
<tr>
<td>State Board</td>
<td>177,851*</td>
<td>—</td>
<td>30</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>2,368</td>
<td>41**</td>
<td>20</td>
</tr>
</tbody>
</table>

*Tests
**Plus USPHS

For the period between January 2, 1947, and April 30, 1947, we have processed approximately 14,000 scores for the Pre-nursing and Guidance Test Service; 20,000 for the Achievement Test Service; 60,000 for the State Board Test Pool Service; and 18,000 for the Graduate Nurse Test Service—a total of 112,000 scores. All the services are expanding, and we have been able to offer these services to an increasing number of schools of nursing, colleges, merit systems, and state boards of nurse examiners. A continually improved service will be possible only through the co-operation of the members of the nursing profession, who have already given generously of their time and effort in developing the service to its present level.

As in all other areas of nursing education, it is imperative that co-operative activities be carried on if the work done is to be of high caliber and meet the needs of the nursing profession.

Respectfully submitted,

ELIZABETH L. KEMBLE, Director

REPORT OF THE NLNE CONSULTANT TO THE JOINT ORTHOPEDIC NURSING ADVISORY SERVICE

This report covers the period from July 1, 1946, to July 1, 1947.

The initial purpose of the orthopedic nursing project in the League was to secure better preparation in orthopedic nursing for both student and graduate nurses. The purpose has not changed and ways by which the consultants have worked toward this goal are:

1. Advisory service to the credentials secretary of the National Foundation for Infantile Paralysis in matters pertaining to administration of orthopedic scholarships; recruitment activity through correspondence and
field service in an attempt to secure suitable hospital nurses as scholar-
ship applicants.

2. Direct service to universities, hospitals, and agencies by means of insti-
tutes, conferences, and direct teaching.

3. Assistance in the planning of courses in orthopedic nursing including
basic, advanced, and staff education programs, and advisory service
regarding desirable preparation in orthopedic nursing.

4. Assistance in the organization of nursing service in poliomyelitis epi-
demic areas.

5. Office service consisting of correspondence, consultation, and prepara-
tion and issuing of educational material.

As reported last year, a second orthopedic nurse was added to the League
staff. This was to make available to schools of nursing a more intensive kind
of assistance in organizing the orthopedic teaching program, study of ortho-
pedic teaching facilities, and direct teaching on a demonstration basis; this
might involve a two- or three-week visit to an institution. In the past year
only two schools—the University of Georgia Nursing Education Department
and the Harper Hospital School of Nursing in Detroit—have requested this
service.

Institutes

Institutes totaling twenty-one days, with an attendance of 1081, were held
in the following states: California, Missouri, New Jersey, Ohio, and Oregon.
Topics covered were poliomyelitis care, posture and body mechanics, ortho-
pedic nursing in the generalized program, congenital anomalies, and
 crutch-walking.

Lectures and demonstrations

Thirteen hours of direct lectures were given to graduate and student groups
in North Dakota and New York with a total attendance of 282. Topics
included poliomyelitis care, posture and body mechanics, bed exercises, care
of amputations, and crutch-walking.

Observation

Visits for observation were made at thirty-three institutions in twelve states,
as follow:

<table>
<thead>
<tr>
<th>California</th>
<th>Stanford University Hospital, San Francisco</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shriners' Hospital for Crippled Children, San Francisco</td>
</tr>
<tr>
<td></td>
<td>Children's Hospital, San Francisco</td>
</tr>
<tr>
<td>Georgia</td>
<td>Scottish Rite Hospital, Decatur</td>
</tr>
<tr>
<td>State</td>
<td>Facility Details</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Kosair Hospital for Crippled Children, Louisville</td>
</tr>
</tbody>
</table>
| Massachusetts | Robert Breck Brigham Hospital, Boston  
                 | Massachusetts General Hospital, Boston                                            |
| Michigan   | University Hospital, Ann Arbor                                                   |
| Missouri   | Shriners’ Hospital for Crippled Children, St. Louis  
                 | St. Louis Children’s and Barnes Hospital  
                 | City Hospital, St. Louis  
                 | County Hospital Poliomyelitis Unit, St. Louis                                   |
| New Jersey | Monmouth Memorial Hospital, Long Branch                                          |
| New York   | New York State Reconstruction Home, West Haverstraw  
                 | Knickerbocker Hospital Poliomyelitis Unit, New York City  
                 | Hospital for Special Surgery, New York City                                     |
| North Dakota | Veterans’ Hospital, The Bronx, New York City                                |
| Oregon     | Veterans’ Administration Facility, Portland  
                 | Industrial Accident Commission Treatment Center, Portland  
                 | Carlson’s Brace Shop, Portland                                                   |
| Pennsylvania | Good Samaritan Hospital, Portland                                              |
| Pennsylvania | D. T. Watson Home for Crippled Children, Leetsdale  
                 | Children’s Hospital, Pittsburgh                                                  |
| Washington | Harborview Hospital, Seattle                                                  
                 | Children’s Orthopedic Hospital, Seattle  
                 | Providence Hospital, Seattle                                                     |
| Washington | Swedish Hospital, Seattle                                                        |

**Conferences**

JONAS consultants and representatives from the National Foundation for Infantile Paralysis attended conferences of the Red Cross in their five regional areas to discuss problems encountered in recruiting nurses for poliomyelitis epidemics and need for preparation of these nurses. These conferences were held in St. Louis, Missouri; San Francisco, California; Atlanta, Georgia; Alexandria, Virginia; and New York, New York.

Forty-six small group and individual conferences were held by the consultants while in the field. These were principally on the subjects of staff education and the needs of orthopedic nursing courses and, also, on the services available from JONAS and JONAS’ relation to the National Foundation for Infantile Paralysis in poliomyelitis epidemic areas.
Conventions attended

The 1946 Biennial Nursing Convention
The 1947 Congress of the International Council of Nurses

In collaboration with the National Organization for Public Health Nursing’s consultants, a booth was prepared and staffed for the duration of both conventions. Samples of all JONAS materials were displayed and distributed.

Polioymelitis epidemic aid and special courses

Minnesota.—Two weeks were spent by the assistant consultant in Minneapolis conducting a portion of a week’s series of classes for nurses and physical therapists, preparing selected nurses for particular activities to secure better care to poliomyelitis patients, and in on-the-job teaching on the wards.

North Dakota.—Two weeks were spent by the assistant consultant in Williston correlating services to poliomyelitis patients and in direct teaching to nurses, attendants, and relatives. Public health agencies were contacted and, also, those responsible for the state program for crippled children.

Georgia.—Two weeks were spent in Warm Springs conducting and teaching part of a course in poliomyelitis nursing for nurses recruited by the American Red Cross.

Mississippi.—Two weeks were spent at Jackson conducting and teaching part of a course in poliomyelitis nursing for nurses recruited by the American Red Cross.

Studies or surveys

Elizabeth Kenny Institute, Minneapolis, Minnesota.—A request was made by Dr. John Pohl, medical director of the institute, for the League’s orthopedic nursing consultant to make a study of the facilities and training program. The purpose was to evaluate the educational content of the graduate course for nurses being given at the institute and to make recommendations regarding the program in regard to meeting the standards of other advanced professional courses for nurses.

Consultation in development of teaching programs in orthopedic nursing

Harper Hospital School of Nursing, Detroit, Michigan.—At the request of the director of nursing, the League consultant spent two weeks at this hospital giving advisory service in regard to the nursing care of orthopedic patients and to the integration of orthopedic principles in the general nursing care of other than orthopedic patients.

University of Georgia, Athens, Georgia.—At the request of the director of the department of nursing education of the university, the League consultant spent four weeks in Georgia in the university and in hospitals participating in the university program, giving consultation and advisory service in planning orthopedic services and in teaching orthopedic nursing.
Committees

The League consultants have participated in the meetings of the following committees, either as members or as guests:

Joint Council on Orthopedic Nursing
Joint Committee on Orthopedic Scholarships (as secretary)
JONAS Advisory Committee
JONAS Committee to Study Criteria for Agencies Accepting Interns and Content of Internship
NLNE Committee on the Administration of the Accrediting Program
NLNE Committee on Postgraduate Clinical Nursing Courses
NLNE Subcommittee on the Education of the Nurse in Care of the Child
NLNE Subcommittee on Orthopedic Nursing (as chairman) (The outline worked out by this committee was published in the *American Journal of Nursing* in March, 1947.)
NLNE Subcommittee on the Utilization of Special Therapist (as secretary) (An outline on the utilization of the physical therapist in the nursing education program is nearing completion and will be available from the League office.)
American Nurses' Association Committee on the Administration of the Carter Scholarship Fund (as member of Executive Committee)
Joint Legislative Committee to Study Problem of Cerebral Palsy
Co-operating Committee of the Retraining and Re-employment Administration, now the National Association for Employment of the Handicapped

Co-ordination of program with other agencies and associations

Work this year has brought the League consultants in close association with other agencies and associations such as those listed below:

Teachers College, Columbia University.—The League consultant is a member of the Education Committee of the Orthopedic Committee of Teachers College.
American Red Cross.—A conference was held with representatives in Washington, D.C., regarding help that can be given during poliomyelitis epidemics.
American Nurses' Association.—Co-operation was given by JONAS in its counseling and guidance service for nurses.
American Physiotherapy Association.—Consultation was frequently exchanged between League consultants and staff of this association.
The Children's Bureau.—Conferences and correspondence were conducted with staff members in matters of mutual interest.
National Organization for Public Health Nursing.—All the work of the League consultants on JONAS is done in close co-operation with, and many times in collaboration with, the NOPHN orthopedic consultant and her assistants. (See "Preparation and distribution of educational material.")

Office service

Requests for information and materials come, in general, from nurses, either student, graduate staff, orthopedic, or those engaged in teaching or administrative capacities; doctors; foreign nurses, those taking physical therapy and occupational therapy; persons doing guidance work; and school librarians.
Personal interviews.—General information, counseling, etc. 96
Telephone conferences 15
Personal calls for educational material 98
Total 209

Correspondence.—1983 letters received; 1225 letters mailed out, not including postcards and form letters sent in connection with distribution of educational materials.

Preparation and distribution of educational materials

Slides and films.—Two new sets of slides, "Nursing Observation in Infants and Children" and "Feet," have been completed and are available for loan.

Articles.—Two articles have been prepared and published in the American Journal of Nursing, one dealing with the orientation course in orthopedic nursing; the other, with nursing care in poliomyelitis.

Posters and loan folders.—"Posture Fundamentals," a series of forty-five pictures, has been completed and is available to instructors in schools of nursing. A series of twenty-three pictures dealing with rheumatic fever is available for loan.

Material now available.—145 sets of slides on thirteen subjects (587 orders have been filled); 51 reprints (9 have been added this year; 171,412 have been distributed); 4 handbooks (21,284 have been distributed); 6 bibliographies; "Posture Fundamentals" (860 copies have been distributed).

Scholarships

League scholarships in orthopedic nursing are now being administered by the National Foundation for Infantile Paralysis, the candidates being passed upon by the Joint Committee on Orthopedic Scholarships. Since July, 1946, nine awards have been made to hospital nurses, eight of these for study at Boston University. Three of the recipients of the awards have not yet secured admission to the university. One scholarship was awarded for a semester’s work at Western Reserve University.

Ten additional applications are under consideration at the writing of this report. Remaining funds in this year’s budget will permit the awarding of four scholarships for a one-calendar-year course of study and one scholarship for a one-semester program.

Future activities

This year the League staff hopes to spend extra time giving more extended service to individual nursing schools, during which the nursing care of the patient and the integration of orthopedic principles in all nursing care can be planned. A study of resources available in arranging the orthopedic teach-
ing program may be made, and some direct teaching on a demonstration basis can be done.

Consultant service will be available to universities planning or instituting the orientation course into their programs. It is hoped that requests for direct teaching of parts of the course can be met by the League staff.

Assistance will be given to areas conducting the two-week course in poliomyelitis nursing for nurses recruited by the Red Cross.

Educational material will be reviewed and revised.

The League consultants will participate in a two-week workshop on orthopedic nursing to be given at the University of Pittsburgh in October.

Respectfully submitted,

LOIS OLMSTED
NLNE Consultant in Orthopedic Nursing

REPORT OF THE NLNE CONSULTANT TO THE
JOINT TUBERCULOSIS NURSING ADVISORY SERVICE

The Joint Tuberculosis Nursing Advisory Service was launched by the NLNE and the NOPHN on September 1, 1946, and a consultant for this service was appointed at that time to the League staff. It had been expected that the tuberculosis nursing consultant on the NOPHN staff would function for JTNAS, but unfortunately, she resigned in the late summer. It was agreed, therefore, to see what could be accomplished by one nurse and a secretary. This plan, which has been in operation almost a year, is not proving too satisfactory, as it limits the amount of fieldwork which can be undertaken, and other important projects are moving forward slowly and in a disjointed fashion. The value to be derived from a staff of two nurses and a secretary seems evident, and it is hoped that reconsideration of the budget and of expenditures to date may make the appointment of another nurse possible.

Funds to finance this joint undertaking have thus far been derived almost entirely from the National Tuberculosis Association. A total sum of $20,800 has been made available since April 1, 1946. The budget, approved by the NLNE Board for the program for 1947, calls for an additional sum of about $20,000.

Since October 31, 1945, the NTA has granted a sum of $20,000 for scholarships for nurses desiring special preparation for positions of responsibility in tuberculosis nursing. A committee of five nurses and two physicians has administered the scholarship funds, and twelve nurses have been assisted. Because of other commitments, and since this project was considered as a demonstration only, the NTA will not renew the fund for another year. The consultant, with the support of the NTA, is endeavoring to interest state and local tuberculosis associations in continuing this project by including a
sum for scholarships for nurses in their annual budgets. The Scholarship Committee will prepare recommendations for awarding funds, based upon its experience, for the use of others promoting the project.

The nursing organizations formed a Council on Tuberculosis Nursing, which held its first meeting on November 1, 1946. Its duties are as follow:

1. To make recommendations regarding policies for JTNAS to the Boards of the NLNE and the NOPHN.
2. To act in an advisory capacity regarding the program of activities of JTNAS.
3. To make periodic appraisals of the activities of the service.
4. To review and comment upon educational materials being prepared for publication by the service.
5. To provide consultant service with regards to specific projects which may be undertaken.
6. To propose and help to determine fields in which further study of tuberculosis nursing programs is needed.

Up to this time the activities undertaken by JTNAS have been carried on by committees and by the consultant individually. With the help of a nurse loaned on a part-time basis by the U. S. Public Health Service, the consultant has assembled data for a guide for evaluating and developing precautionary measures applicable to tuberculosis nursing; a reviewing committee has been appointed to pass upon the data.

Through the financial assistance of JTNAS, which voted to appropriate $400 for the expenses of a three-day meeting of the Subcommittee on Tuberculosis Nursing of the NLNE’s Committee on Curriculum in November, 1946, that committee has prepared a first draft of an instructional program. The council voted to make this subcommittee a corresponding committee of JTNAS.

A special committee with Jean South, tuberculosis consultant of the Community Service Society of New York, as chairman prepared a program for the nurses’ conference scheduled as part of the annual meeting of the NTA on June 16-23, 1947.

JTNAS had a booth at the Congress of the International Council of Nurses in Atlantic City on May 11-16, 1947. Paper supplies and an exhibit of literature on tuberculosis nursing and on tuberculosis nursing education evoked considerable interest. (Folders containing the exhibit of literature will be loaned to interested nurses in the United States.) Case registers were demonstrated by the NTA and the U. S. Public Health Service, and groups of three films on tuberculosis nursing were shown. We are indebted to a group of nurses and physicians for suggestions for this booth.

The consultant has served as a member of the New York State League’s Committee on Curriculum and, also, as a member of the Committee on Records of the NLNE.

For orientation; for participation in meetings of local groups; for conferences with faculties of colleges and schools of nursing, officers of nursing
organizations, boards of nurse examiners, and staffs of health departments and of local tuberculosis associations, the consultant has made field trips to Arizona, California, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, and the District of Columbia. In Massachusetts she made a brief survey of the nursing situation in a sanatorium to evaluate its needs and potentialities for use as a field for nursing instruction.

Nurses from Belgium, Brazil, China, Denmark, England, Hawaii, and Italy have been among the visitors to the JTNAS office who call at the rate of about ten each month for personal interviews. Group conferences have been arranged for graduate and undergraduate nurses from Columbia University, Czechoslovakia, Manhattan State Hospital School of Nursing, Syracuse University, and for trainees of the NTA.

Through the mail there have come numerous requests for literature, for information regarding scholarship aid, and for guidance regarding precautions to be used when caring for tuberculous patients.

Sets of slides of family health service in tuberculosis have been lent to seven groups in as many different states.

JTNAS hopes to complete, before the year is out, some of the projects that have been begun. Some factual data are being prepared for publication, which may stimulate schools of nursing to evaluate the preparation of their students for tuberculosis nursing and to revise their curricula as it is indicated is necessary.

The council agreed that the preparation of a guide for personnel practices for tuberculosis nursing services should receive priority in the program, and as soon as possible, this will be undertaken.

We hope to promote further development of measures for testing achievement in tuberculosis nursing and of criteria for evaluating nursing services. Preparations are now under way for a conference on the status and future of advanced programs of tuberculosis nursing education.

Respectfully submitted,

KATHARINE G. AMBERSON

NLNE Consultant in Tuberculosis Nursing

ADDRESS BY THE PRESIDENT

ONE WORLD—ONE OBJECTIVE FOR NURSING EDUCATION

In May of this year nurses from forty different countries met together in Atlantic City. In one common tongue, we discussed our problems, our plans, our hopes. Though the problems varied in extreme degrees, though the plans were laid in diverse ways, the objectives, the hopes of nurses around the world, were as one.

We, of these United States, so richly privileged, were humbled before
the courage and the achievements of our visitors. We were stimulated by their thinking. We were acutely aware of the need for better nursing education and of the value of an organization such as our own National League of Nursing Education which unites the nurses of this country to study and plan for an educational program which will help to make a good health service possible. They gave us, these nurses from other lands, a new sense of purpose to accomplish our objective. As an expression of our belief in their accomplishments, the League presented to the International Council of Nurses the first Nutting Award for its "world-wide leadership in the progressive upbuilding of sound educational programs for the improvement of nursing service."

It was "for progressive upbuilding of sound educational programs" which would produce nurses for the better care of the sick that the League three years ago set forth its postwar plan. This was a broad plan, and far-reaching, designed to foster the best in nursing education, and to introduce new plans which would meet future needs. The League plan was embodied in the Comprehensive Program for Nation-Wide Action in the Field of Nursing in 1945. Acceptance by the National Nursing Planning Committee as a part of the plan for all nursing added the support of five other national nursing organizations.

In 1946, I reported to you that many of the League plans had not progressed beyond the planning stage. We believed at that time that we should have to wait for financial assistance in order to move from the state of blueprints to the point of effective action. The outlook was not encouraging. This year I can report some activity. There were five areas of the Comprehensive Plan which were of especial interest to the League: study of schools of nursing, their control and financial support, curriculum, measurement and educational guidance, accrediting, recruitment, and the study and evaluation of the functions of professional and practical nurses.

On April 9, 1947, the Carnegie Corporation announced a grant of almost $29,000 for the study of the control and financial support of schools of nursing. The director chosen for the study is uniquely suited to this important task. Dr. Esther Lucile Brown, director of Department of Studies in the Professions, Russell Sage Foundation, is the author of Nursing as a Profession, a member of the National League of Nursing Education, and a representative of the League on the National Structure Study Committee. The study of our schools and the related study of nursing service could not have been trusted to more capable or more understanding hands.

In the spring of 1946 the Joint Committee on Accreditation of the National Nursing Council Committee secured funds to employ the services of Dr. George Works of Chicago University for the study of accreditation plans in nursing. The study included the accrediting program of the League, the NOPHN, the NAPNE, the Catholic Hospital Association, and the membership requirements of the ACSN which are in effect accreditation
standards. Although no large steps have yet been taken, the League, the NOPHN, and the ACSN have worked even more closely together. Unity of purpose is evident, and a workable joint program should be achieved when means are available.

Also in 1947, the Department of Studies secured money for a controlled study of pediatric nursing service, to be planned and directed by Blanche Pefferkorn, director of the department. The analysis, now made, constitutes an important step in the study of present trends in nursing, the integration of present groups of workers in nursing service, and the changing practices which have far-reaching implications for education. It is hoped that studies such as these may be extended into other fields of nursing.

Beyond the three projects which I have just named, other beginnings have been made with no outside financial aid. At the September, 1946, meeting of the Board of Directors, the Department of Measurement and Educational Guidance was created with Elizabeth L. Kemble as full-time director. Mrs. McManus, responsible to a very large degree for the successful initiation and development of the testing program, was appointed chairman of the Advisory Committee to the new department. In January, 1947, a Department of Curriculum was established and money was set aside to secure a curriculum expert to be its director. It is the hope that a full-time staff member can direct or carry on some of the studies planned in the curriculum area.

Recruiting, rightfully of interest to all members of the profession, and to consumers of nursing, has been shared with the ANA, NOPHN, ACSN, and the AHA. The League has worked actively, both on the joint Nursing Committee on Careers sponsored by the NIB and the Committee on Recruitment of the AHA.

Thus, we have made progress on our postwar plan. First steps, shorter, slower steps than we had hoped, but the direction has been forward and the action has been united with other nursing organizations wherever there was a common purpose or whenever a common plan could be made.

I shall not try to summarize the work of the committees. You will wish, in so far as possible, to hear the chairmen speak for themselves and the members of their committees. The activities in these reports constitute a large and important portion of the League’s program, made possible because the members have added a heavy burden of committee work to already overcrowded and demanding schedules.

The Headquarters staff, too, will speak for itself. But the members will not tell you what has been added to their schedules this past year, nor of the many extra hours which they have given to plan for the League or to help committees or individuals. They will report growth of the League’s membership, broadening of the League’s program, new accomplishments, all of which are in large part due to their efforts to make the League a
more effective agent in the improvement of nursing education for better nursing service.

The Board of Directors announces with regret the resignation of Clara Quereau as secretary to the Committee on the Administration of the Accrediting Program. Miss Quereau has filled this position with distinction for ten years. To her is due a large share of the credit for the success of the League's accreditation program. Her resignation takes from the organization a valued staff member and a loyal worker. We know Miss Quereau will always remain a friend of the League and its members whom she served so faithfully and so gladly. To succeed Miss Quereau, we have been fortunate in securing Hazel A. Goff whom many of you already know. Miss Goff joined the League staff September 1st and is present at the convention in an official capacity.

Each year it is to be expected that some changes will occur in the membership of the Board of Directors. This year four members asked that their names not be placed on the ballot again in order that others might have the opportunity they had enjoyed to share intimately in the direction of the National League program. Phoebe Kandel of Georgia has been a member of the Board of Directors for two years and vice-president for eight years. Sister Olivia Gowan of the District of Columbia has been a member of the Board for eight years. Anna D. Wolf of Maryland has been second vice-president for one term and secretary for four years. Margaret Carrington of Illinois has been a member of the Board for four years. All of these women brought to the Board a rich background of educational administration. All have worked faithfully; all have given of their time without stint. Each has contributed actively to the achievements accomplished during her tenure. We shall miss their wisdom, their cooperative efforts, their comradeship, in the coming meetings of the Board.

Like most organization-minded nurses this year your Board of Directors and Committees have been more acutely conscious of common objectives, areas of duplication, and opportunities for joint action among nursing organizations. Your representatives on the Structure Study Committee have endeavored to forward the objectives of the League, and have not been unmindful of the total needs for nursing as a profession nor of the consumer's needs for nursing service. The progress this year has been slow; the financial support so badly needed to secure full-time workers has been meager. As the year of 1946 was in a sense a year of preparation for the Structure Study, so this has been a year of study. Soon the time for decision must come or interest and enthusiasm will be lost and financial resources exhausted. When should be the time for decision?

The American Nurses' Association House of Delegates will meet following this convention. Many of you may be delegates to that House. An important step in the total decision will be made at that meeting, one which not only is important to the American Nurses' Association, but reaches
into all professional organizations and their future effectiveness. Soon, too, the League must decide what organization will be right to make possible a sound program in the future. Our turn must come to decide what organizational relationship is best to plan nursing service for and with the public, and our professional co-workers, what form of organizational pattern can best guide educational developments, and what organizational structure can best aid the individual nurse. The time for study is not over, but the time remaining is short. May I urge you, if you have not done so, to study the plans. Weigh them against the philosophies of the organizations today and the accomplishments of the present. Weigh them against the future as you can see it. Speak for nursing; speak for nursing education; speak for the professional nurse. Decide whether these three interests can be combined harmoniously in one organization without loss of values to any one. Decide whether nurses can work together most effectively when individual interests and service interests are combined in a pattern with one organization, or when they are structurally separated.

One objective for nursing is not a new thought which emanated from the International Congress. The nursing platform has always been service to the patient. It has been, however, the nurses' plan that this should be good service, sufficient in amount and comprehensive enough in character to meet not just the physical needs at the bedside, but, as far as possible within our reach, all of the patient's health and sickness needs. About our plan there exists today in the community considerable controversy. Much has been said and written relative to shortening the program and reducing the general education required for entrance to schools of nursing. Such discussions may be more healthy than harmful, but only if there exists for the profession a sound public relations program which can interpret the true situation. On the national level efforts to secure some part-time assistance for such a program have not been successful. Further attempts will be made. On the local level the responsibility for public relations lies with each one of us. Each one who knows a good nursing service can interpret the needs of nurses who give that service. Some can clarify the educational requirements of the nurse who succeeds and finds satisfaction in such a service. Some can interpret the increased demands made upon nursing today because of changing trends and practices in medicine, public health, and allied fields.

It is a truism to say that history repeats itself, and we should therefore find solace and help in the records of our past. I would refer you to a paper by Dr. Christopher G. Parnall given at the 26th Annual Convention in 1920, approximately one and a half years after the close of World War I. Dr. Parnall is discussing "The National Problem of Demand and Supply of Nursing Service." Fragments from this paper are:* "there exists, at the present time, a shortage, the country over, in nursing service ..."

there are more pupils in training at the present time than ever before in the history of the profession of nursing . . . never an adequate supply . . . the demand at the present time surely is greater in comparison with the supply than ever before . . . a relative shortage . . . a number of plans have been proposed, some of them good; most of them, ignoring the fundamental facts are, in my opinion bad." Dr. Parnell discusses the shorter program, the lowering of entrance standards, the comparative shortages in other fields, the greater use of the trained attendant, and the importance of good nursing to good medical practice. History repeats itself in war, and in war's aftermath.

One objective for the nursing profession in the past and in the present, in our own community and the communities of the world.

RESOLUTION FOR CLARA QUEREAU

At the request of the president, the secretary read the resolution which had been adopted by the Board of Directors on September 6, 1947, upon the resignation of Clara Quereau as Secretary to the Committee on the Administration of the Accrediting Program of the National League of Nursing Education.

The Board of Directors of the National League of Nursing Education accepts, with regret, the resignation of Miss Clara Quereau. Ten years ago, when she came to the League as Secretary to the Committee on the Administration of the Accrediting Program, Miss Quereau became the League's pioneer worker in this field. She brought to the League a unique competence developed during her incumbency in a state accrediting agency and now leaves us with well-merited recognition as an authority in the accreditation of schools of nursing.

A distinguished educator, Miss Quereau has made her major contribution in the field of basic nursing education. A stimulating teacher, a discriminating and considerate administrative officer, and a wise and understanding counselor—her influence has been a constructive force in the schools throughout the country.

Miss Quereau has given the National League her deepest loyalty and untiring and devoted service. She will be greatly missed.

The officers and members of the Board of Directors and staff of the League join in extending their best wishes to Miss Quereau in whatever work she may next undertake.

REPORT OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

Prior to writing this report the chairman has reviewed the activities of the committee and the changes which have taken place, as reported through minutes of meetings, reports of conferences with different groups, reports to the board, and other memoranda extending over the ten years of the committee's existence. It is an interesting record of the beginnings of an important movement in nursing. In reading it your chairman wished that each member of the League might have read it too. Since that is not possible, she recommends that each of you review the reports which have been made to
the association beginning when the Committee on Standards was at work under the chairmanship of Miss Nellie X. Hawkinson. That report of June, 1936, will revive in your minds the manner in which the present accrediting program was set up. Anna D. Wolf succeeded Miss Hawkinson as chairman. The first work of the committee was to secure a secretary on whose shoulders was to be placed the work of putting plans into action.

You will read in later reports of the decision to try out initial schedules through a study of selected schools located in all parts of the country. This occupied the best part of a year, after which the final methods of procedure and schedules were adopted. Early materials have undergone changes as visits to additional schools showed the need. The Statement of Policy was also built up at this time.

Stella Goosray, who had acted as co-chairman with Miss Wolf, became acting chairman on Miss Wolf’s withdrawal and after a period was succeeded by the present chairman. Fortunately for the committee Miss Wolf continued as a member for some years and Miss Hawkinson and Miss Goosray are members at the present time. In a program of the nature of accrediting it is of extreme value to have some members who have been concerned with, and are fully aware of, the entire development.

The actual evaluation and accreditation of schools began to function in 1941. This means that the major part of the work has been carried on during the war and postwar years. The activity of the office during these years has been very great; it cannot be measured by the fact that but 113 schools appear in the latest published list of schools.

A brief survey of the work accomplished over these years shows that a total of 219 schools have filed formal applications for accreditation. Correspondence has taken place with a much larger group. All of these applications have been carefully studied by a subcommittee which includes the secretary. A total of 176 schools have been visited up to May 31, 1947. This includes the 51 of the initial year.

A variety of reasons accounted for some schools not being visited. For the most part this has been due to the fact that, after the committee reviewed the applications and pointed out weaknesses determined from the materials submitted, schools asked for the postponement of the visit until they had acted on the suggestions made. While a visit will always be arranged if the school feels it would be helpful, even when accreditation at the time would seem unlikely, it has always been a policy to give as much assistance as possible by correspondence and to discourage a school from incurring the cost of a visit when accreditation, as stated above, would not seem likely to be the result. In many instances this plan has merely postponed visits until these points of weakness have been corrected.

Thirty-seven conditionally accredited schools have been resurveyed, with three schools revisited twice, making a total of forty such visits. A counseling program has also been carried on for accredited schools that requested this
service. The visits were made to these schools when members of the staff of the committee were in that vicinity.

At the direction of the Board of the League, the visitors have held a number of institutes requested by state leagues. In the Spring of 1946 institutes of two full days each were conducted in Missouri, Nebraska, and in Minnesota, and in the fall of the year in Texas, Iowa, Delaware, and Ohio. The secretary reports that at these institutes emphasis was placed on current trends and the needs of schools in general—not on accrediting. Naturally, many questions were raised regarding the accrediting program, but the institutes were held for the purpose of general helpfulness.

The chairman is calling attention to these activities in order that you may be more aware of the extent of the service being rendered, which is not evident from the mere presentation of a list of accredited schools.

The committee itself is active in the reviewing of reports made of schools and in the consideration of changes in the program which are presented to the Board of the League for final action.

At the time of the Biennial Convention the first conference of accredited schools was held, and at the time of this writing (May, 1947) it is expected that a second conference of schools will be arranged at the time of the September meetings. The committee desires to make provisions for as much school participation in the program as is possible under our present organization.

The chairman and the secretary have continued to represent the committee on the Committee on Accreditation of the NOPHN. They were unable to meet with the Membership Committee of the ACSN in the Fall of 1946 because of a conflict in dates—both committees having scheduled their meetings on the same day. They are also continuing to serve on the Committee of Interests on Accrediting, the committee appointed by the National Nursing Council for the purpose of making a plan for the unification of all accrediting in the nursing field. With the assistance of Dr. George Works, the past secretary of the North Central Association of Secondary Schools and Colleges, the outstanding regional accrediting agency in general education, a plan was drawn up. You will recall that Dr. Works was exceedingly helpful to the League when it was first studying its own program of accrediting. This plan was presented through a panel discussion at the biennial meetings last year. Because of the program for accrediting of schools presented in the structure study, that plan is at the moment being held in abeyance. It is hoped that a means may be found to eventually incorporate the best in both into an acceptable plan. While this is not an activity of the Committee on the Administration of the Accrediting Program, it so greatly involves the future of accrediting and the activities now going forward, that reference to it here seems appropriate. At present this group is studying a means by which greater unification can be achieved pending the final recommendation.

In April your committee, at the invitation of the Committee of Interests
of the National Nursing Council, together with the accrediting committees of the NOPHN, the NAPNE, the Council on Nursing Education of the Catholic Hospital Association, and the Membership Committee of the ACSN, met together for the purpose of giving consideration to such an interim plan. At the time of writing there is nothing further to report.

A single accrediting agency in nursing, rather than the five that exist at present, seems to your committee of utmost importance. The chairman believes that no single activity would do more than this to clarify and stabilize the situation which exists in the preparation of nurses in both basic and advanced curricula. It is interesting to note in the report made by the New York Academy of Medicine's study on *Medicine and the Changing Order* that a single accrediting agency in nursing is advocated. This supporting statement is of considerable value, as that particular publication will have nationwide attention. Nursing needs in this connection, and especially at this time, not only the understanding and support of the medical group and of the American Hospital Association, but also of the colleges and universities and the accrediting agencies in higher education.

During the year (June, 1946–June, 1947) the committee has held two meetings—September 18, 1946, and January 20, 1947, in addition to the meeting with the Committee of Interests reported earlier. At both of these meetings the reports of schools were discussed. Representatives of schools on which action had been deferred were present. Two schools were recommended to the Board of the League for full accreditation. Three schools were recommended for conditional accreditation, and the recommendation was made to continue one conditionally accredited school on the same basis for a further period of two years. It was also recommended in the case of three schools that accreditation be withdrawn.

At the January meeting, following a careful review of the activities and financial situation of the program, the committee made important recommendations to the Board of Directors. Later the special Committee on Accrediting, which reviews policies, approved these recommendations, and these were adopted by the board. Changes in policies regarding the accrediting of schools were sent at once to all accredited schools and were published in the April number of the *American Journal of Nursing*. They are as follows:

The scoring plan and the pattern maps used in the evaluation of schools will be discontinued, as the method of procedure has been difficult to interpret and expensive to maintain.

The committee will continue to evaluate schools on the basis of policies which appear in the published *Statement of Policy for the Accreditation of Schools of Nursing*.

There will be an increase in the annual fee paid by accredited schools from $35 to $50. This will become effective in 1948.

The fee to be paid when the application is filed will be $25 instead of $15. For all survey services the fee will be $50 per day per visitor rather than $30 as formerly.

These latter changes go into effect immediately.
The committee regretted exceedingly to be obliged to recommend an increase in fees, but the cost of all services and facilities used in connection with the program made the recommendation imperative.

Ida MacDonald, who was with us as field worker for a year's period, left us in December. She has accepted a position with the Rural Nursing Education Program in New York State. The committee has authority to fill her position and is at present about to make a recommendation for an appointment.

During the spring one of the members of the committee, Miss Goostray, has given Miss Quereau assistance with several visits.

A final committee meeting to complete the work of the spring months is scheduled to take place during July.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

The Committee on Convention Arrangements, composed of seven members, in December, 1946, began making preparations for the annual convention. Much of the initial work of securing meeting space and necessary information pertinent to facilities was done by this group. At a later date eleven subcommittees were appointed, the chairman of each being responsible to a member of the main committee. Meetings of the latter have been held at two-week intervals. While each subcommittee has full responsibility for carrying out its respective duties, all plans merge in the main committee and copies of all correspondence are sent to the general chairman, and several meetings of the chairmen of the subcommittees have been held with the chairman of the main committee. It is hoped that by such co-ordination the best possible plans can be made for the comfort and happiness of those attending the convention. Funds have been provided to pay for a secretary to handle the housing reservations.

For the first time the Committee on Arrangements was faced with the problem of having to pay for meeting space. We are indebted to the Seattle Hotel Association and the Olympic Hotel (the headquarters hotel) for contributing the necessary facilities, and also to the Moore Theatre for reducing its rates.

The nurses of Washington are looking forward with a great deal of pleasure to having the members of the National League of Nursing Education as their guests.

Respectfully submitted,

VIRGINIA OLCOTT, Chairman
Report of the Committee on Curriculum

Due to limitation of funds it has not been possible for members of the entire committee to hold a meeting. However, some members did have an opportunity to get together for a brief discussion during the Biennial Convention last September at Atlantic City.

Representatives of our Steering Committee and of the Committee on Psychiatric Nursing met on March 18 to review a program of instruction in psychiatric nursing which had been prepared by Lela S. Anderson for the American Psychiatric Association. Mrs. Anderson, who attended the meeting, reported that the material had been widely distributed to psychiatric hospitals in the hope that they would try out the suggested program of instruction and after a year would make constructive suggestions which could be utilized in a revised outline. The American Psychiatric Association had taken the initiative in this matter, as it felt the need for a standard which could be utilized in the evaluation of psychiatric hospitals for affiliation in psychiatric nursing.

As the material prepared by Mrs. Anderson was quite voluminous, it was not considered in detail at the meeting. It was the consensus, however, that if the American Psychiatric Association gave consent, it would be desirable for the National League of Nursing Education, in co-operation with the American Psychiatric Association, to undertake the revision of the material. Mrs. Anderson gave assurance that the American Psychiatric Association would welcome the assistance of the League. It was decided to ask the psychiatric hospitals to send their suggestions after six months, instead of after one year. In the Fall of 1947 a small joint committee of members of the Steering Committee of the Committee on Curriculum and the Committee on Psychiatric Nursing, with Mrs. Anderson representing the American Psychiatric Association, will undertake the revision. It is hoped that in this way a useful guide for planning a program in psychiatric nursing which will have the approval of both the League and the American Psychiatric Association may be made available.

It was also recommended at this meeting (a) that the Committee on Psychiatric Nursing of the American Psychiatric Association (which is composed of doctors) be approached regarding the desirability of having a consultant or an advisory committee composed of professional nurses representing nursing education, nursing service, and public health nursing; and (b) that the League appoint as a consultant to its Committee on Psychiatric Nursing the chairman of the Committee on Psychiatric Nursing of the American Psychiatric Association. The executive secretary of the League stated that she would take this recommendation to the Board of Directors of the League for approval.

Our Subcommittee on Tuberculosis Nursing held a meeting in September during the Biennial Convention and a three-day conference in New York City during the latter part of November. The chairman, Esta V. McNett,
reports that a tentative outline of medical and nursing content for an affiliation in tuberculosis nursing has been prepared. This outline, together with objectives for the course, criteria for selection of practice fields, and other pertinent information, will be studied further by the committee and then submitted for trial use to tuberculosis nursing instructors in the field. The committee expects to reconsider the material after suggestions are received and will prepare a guide and comprehensive bibliography for instructors who teach courses in tuberculosis nursing to students in the basic course.

The Subcommittee on Curriculum for Men Nurses held a meeting at Atlantic City in September. It was the consensus of that group that the curriculum for men nurses should not differ to any great extent from that for women nurses and that schools for men nurses should strengthen content in the areas of pediatric and obstetric nursing. The chairman, Frank J. Shea, reports that his committee is not ready to make definite recommendations and will not do so until various members of the committee have experimented with planned experiences for men nurses in pediatrics and obstetrics in their schools for men nurses. In one of the schools a group of men students has already satisfactorily completed a pediatric experience. In another school plans have been made for lectures in obstetrics followed by observation in the delivery room and for affiliation in a unit for mentally disturbed children; when a pediatric building now under construction is completed, students in this school will be assigned there for experience in the care of children.

A Subcommittee on the Utilization of Special Therapists in the Teaching of Student Nurses, with Jean Barrett as chairman, was appointed in 1946 with the suggestion that the contribution of the physical therapist be the first to be considered. A meeting was held in April, 1946, and four subsequent meetings have been held.

The purpose of the committee was to determine the orthopedic content in the total curriculum, the best methods for utilizing this content, and the ways in which the physical therapist could function in the educational process. The work of the subcommittee was carried on in various sections of the country through small work groups which studied the part the physical therapist can plan in different courses or areas of the curriculum. Members of the subcommittee have collected and compiled the material presented by the work groups. The following areas were studied: student health, science, nursing arts, medical and surgical nursing, maternal and child care, and psychiatric nursing.

A vast amount of very useful material has been collected, including methods for incorporating the content in the total curriculum. The subcommittee hopes that the material may be published in booklet form together with an explanatory introduction and bibliography. To acquaint nurse instructors and physical therapists with the availability of the material, articles could appear in the American Journal of Nursing and the Physical
Therapy Review. An attempt should be made, about a year after publication of the material, to determine the use made of it and to secure suggestions for revision.

By the Fall of 1947 it is hoped that at least a partially new subcommittee can undertake the study of the utilization of the occupational therapist in the teaching of student nurses.

The Subcommittee on the Education of the Nurse in Care of the Child was recently reorganized under the chairmanship of Isabelle M. Jordan, nursing consultant to the Division of Research in Child Development of the Children's Bureau. A real effort has been made to select members who are concerned with the teaching of pediatric nursing on the wards and in classrooms as well as those who are administratively responsible for affiliations in pediatric nursing. In addition, some of the specialties such as convalescent care, psychiatry for children, and public health nursing are included in the experience of its members. The four persons responsible for teaching the advanced courses in pediatric nursing in New York, Chicago, Boston, and Cincinnati are included as consultant members, and it is anticipated that later advisors from allied fields of child care may be asked to assist in specific areas of need.

There were two items of old business left from the former committee: one, a bibliography on pediatric nursing; the other, the unfinished "Joint Report on Criteria Relating to Nursery School Experiences for Student Nurses" of the National League of Nursing Education and the National Association of Nursery Education. The bibliography has been sent to the executive secretary of the League for publication. The joint report was considered by the committee at its meeting on May 5 in Washington. As it was evident that members of the new committee were not entirely in accord with the recommendations of the report, further deliberation is indicated before the material is released for publication.

The committee recommended to the chairman certain preliminary investigations, such as consulting with the Committee on the Administration of the Accrediting Program of the League regarding criteria used for evaluating basic courses in schools of nursing, and preparation of a list of functions which any graduate nurse should be able to perform from her basic course.

Tentative arrangements were made for a two-day fall meeting. We are pleased to announce that the Children's Bureau has consented to assist the League by providing secretarial service to the committee, defraying the cost of travel for its members, and contributing part of Miss Jordan's time for committee leadership.

The Subcommittee on the History of Nursing, under the chairmanship of Frances Thielbar, has reviewed the "History of Nursing" slides and is undertaking to assemble them in groups which may be shown in periods of one-half hour, one hour, or two hours. The members of the committee felt it would be helpful to schools if they would make the selection for instruc-
tors. They will also make suggestions for the addition of new slides to bring the collections up to date.

Three members of our Committee on Curriculum, working with local committees in Baltimore, San Francisco, and Nashville, reviewed the publication of the International Council of Nurses entitled *The Educational Programme of the School of Nursing* and made suggestions to the Education Committee of the International Council of Nurses for its revision. The chairman of the Committee on Curriculum participated in meetings of the Education Committee which were held in New York City early in May to plan for the revision.

A Subcommittee on Psychology, with Mary Schmitt of Pittsburgh as chairman, has recently been appointed, and Eleanor Bowen of Boston has accepted chairmanship of a Subcommittee on the Preclinical Sciences. Elizabeth Clayton of Washington, D. C., will act as chairman of a group which will consider the desirability of preparing material to stimulate instructors to include in their teaching more of the available data in relation to vital statistics and morbidity statistics. They will also make suggestions concerning the most useful sources of statistical data and graphic material.

At the January meeting of the Board of Directors of the League it was voted to create a Department of Curriculum, which will become a reality as soon as a director can be secured. The director will co-ordinate the activities relating to the various types of curricula which are now centered in several League committees. Those who have attempted, rather ineffectually, to work in the area of basic nursing will welcome the addition of a Headquarters staff member to assist with the planning and execution of curriculum studies and activities to meet today’s needs.

Upon the advice of the Board of Directors of the League, no plans will be made in the immediate future for the revision of *A Curriculum Guide for Schools of Nursing*. Although this may be a disappointment to some of our League members, we believe many will agree that it is impossible to prepare a guide which will meet the needs of schools with as differing standards as we have today, that the better schools should be stimulated to undertake experimentation in curriculum construction and to publish their findings, that well-qualified instructors probably do not need a guide, and that authors of nursing texts should be encouraged to suggest novel ways of presenting nursing content instead of continuing to follow the unit plans of the 1937 *Guide*.

Respectfully submitted,

K. VIRGINIA BETZOLD, Chairman
REPORT OF THE COMMITTEE ON ELIGIBILITY

During the year thirteen applications have been received and recommended for membership. The names of those recommended are as follow:

Grace E. Alt, 3476 Dolfield Avenue, Baltimore 15, Maryland (ANC)
Lillian M. Holland, Tuskegee Institute, Tuskegee, Alabama
Elda Hoke Jenkins, Veterans’ Administration Facility, Bedford, Massachusetts
Constance Manning, Tuskegee Institute, Box 796, Tuskegee, Alabama
Mattie E. Nickerson, 18 Sixth Avenue, South, Birmingham, Alabama
Caroline Nicoll, 125 East 57th Street, New York, New York
Lula G. Randolph, Veterans Administration, Tuskegee, Alabama
Lois E. Streuter, Lexington V.A. Hospital, Lexington, Kentucky
Isabella Triemor, Public Health and Welfare, GHQ, SCAP, APO500, c/o P.M., San Francisco, California
Dympha Marie Van Gorp, c/o Navy Medical Dept., APO676, c/o P.M., Miami, Florida
Fannie Velma Williams, Veterans Administration, Tuskegee, Alabama
Viola Terrell White, Box 691, Tuskegee Institute, Tuskegee, Alabama
Elizabeth Upton Wright, Teachers College, Columbia University, New York 27, New York

Respectfully submitted,

ANNA T. BECKWITH, Chairman

REPORT OF THE EXECUTIVE COMMITTEE

One meeting of the Executive Committee was held on June 5th to conduct business preliminary to the convention and to the September meeting of the Board of Directors.

Considerable time was given to the study of the reports and recommendations of the Finance Committee, the Committee on Postgraduate Clinical Courses, the Committees on Convention Arrangements and Program, the Joint Committee on the Integration of Social and Health Aspects in the Basic Curriculum, the Committee on Interests on Accrediting of the National Nursing Council, the Joint Committee on Structure of the National Nursing Organizations, and the Special Committee on Headquarters Personnel Policies and Salary Scales. Proposed revisions of the bylaws were discussed and acted upon.

As a September meeting of the Board of Directors is too late a date upon which to appoint committees for the ensuing year, committees were appointed and the action referred to the Board of Directors for ratification.

Respectfully submitted,

RUTH SLEEPER, Chairman
The Committee on Finance submits the following budgets for the year 1947.

**GENERAL FUND**

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**Total estimated income**                                                   **$270,505.37**

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### Convention:
- Convention manager's salary: $1,000.00
- Travel—three staff members: 1,110.00
- Miscellaneous: 350.00
- Preprints: 250.00
- Programs: 350.00
- Honoraria or travel: 1,000.00
- Reporting: 200.00
- Total: 4,260.00

### Chicago Institute
- Total: 500.00

### Department of Studies:
- Salaries: $14,410.00
- Multigraphing, postage, etc.: 600.00
- Travel—the director: 600.00
- Committee meetings: 100.00
- Total: 15,710.00

### Committee on the Administration of the Accrediting Program:
- Salaries: $11,350.00
- Committee meetings: 700.00
- Printing ("List of Schools," etc.): 200.00
- Reproduction of reports: 600.00
- Supplies: 300.00
- Travel: 3,800.00
- Total: 16,950.00

### Department of Curriculum:
- Salary: $2,800.00
- Supplies and equipment: 400.00
- Total: 3,200.00

### Department of Measurement and Educational Guidance:
- Salaries: $67,074.00
- Advisory and consultant fees: 750.00
- Fees to item writers: 500.00
- Administrative overhead: 2,000.00
- Rent: 5,056.00
- Repairs: 250.00
- Permanent equipment: 2,000.00
- Test services:
  - Supplies: shipping, stationery, office: 5,000.00
  - Postage and express: 4,000.00
  - Mimeograph supplies: 1,000.00
  - Test materials: 10,000.00
  - Examiners' fees: 4,000.00
  - Machine rental: 3,820.00
  - Royalties: 500.00
  - Telegrams and telephone: 1,000.00
  - Conventions and meetings: 1,500.00
  - Library: 75.00
  - Auditing: 185.00
  - Committee: 250.00
  - Contingent fund: 21,697.72
- Total: 130,657.72

### Headquarters' budget, per exhibit: 51,701.00
### General contingent fund: 2,591.65
### Total estimated expenses: $270,509.37
COMMITTEE REPORTS

Headquarters Fund

Expenses:

Salaries ........................................... $32,810.00
Extra stenographic service .................. 800.00
Rent ................................................. 4,251.00
Reception room service ....................... 180.00
Telephone and telegraph ..................... 1,100.00
Supplies ........................................... 1,000.00
Postage and express ........................... 4,500.00
Shipping .......................................... 3,500.00
Mimeographing, etc. ........................... 900.00
Library service .................................. 150.00
Special office care ............................. 60.00
Miscellaneous .................................... 200.00
Entertainment ................................... 50.00
Insurance ......................................... 175.00
Reference books, subscriptions, etc. .... 25.00
Rest room ......................................... 650.00
Equipment—new typewriters ................. 1,200.00
Servicing typewriters and adding machine 150.00

$51,701.00

Respectfully submitted,

GRACE WARMAN, Chairman

REPORT OF THE COMMITTEE ON MEASUREMENT
AND EDUCATIONAL GUIDANCE

The Committee on Measurement and Educational Guidance has had no meeting since the last annual meeting of the National League of Nursing Education. The establishment of the Department of Measurement and Educational Guidance at League Headquarters and the appointment of a director of the department in September, 1946, a goal long sought for and requested by the committee, have materially changed the responsibilities and functions of this committee.

Representatives of the League Board, of the department staff, and of the committee in joint conference drafted tentative statements of policies later approved and established by the Board for the operation of the department and for the activities of the committee. These are as follow:

1. General functions of a director of a League department:
   A. Relating to the department, the director is responsible for:
      1. Planning the program of the department, including any field service or publicity.
      2. Executing the program in line with the policies approved by the Board of Directors.
      3. Administering the department in accordance with the general administrative practices of Headquarters.
      4. Preparing the annual budget for the department in co-operation with the executive secretary.
5. Presenting the annual budget with department recommendations to the Committee on Finance, if desired by the director or requested by the executive secretary.
6. Preparing and presenting reports, including recommendations relating to policy, work, or program of the department, to the Board of Directors.
7. Employing personnel for the department, in consultation with the executive secretary, as specified by the administrative practices at Headquarters.
8. Securing and recommending to the Board of Directors, in consultation with the executive secretary, candidates for professional staff appointments.
9. Co-ordinating the work of the department with other groups or departments either directly through the executive secretary or by keeping the executive secretary informed of any proposed co-ordinated project.

B. Relating to the committee, the director is responsible for:
1. Conferring with the chairman and the department's advisory committee regarding the work of the department, either for advice or for transmitting information.
2. Arranging with chairman for staff members or consultants to attend committee meetings as indicated.
3. Arranging for meetings of the advisory committee in consultation with the chairman, as occasion arises, but at least once annually.
4. Planning the agenda in consultation with the chairman.
5. Acting as secretary to the committee.
6. Preparing reports, minutes, or other materials to be distributed to committee members.
7. Conferring with the chairman and the executive secretary regarding members or consultants on committees in addition to Board appointments.

II. General functions of the advisory committee:

A. Relating to the department, the committee is responsible for:
1. Reviewing the work of the department at least annually.
2. Reviewing the program as prepared by the director.
3. Advising the director on matters relating to the program.

B. Relating to the Board of Directors, the committee is responsible for:
1. Submitting reports of committee activities, prepared by the chairman, to the Board of Directors.

C. Relating to state leagues, the committee is responsible for:
1. Assisting state league committees in carrying forward state committee projects in harmony with the program of this department.

Suggestions for programs for state and local leagues' Committees on Measurement and Educational Guidance were prepared and sent to committee chairmen in each state. Interesting reports have been received from several state chairmen describing the programs and activities in their states. These included:

1. Special speakers on some aspects of objective measurements and/or guidance based upon the results of measurement.
2. Institutes on measurement during which assistance was secured from psychologists and others to discuss the use and interpretation of test results, grading plans, and test administration.
3. Studies of prenursing test results and school reports for all students in the state withdrawing from schools of nursing programs.
4. Co-operative preparation of a file of tested questions in clinical nursing, with
information about the ability of each question to discriminate between students. The file is intended to serve as a nucleus of a pool of questions for use by any teacher in the League.

These are encouraging uses of tests and measurement as means of implementation and improvement of educational programs in individual schools and states.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

On October 19, 1946, a state league nominating blank for national officers was sent to each state league. Twenty-two forms, fully or partially complete, were returned in time for the committee's consideration. From the state league's returns, the committee formed the following ticket. All the candidates have signified their willingness to serve, if elected.

Vice president—

Sister John of the Cross, superintendent of nurses, St. Mary's Hospital, Astoria, Oregon
Mrs. Hazelle B. Macquin, director of nursing education, University of Utah, Salt Lake City, Utah

Secretary—

Mrs. Henrietta A. Loughran, director of nursing education, University of Colorado, Boulder, Colorado
Laura E. Rosnagle, dean, College of Nursing and Health, University of Cincinnati, Cincinnati, Ohio

Directors—

Anne L. Austin, professor of nursing, Frances Payne Bolton School of Nursing, Cleveland, Ohio
Henrietta Doltz, director of nursing education, University of Oregon, Portland, Oregon
Edna B. Groppe, director of the Workshop in Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania
Ruth Harrington, associate professor of nursing education, University of Minnesota, Minneapolis, Minnesota
Loretta E. Heidgerken, assistant professor of nursing education, Catholic University of America, Washington, D. C.
Mrs. Deborah MacLurg Jensen, assistant director, St. Louis City Hospital School of Nursing, St. Louis, Missouri
Mary H. McKinnon, chief nurse, Veterans Administration, Nursing Division, San Francisco, California
Virginia Olcott, associate professor of nursing and director of the Division of Hospitals, University of Washington, Seattle, Washington

Respectfully submitted,

JULIA M. MILLER, Chairman
DOTALINE E. ALLEN  DORRIT D. SLEDGE
MARY GILMORE  SISTER MARY THERESE
REPORT OF THE COMMITTEE ON PROGRAM

The complete report of the committee will be found in the program of the National League of Nursing Education's convention to be held in Seattle, September 8-11, 1947.

Sincere appreciation is expressed to the Board of Directors and the executive secretary for the many helpful suggestions and guidance in preparing this program.

Respectfully submitted,

MARY S. TSCHUDIN, Chairman

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications met at 1790 Broadway, New York, on December 2, 1946, and on March 6, 1947. On two occasions it has made contact with individuals in different areas of the country, inviting them to suggest the titles and names of possible writers for needed articles for publication in the *American Journal of Nursing*. The response has been very satisfactory, and as a result specific articles have been requested for the Nursing Education Department of the AJN.

Respectfully submitted,

AGNES GELINAS, Chairman

REPORT OF THE COMMITTEE ON REVISION

In 1946 the Committee on Revision prepared revisions of the National Bylaws that were presented at the annual meeting in Atlantic City in September and were accepted. The main changes were increases in dues, elimination of junior active and associate membership, and broadening the basis for the membership of lay persons.

The committee met each month during the year to approve proposed revisions in the bylaws of leagues in Illinois, Indiana, Michigan, New Jersey, North Dakota, Ohio, Puerto Rico, and Texas, and to approve the newly prepared bylaws for the proposed league in Hawaii.

The committee is now concerned with some minor revisions for discussion at the annual meeting in September, 1947, in Seattle.

Respectfully submitted,

HARRIET H. SMITH, Chairman

*For supplementary report of the Committee on Revision, see pages 178-179, 379-384.
REPORT OF THE COMMITTEE ON STUDIES

The Committee on Studies held one meeting during the year. This meeting was called to consider plans for evolving new nursing service measures.

The members of the Committee have actively participated in the study of pediatric nursing sponsored by the U. S. Children’s Bureau and the National League of Nursing Education in cooperation with the New York Hospital. Elisabeth C. Phillips, a member of the Committee on Studies, was a member of the Technical Committee of the pediatric project, and the chairman was a member of the General Advisory Committee. A fuller statement on the pediatric nursing study is given in the report of the Director of Studies.

Respectfully submitted,

LAURA GRANT, Chairman

REPORT OF THE COMMITTEE ON ACCREDITING

The special Committee on Accrediting met in New York City on February 27, 1947, with representatives of the NLNE, the ANA, the NOPHN, and the American Hospital Association. In the absence of the chairman because of illness, Elizabeth C. Burgess presided at the meeting. Miss Burgess explained the purpose of the meeting: to consider recommendations submitted recently by the NLNE Board of Directors to this special committee.

In order to bring the committee up to date on the activities of nursing organizations which relate to and may affect the accrediting programs of all nursing organizations, brief reports on the work of the Committee of Interests on Accrediting and on the structure study were given. Clara Queerou, secretary of the Committee on the Administration of the Accrediting Program, also outlined her report to the NLNE Board at its annual meeting in January, 1947, which had led to the recommendations the committee was about to consider. The report had stated the necessity for (1) re-evaluating the standing of conditionally accredited schools; (2) conducting institutes to give help in meeting current problems; (3) revisiting fully accredited schools that were surveyed during the early years of the program; (4) revision of the scoring plan that has been used from the beginning and a reconsideration of this method of evaluation which requires frequent revision if results are to be as objective as they were intended to be.

The mounting costs and the increasing deficit in maintaining this program demanded reconsideration of the annual and survey fees, and the Board of Directors, after careful analysis of all these facts, submitted the following recommendations:

I. That in the evaluation of schools, the scoring plan and the pattern map be eliminated and evaluation be continued on the basis of policies and criteria already approved in the Statement of Policy.
II. That changes in fees be made as follows:

A. The fee to be paid when the application is filed be increased from $15 to $25, this amount not to be subtracted from the cost of survey, and that survey fees be increased from $30 to $50 per day per person.

B. The fee for return visits to conditionally accredited schools be based upon $50 per day per person for the length of time needed.

C. The annual fee be increased to $50 per year with the expectation that every accredited school will be revisited once in five years.

D. Survey service be made available to fully or conditionally accredited schools on their request on fees based upon $50 per day per person.

The recommendations were voted on and accepted unanimously. The members present were in complete agreement on the need for these changes in order that the work of accreditation might be promoted.

Respectfully submitted,

SISTER M. LAURENTINE, Chairman

REPORT OF THE COMMITTEE ON AUDIO-VISUAL AIDS

The Committee on Audio-Visual Aids held three meetings during the past year. The objectives have been (1) to promote wider and more effective use of motion pictures and other audio-visual aids through (a) encouragement of state and local leagues to form committees on audio-visual aids to study and evaluate the use of such aids, (b) publication in the American Journal of Nursing of articles on more effective utilization of audio-visual aids in schools of nursing, (c) revision of pamphlet on illustrative materials; (2) to co-operate with the Committee on Curriculum in the preparation of audio-visual aids needed for planning a curriculum.

The major activity of the committee this year has been the revision of the pamphlet on illustrative materials. This has been completely revised. Inasmuch as the committee had just revised the pamphlet on sources of motion pictures, slides, and filmslides, the present pamphlet includes sources of all other types of illustrative or audio-visual aids that might be used for teaching in schools of nursing. All sources listed in the pamphlet were contacted by letter to determine availability of materials to schools of nursing.

Respectfully submitted,

LORETTA HEIDGERKEN, Chairman

REPORT OF THE COMMITTEE ON MEMBERSHIP

Discussion at the one meeting of the Committee on Membership, correspondence, and other sources bear out the belief that increasing the membership depends upon (1) a better understanding of the function and program of the organization; and (2) a clearer-cut picture of how to join the League.
The Board of Directors approved the recommendation of the committee made at the September, 1946, Board meeting that the word "Campaign" be deleted from the title.

Some regional representatives have contacted the chairman of state committees within their area. A few members have indicated confusion, apparently due to an interpretation of the structure study relative to future organizations and delays in the mechanics of membership, which has dampened the enthusiasm of potential members.

The chairman's limited experience of this year indicates the need for (1) a public information program on national, state, and local levels to acquaint present and potential members with the current activities of the organization; this should include wider use of existing publications, supplemented by especially prepared materials; and (2) determining closer working techniques with officers and other chairman in order that their activities may be interpreted into ways and means of increasing membership.

Respectfully submitted,

LUCY D. GERMAIN, Chairman

REPORT OF THE COMMITTEE ON THE NURSING SCHOOL LIBRARY

This year the principal work of the Committee on the Nursing School Library has been the revision of the publication Books Suggested for Libraries in Schools of Nursing. The members of the committee in the Chicago area met in January to draw up plans for the work. Tentative outlines suggesting the method of making the revision were submitted to all members for criticism and suggestions. The members participated in the work by supplying the names of specialists in the various subjects who were qualified to serve as reviewers and in helping to formulate policies determining the final listing of the books.

In addition to the work on the revision of the booklist, the committee has conducted a counseling service. A notice appeared in the December, 1946, issue of the American Journal of Nursing which announced that the Committee on the Nursing School Library offers to nursing school faculties counsel and assistance on problems of library administration and procedure. The response has been gratifying; many letters of inquiry have been received and several librarians and directors of schools have come to visit and discuss problems pertaining to the library.

A panel discussion on the "Nursing School Library" is included on the program of the national convention of the League this year. The committee is making plans for the panel and arranging for speakers.

Respectfully submitted,

NELLIE D. MILLARD, Chairman
REPORT OF THE COMMITTEE ON THE NUTTING AWARD

A meeting of the Committee on the Nutting Award was held at the Hotel Pennsylvania on January 21, 1947. There were present Stella Goostray, chairman, Ruth Sleeper, ex officio, Isabel M. Stewart, and Virginia Dunbar. Mrs. Henry James, Mrs. Winter Mead, Mary M. Roberts, and Effie J. Taylor were absent.

The Board of Directors accepted the committee's recommendations, which were as follow:

1. That the award of large plaques to organizations or groups be included in the plans for the Nutting Award.
2. That such an award be made to the ICN, at the forthcoming Congress, for leadership in nursing education.
3. That the plan of establishing a fund in connection with the Nutting Award for the publication of important studies and historical source materials which could not otherwise be made available to the profession be carried forward as soon as possible.
4. That the Board announce the plan to state league presidents and in the pages of the AJN and Public Health Nursing, and arrange for such other publicity as necessary.
5. That the Board appoint a jury of five to seven members to consider nominees for the award.
6. That all matters relating to screening and selection be left to the jury.
7. That all nominations should be sent to the NLNE not later than May 1, 1947.
8. That the small medal to be awarded to individuals be made of silver.
9. That the bronze plaque be awarded to organizations or groups.

The purposes of the award and the bases for selection are: (1) to honor Mary Adelaide Nutting, a distinguished leader in nursing education; (2) to provide a means by which the NLNE may recognize outstanding leadership and achievement in nursing education and make such contributions known to the public; (3) to stimulate the development of leadership and to encourage scholarly investigation and achievement in the field of nursing education on the part of individuals and groups.

Outstanding leadership in nursing education is characterized by such qualities as creative ability, originality, and democratic attitudes as evidenced by the initiation of better methods of nursing education which lead to improved nursing, spread of ideas, and growth in individual and group leadership. This leadership and achievement may be demonstrated through activities in administration, teaching organizations, writing, journalism, research, counseling, and public relations.

Activities carried out in such areas as basic nursing education, in-service and staff education, and the education of the profession at large and the public, etc., may be sources for the award. Individuals or groups, nurses or non-nurses, in the United States or other countries are eligible to receive the award. The group award may be made to schools, organizations, com-
mittees, departments of education in official agencies, or special groups appointed for the study of nursing education.

It was decided that the first general awards would be made at the League meeting in Seattle in September, 1947.

Respectfully submitted,

STELLA GOOSTRAY, Chairman

REPORT OF THE COMMITTEE ON POSTGRADUATE
CLINICAL NURSING COURSES

This annual report provides an opportunity to summarize the progress made by the Committee on Postgraduate Clinical Nursing Courses since it began its work three years ago and to present its current activities. It will be remembered that the major function of this committee has been to study the whole problem of postgraduate clinical nursing education, to develop standards for postgraduate clinical courses, and to construct outlines for advanced courses in accordance with these standards. In addition to the general committee, six subcommittees have been active at various periods during the past three years, and the chairman is pleased to report that the work has gone forward steadily toward the stated goals. At this time a word of tribute must be given to the nurses who have participated in the work of the subcommittees; they have given a tremendous amount of time and effort, and have demonstrated a great devotion, to a quite arduous task.

During the past year the major portion of time has been given to the preparation of two course outlines, one "An Advanced Course in Maternity Nursing," prepared by the Subcommittee on Maternity Nursing in which Hattie Henschemeyer was chairman, and the other "An Advanced Course in Orthopedic Nursing," prepared by the Subcommittee on Orthopedic Nursing of which Lois Olmsted was chairman. The first was published in the December, 1946, issue of the American Journal of Nursing, and the second in the March, 1947, issue. This makes a total of five outlines completed, approved, and published. The tentative outlines completed previous to this year and published in the American Journal of Nursing are for advanced courses in psychiatric, pediatric, and tuberculosis nursing.

The completed work of the Committee on Postgraduate Clinical Nursing Courses is being published in a series of pamphlets under the general heading "Courses in Clinical Nursing for Graduate Nurses." Three pamphlets are now available through the NLNE, and it is expected that three more will be ready within a short time. Those now ready for distribution are Pamphlet No. 1—Basic Assumptions and Guiding Principles, Pamphlet No. 2—An Advanced Course in Psychiatric Nursing, and Pamphlet No. 3—An Advanced Course in Pediatric Nursing.

Inasmuch as all the projects in course construction which had been assigned
the committee were nearing completion at the end of 1946, the committee submitted the following recommendation to the Board of Directors of the NLNE at its meeting in January, 1947: "The Committee on Postgraduate Clinical Nursing Courses believes that an advanced course in medical and surgical nursing is urgently needed and should be added to the series already completed. A recommendation is therefore made to the Board of Directors that necessary action be taken to secure the funds essential for such a project and that directives be issued to the committee accordingly." The Board of Directors accepted this recommendation at its meeting with the result that the committee is now launched on another new project: namely, the construction of an advanced clinical course in medical and surgical nursing. A new subcommittee is now in process of being set up; it will be composed of specialists in the fields of medical and surgical nursing as well as in related fields and will represent various geographical areas of the country. Two meetings have been held, devoted largely to the tasks of considering appointments to the subcommittee and of exploring the various problems and points of view involved, in order to establish some working basis for the study. It became apparent almost at once that this would probably be the most difficult project yet undertaken by the committee. The present plan of the subcommittee is to study intensively some of the perplexing questions involved and to arrive at some definite principles for use in constructing an outline of the course. Efforts will be made to complete this first step by November of this year and then to proceed with the outline.

In conclusion, and on behalf of all the nurses who have participated in the various phases of all the above-mentioned projects, the chairman wishes to reaffirm her faith in the great value of the work undertaken. Although it is too soon to evaluate the contribution which this study of advanced clinical nursing has made in improving nursing practice and nursing education, the committee is, nevertheless, gratified by evidences of progress as revealed in current nursing literature, in catalogs of universities offering programs of advanced nursing education, and in the development of such courses over the country.

Respectfully submitted,

ELIZABETH K. PORTER, Chairman

REPORT OF THE COMMITTEE TO PREPARE A STATEMENT OF OBJECTIVES CONCERNING FEDERAL AID FOR NURSING EDUCATION

The special Committee to Prepare a Statement of Objectives Concerning Federal Aid for Nursing Education was formed after the Board meeting of the NLNE in June, 1946. One meeting was held on January 6, 1947, at the Michael Reese Hospital in Chicago. The members present were Frances
Thielbar, Lura Eldredge, Mary Dunlap, Ruth Harrington, Mildred Lorentz, and the chairman. (A complete list of members will be found on page 27.)

The committee restated the purpose of the committee as follows: To study and develop, in writing, a statement of policies concerning Federal aid for nursing education for presentation to the Board of Directors of the National League of Nursing Education for action.

Items and questions discussed by the committee included (1) the relationship of this committee to other committees concerned with Federal aid to nursing and additional types of members needed on the committee; (2) review of government agencies now providing Federal funds for nursing education; (3) whether or not Federal aid should be sought for nursing education; (4) purposes for which Federal aid for nursing education might be sought; (5) Federal agency or agencies that might administer Federal aid for nursing education; (6) whether or not Federal aid to nursing education should be allotted by a Federal agency or agencies to individual institutions offering nursing education or through state agencies to such institutions; (7) if allotted by a Federal agency to individual educational institutions, through what state agency or agencies; (8) the role of the national and state nursing organizations and state boards of nurse examiners in administering Federal aid to nursing education; (9) some general principles involved.

Subsequently, a tentative blocking of suggested topics for inclusion in the proposed statement concerning Federal aid in relation to nursing education was prepared by the chairman on the basis of the discussion at the meeting, as follows:

I. Introductory statement
   A. An interpretation of nursing education in its broadest sense and definitions of nursing education relating to basic and advanced programs.
   B. A statement indicating that the general purpose of Federal aid to nursing education is better nursing services of all types—hospital, other institutional, and community—to the public through improved nursing education.
   C. General statements concerning current nursing personnel needs.
   D. Enumeration and definition of the areas in which nurses work.
   E. Review of Federal agencies now providing funds for nursing education: purposes, how done, advantages, and disadvantages.

II. The use of Federal aid for nursing education

III. Proposed uses for Federal aid to nursing education
   A. For the preparation of educational, administrative, and instructional personnel.
   B. For scholarships to well-qualified and needy students (in basic and advanced nursing curricula).
   C. For improvement of educational equipment and of the quality and quantity of instruction in both basic and advanced nursing curricula.
   D. For national investigations and researches concerning nursing personnel and other needs and for such studies as would help nursing schools increase their effectiveness.
E. For the organization of temporary demonstrations of educational undertakings.
F. For collecting and disseminating information concerning new educational enterprises and procedures in nursing education institutions.
G. For the collection and dissemination, in form for functional use, of all types of statistical and factual information concerning nursing education.

IV. Proposed Federal agency or agencies for administration of Federal aid for nursing education

V. Channel through which Federal funds for nursing education might be allotted

VI. The role of nursing organizations—national and state—in securing and administering Federal aid to nursing education

VII. General principles concerning use of Federal aid for nursing education

Since the meeting of the committee in January, 1947, the following activities have been carried on:

1. The NLNE's Department of Studies has prepared and distributed a questionnaire to institutions offering basic and advanced nursing programs to secure information concerning the types of Federal aid now being used by such institutions. After the results of this study are analyzed, it is hoped to follow it with another study to secure opinions on the use of Federal aid for nursing education from officers of administration of institutions and from students now using Federal funds and from others.

2. The chairman has conferred with the League's committee working with the American Council on Education concerning Federal aid in reference to a statement on estimates of personnel needed in nursing and other items.

3. The chairman has attended one meeting in New York of the subcommittee of the ANA's Committee on Federal Legislation that is studying H.R. 2077, a bill to continue the Cadet Nurse Corps.

4. The chairman, in March, 1947, accompanied the chairman of the League's committee working with the ACE concerning Federal aid and the chairman of the ANA's Committee on Federal Legislation to a conference with a congressional representative concerning the status of Federal aid to nursing education.

5. Reports of the activities and recommendations of this committee have been circulated to the presidents of the ANA, the ACSN, the NLNE, and the NOPHN to secure comments and suggestions from board members of each organization.

The committee has recommended that the following suggestions be given serious consideration by the nursing profession:

1. Definite and clear-cut plans should be made to provide continuous co-ordination of the activities of all national nursing groups working on any phases of Federal aid for nursing.
2. Some ways, in addition to the use of professional journals, should be
developed and effected for bringing information about Federal legisla-
tion affecting nursing to every member of the profession.
3. The relationship of state boards of nurse examiners to the operation of
programs for Federal aid to nursing education should be explored.

The entire committee believes that the problems involved in Federal aid
for nursing education are vital and that a final tentative statement of policies
concerning Federal aid for nursing education should not be released until
the subject is thoroughly studied. The committee also believes that whatever
statement is released should be based upon current needs and consideration
of comments by those who are operating nursing education institutions and
by those who are recipients of such education. They think, too, that it is
imperative to secure suggestions on the proposed statement from the several
national nursing organizations.

It is hoped that a tentative statement will be ready for release by the Fall
of 1947.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE COMMITTEE ON PSYCHIATRIC NURSING

Three regular meetings of the Committee on Psychiatric Nursing were held
between July 1, 1946, and June 30, 1947, and there was one special meeting
of certain members of the committee with the steering committee of the
Committee on Curriculum.

The committee has had six main activities during the past year:

1. Development of criteria for affiliated courses in psychiatric nursing.—
   In co-operation with the American Psychiatric Association, a course of
   instruction for affiliating students was prepared and sent to all the
   mental hospitals for use on a trial basis. This material was discussed
   at the special meeting with the steering committee of the Committee
   on Curriculum. Suggestions and recommendations will be requested
   from the field in six months. It is of interest to note that an increasing
   number of states are requiring psychiatric nursing in the basic program,
   Tennessee being the most recent. The committee is urging a longer
   period of time for the affiliation in psychiatric nursing, in order that
   the student may better integrate the work with her general nursing.
   The committee hopes that the Committee on Curriculum will favor a
   longer course—possibly six months—to include one month of surgery
   and one month of medicine with the physically ill mental patient.
2. Stimulation of interest in postgraduate courses of the university-controlled type.—This committee, through active participation by the chairman, is acting in an advisory capacity to the U. S. Public Health Service in relation to the educational program under the Mental Hygiene Bill, Public Law 487—79th Congress.

3. In collaboration with the APA the committee prepared and distributed to all state hospitals an outline of on-the-job training for attendants in mental hospitals.

4. The committee encouraged the organization of state committees on psychiatric nursing. The number is steadily increasing.

5. A questionnaire to ascertain the quality and quantity of teaching in psychiatric hospitals has been sent out to every psychiatric hospital.

6. The chairman of the committee assisted in the planning of, and participated in, a three-day institute sponsored by the Tennessee State League of Nursing Education and the local Nashville league at Vanderbilt University in April. Lela S. Anderson, a member of this committee, also participated. The main topic of the institute was “Psychiatric Nursing and the Mental Health Program in the Community.”

Respectfully submitted,

LAURA W. FITZSIMMONS, Chairman

REPORT OF THE COMMITTEE ON RECORDS

At a meeting of the Board of Directors in May, 1945, the Board delegated to the Committee on Records the task of developing record forms for schools of nursing offering affiliations and for schools seeking affiliations.

It is a satisfaction to report to the League membership that this assignment has been completed. A bulletin with the title Procedure for Establishing an Affiliation is now available. Five forms are included in this bulletin. They are:

Application for Affiliation
Agreement for Affiliation
Preaffiliation Student Record
Preaffiliation Health Report
Report on Affiliation

For schools either offering or seeking an affiliation, the new bulletin will serve as a useful guide.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman
REPORT OF THE COMMITTEE TO SECURE INFORMATION FROM
THE AMERICAN COUNCIL ON EDUCATION REGARDING
FEDERAL FUNDS FOR NURSING EDUCATION

The work of this committee grew out of the Conference on Emergency
Problems in Education held July 11-13, 1946, in Washington, D. C., under
the auspices of the American Council on Education. The influx of veterans
into colleges and universities was overtaxing the facilities of educational
institutions. Such conditions created an urgent need of means to meet the
emergency. Nursing education was involved more or less in nearly all of
the emergency areas. In the recommendations growing out of the confer-
ence, nursing was included together with the other professions. A significant
recommendation of this conference was that a National Education Com-
mission be named at once. Accordingly, the President’s Commission on
Higher Education was named. This commission has been in action and its
reports will soon become available. In the meantime, several meetings of
your committee have been held.

Following a conference between Dr. Francis J. Brown of the American
Council on Education, Elizabeth C. Bixler, president of the Association of
Collegiate Schools of Nursing, and your chairman, it was learned that the
Commission had asked the Bureau of Labor Statistics to furnish estimates
of the number of persons who should be trained to meet the needs of
industry and society for professional and other college-trained workers
up through the year 1960.

As a result of a conference between the chairman, Blanche Pfefferkorn,
and Ruth Taylor and representatives of the U. S. Bureau of Labor Statistics,
the National League of Nursing Education was invited through a letter to
the president to take the leadership for the profession in obtaining estimates
as to the number of professional nurses who should be graduated annually
in the period between now and 1960, allowing for the expected growth
of the profession and probable losses due to deaths, retirements, marriages,
transfers to other fields, or other reasons. The National Organization for
Public Health Nursing and the Association of Collegiate Schools of Nursing
co-operated through their representatives in supplying statistical information
and staff assistance.

Mrs. Marguerite W. Zapoleon, of the Women’s Bureau, U. S. Depart-
ment of Labor, who was taking responsibility for estimates of the medical
fields in which large numbers of women are employed, was assigned to
the nursing estimate project to offer consulting assistance.

Through the able assistance of Blanche Pfefferkorn and other members
of a subcommittee, who had compiled estimates of nursing needs for the
National Council on War Service, and Mrs. Zapoleon, it was possible to
prepare an estimate by March 15, 1947, in time for it to be used by the
President’s Commission on Higher Education. The report, in which the
needs of the nursing profession are included, will be available this fall
and may be had by writing to the Superintendent of Documents, U. S. Printing Office, Washington, D. C. The preliminary report was released with a limited distribution, to nursing organizations, government bureaus, and others, but was restricted until officially published.

Nurse educators will find in the various reports of the President’s Commission on Higher Education recommendations of wide significance for the future of education and of resulting importance to our own field.

The committee will continue to work during the coming year.

Respectfully submitted,

SISTER M. OLIVIA GOWAN, Chairman

REPORT OF THE COMMITTEE ON SISTERS

Since the Biennial Convention at Atlantic City during September, 1946, the National Committee on Sisters has endeavored to establish Sister chairmen and committees in as many states as possible so that current problems in nursing might be given more nationwide attention and receive the aid of the committees’ co-ordinated study and action. After having established their committees, a gratifying number of Sister chairmen have sent heartening reports of the efforts made and the results obtained by their activities. The Sisters’ committees are receiving the support of the directors of schools of nursing in their states and of state league members in attempting to bring closer co-operation while trying to solve the many problems that beset the nursing profession both in the educational and personnel divisions.

Reports from the Sister chairmen reveal many plans for more institutes and workshops for the coming year to stimulate interest in the fields of nursing education and student enrollment. They are also endeavoring to stimulate greater attendance at, and participation in, all activities of their state leagues and nurses’ associations and to increase the membership of Sisters in the League. Among their own membership they have encouraged the presentation and discussion of problems which have not been covered at state league meetings so that they might be presented to the leagues and other associations for attention.

We believe the Sister chairmen and their committees are performing a worthy contribution to the activities needed for the alleviation of the nursing problems that are confronting us today.

Respectfully submitted,

SISTER MARY THERESE, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

The chief concern of the Committee on State Board Problems this year has been to secure information from the states relative to the adoption of integrated content of state board examinations. Arriving at a clear under-
standing of what such an examination should include and studying the possibility of the adoption of such a plan and its effect on interstate practice are salient problems for study. To this end the chairman had a conference with the NLNE president and the executive secretary in Atlantic City at the time of the Biennial Convention and another with the executive secretary and the director of the Department of Measurement and Educational Guidance in New York in October. The full committee met in New York in November, and the chairman reported to the NLNE Board of Directors in January. In February a questionnaire about integrated state board examinations was sent to all states and a follow-up was sent out in April. A meeting of the committee was held in May to study results of the questionnaire.

We hope this project will receive careful study by each state board of nurse examiners in order that state board examinations will be consistent in scope and type with the program advised and required in our schools of nursing.

Respectfully submitted,

AGNES OHLSON, Chairman

REPORT OF THE COMMITTEE ON STATEMENT OF PRINCIPLES RELATING TO CONTROL, ADMINISTRATION, AND ORGANIZATION OF NURSING EDUCATION

In the Fall of 1946 the president appointed a special committee to draw up a platform expressing the opinion of the National League of Nursing Education concerning the administration, control, and organization of nursing education. The committee comprised Anna D. Wolf as chairman, and as members, Anne L. Austin, Genevieve K. Bixler, Stella Goosray, Ruth Harrington, and Sister M. Olivia Gowan.

The committee was instructed by the president to consider the administration, control, and organization of all programs of nursing education—advanced professional, basic professional, and practical nursing education.

The preliminary discussion of the committee dealt with the following points: (1) that there is an established practice of placing professional nursing education in colleges and universities, as is the practice in other professions; (2) that the National League of Nursing Education has already gone on record as supporting the inclusion of two years of general education before or within the basic professional nursing curriculum, which implies an obligation to establish curricula and instruction on the level of senior college work; (3) that in a democratic country students of nursing should have equal opportunity for use of educational facilities with students preparing for other fields of social endeavor.

At its meeting in January, 1947, the NLNE Board of Directors accepted a statement of principles drawn up by the committee, with the understanding that this was the opinion of the Board of Directors, as follows:
Nursing is a fundamental and essential health service to society. It must therefore be supported by the public. Nursing education, in common with other types of education, should be the charge of the educational institutions of the country, public and private. The formulation of policies and the administration of programs of nursing education are the prerogative and the responsibility of professional nurses.

Nurses recognize that the most economical service possible must be rendered to the community, provided the health of the community is protected. Nurses also recognize that there is a need for differentiation of service, which requires a differentiation in preparation. Every prospective student in nursing must have assurance that her education will be adequate to give her competence and satisfaction in future service. In like manner, those who are served by nurses should be assured that the type of nursing care needed will be available.

Since nursing service will require varying degrees of knowledge and skill, nursing education must provide preparation for professional nurses and for practical nurses.

Basic professional nursing education.—Education of professional nurses should be an integral part of an institution of higher education, either public or private, or should be in a school conducted as an independent institution empowered by the state to grant appropriate degrees. The basic professional nursing curriculum should include at least two years of general education.*

Advanced professional nursing education.—Advanced programs in professional nursing should be an integral part of an institution of higher education, either public or private.

Practical nursing education.—Education of practical nurses should be an integral part of an educational institution, either public or private. If courses in practical nursing are included in the curriculum of the secondary school, they should be offered in the senior year (12th grade).

Administration and control.—Programs of nursing education should be administered and controlled by the educational institution, with appropriate contractual arrangements with service agencies for nursing practice. These programs should be the responsibility of professional nurses.

It is recognized that a majority of the schools in the country are controlled and administered by hospitals, which are service agencies. It is urged that such schools give early consideration to the transfer of control and administration to educational institutions.

Education of professional nurses and education of practical nurses may, in rare instances, be carried on in the same educational institution. Wherever two such curricula are set up in the same institution, provision for adequate number and differentiation in function of qualified faculty members should be made. Adequate practice fields for both curricula should also be provided.

Approval.—All schools and programs of education in nursing (advanced professional, basic professional, and practical nursing) should be approved by appropriate state, regional, and national approving agencies.

Respectfully submitted,

ANNA D. WOLF, Chairman

REPORT OF THE COMMITTEE ON VOCATIONAL GUIDANCE

The current objectives of the Committee on Vocational Guidance are (1) to prepare and keep up to date a statement of basic facts on prenursing counseling in relation to professional nursing; (2) to develop policies and

suggestions for guidance programs for use of administrative and instructional personnel in institutions offering basic and advanced nursing curricula; and (3) to assist registrars and counselors in professional placement services through the development of appropriate literature on counseling of graduate nurses seeking nursing positions in institutions offering basic and advanced curricula.

A meeting of the committee was held on January 20, 1947, to consider the plans for the basic fact sheet study, which is the principal function of the committee this year. H. Phoebe Gordon, consultant to the committee, is conducting the study.

The accomplishments for the past year include (1) publication of Guidance Programs for Schools of Nursing, which was written by Fred M. Fowler of the U. S. Office of Education; (2) final stages in the preparation of a manual for use by counselors in professional placement services, the contents based upon the materials relating to choosing an advanced program or a supplemental clinical nursing course which were prepared in mimeographed form last year; and (3) progress in the study for the preparation of a basic fact sheet on prenursing counseling in relation to professional nursing.

Respectfully submitted,

DOTALINE E. ALLEN, Chairman

REPORT OF THE COMMITTEE TO WORK WITH THE
NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

The NLNE's Committee to Work with the National Association for Practical Nurse Education has held one meeting since January 1, 1947. It was a joint meeting on February 5 with the NAPNE's Committee to Work with the NLNE and was well attended. Two major subjects were discussed: the first dealt with the plans for work being made for the committee called together by the U. S. Office of Education to prepare a suggested curriculum for schools of practical nursing; the second, with the pamphlet which the NAPNE's Committee on Curriculum is preparing.

The USOE had promised to release Louise Moore of its staff for a number of weeks of specialized work for this committee, but no funds were made available to secure the services of a qualified professional nurse to work with Miss Moore. It was pointed out to the committee that this would undoubtedly prolong the work of preparing a curriculum, since the professional oversight and actual work would have to be done entirely by volunteers. As a result of the discussion, R. Louise McManus offered to make Marguerite Shay, who is working in the Department of Nursing Education at Teachers College on a practical nurse education project which is financed by the Kellogg Foundation, available to help, and she also offered desk space for the NAPNE's Committee on Curriculum and a room for meetings. Both of
these offers were accepted gratefully later in the spring, and the plans have worked out most satisfactorily. Real progress is now being made on the curriculum work.

The pamphlet which the NAPNE's standing Committee on Curriculum is preparing is to be a guide for practical nurse schools and will include a statement of objectives for practical nurse education, suggested policies for the organization and administration of such schools (including the practice field experience), titles, and objectives of courses. It is recognized that this statement is needed immediately, especially in states where there is no legally authorized approving body for practical nurse schools, and that such a statement of standards may well be ahead of minimum standards which might be adopted by the states later on. It is hoped that the statement may tend to set a pattern that will be more desirable than is often found for the legal minimum standards. The NAPNE committee requested the NLNE committee to review and, if possible, approve this statement before it is published. The League's committee indicated its willingness to study the material as soon as it is ready. A meeting is being called in June, 1947, for this purpose.

The NLNE committee is receiving questions from state leagues and others regarding the relationship between organizations of professional nurses and practical nurses. This is an outgrowth of the formation of more state committees of the NAPNE and of more state associations of practical nurses themselves. In general, there seems to be a strengthening relationship between the two branches of nursing.

With the appearance of the USOE's Job Analysis of the Practical Nurse Occupation—With Suggestions for Training Programs in March, 1947, and of the publication of the Joint Committee on Auxiliary Nursing Service's pamphlet Practical Nurses and Auxiliary Workers for the Care of the Sick in April, 1947, we are beginning at last to have available authoritative materials relating to the preparation and use of practical nurses. While it knows that there is still much to be done in this field, your committee feels sure that some semblance of ordered thought is beginning to replace the great confusion and emotionalism that has prevailed previously.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

REPORT OF THE COMMITTEE TO FORMULATE PLANS FOR THE RECRUITMENT OF GRADUATE NURSES FOR FACULTY POSITIONS IN SCHOOLS OF NURSING

The following program is recommended by the committee as a means of furthering recruitment of young graduate nurses for faculty positions in schools of nursing:
1. Institutes sponsored by state leagues of nursing education for the purpose of interesting staff nurses in hospitals and in public health nursing agencies to prepare for faculty positions in schools of nursing.

2. Preparation of a series of articles on teaching and administration in schools of nursing by the members of the committee for the *American Journal of Nursing*, emphasizing the satisfactions derived from teaching and the importance of personnel policies for faculty members.

3. Encouragement of the establishment of assistantships in selected schools of nursing for young women who have completed the preparation for teaching and who require teaching experience.

4. Brief periods of observation for prospective teachers through the co-operation of schools offering outstanding instructional programs.

5. Increased publicity regarding the availability of lists of postgraduate courses, advanced, specialized, and service.

6. Increased emphasis on the program of professional counseling and placement services in relation to the service they can render in recruiting qualified graduate nurses for teaching positions.

Respectfully submitted,

THERESA I. LYNCH, Chairman

REPORT OF THE

JOINT COMMITTEE ON THE INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM

The Joint Committee on Integration has held six all-day meetings. Many of the subcommittees have met more frequently throughout the year. The objectives of the committee as revised at the November 18, 1946, meeting are as follow:

1. To keep in touch with the newer developments in the broad field of public health and to consider their implications in the basic curriculum.

2. To encourage hospital services, other health and social agencies in the community, and schools of nursing, through use of available materials to develop such interlocking relationships as will furnish a more satisfactory and continuous care of the patient.

3. To stimulate public health nursing agencies to recognize and accept responsibility for assisting in basic nursing education, and to study and suggest practical methods of doing so.

4. To encourage schools of nursing and those agencies providing educational experience for students to incorporate in the nursing services to each patient consideration of all influences in the community, especially
those of the home and hospital which have to do with the prevention of illness and the promotion of health.

5. To study the functions and preparation of the public health nurse who is on the faculty of the school of nursing.

6. To study economical and effective ways of helping the teaching personnel in schools of nursing and the teaching personnel in public health nursing agencies to prepare themselves to carry out this integration and to better interpret the problems involved.

7. To work with state boards of nurse examiners in regard to requirements for instruction and practice in the integration of social and health aspects of nursing in the basic curriculum.

Suggested topics for state and local leagues and for state organizations for public health nursing were prepared early in the fall and sent out through the NLNE and the NOPHN.

The progress of the subcommittees of the Joint Committee on Integration is as follows:

1. The subcommittee to study the preparation of the graduate nurse completed its work. The report, entitled "Recommendations to Universities and Colleges Regarding the Preparation of the Institutional Staff in Schools of Nursing to Enable Them to Promote More Effectively the Social and Health Aspects of Nursing in the Basic Curriculum," was submitted to the NLNE, the NOPHN, the ACSN, the NOPHN's Education Committee, and the NLNE's Joint Committee on Postgraduate Nursing Education for approval and with the recommendation that the material be printed in the American Journal of Nursing and Public Health Nursing.

2. The subcommittee on inter-agency referrals of patients for continuity of nursing care has had an enthusiastic response from a number of agencies working on such a plan in their local situations. It is expected that the final report of this committee will be ready during the Summer of 1947 and that it will be available for publication in the professional journals. An extensive questionnaire on referrals was submitted, also, by this committee to the NOPHN for use in its annual report of member agencies.

3. The subcommittee to study standards of service in the outpatient departments as they relate to student education completed its assignment. This report has been submitted to the NOPHN, the NLNE, and the NOPHN's Education Committee with the recommendation that it be published in the American Journal of Nursing and Public Health Nursing.

4. The subcommittee to assist with tests and measurements relating to the social and health concepts in nursing has agreed upon the central objec-
tives which should have been achieved by the student graduating from a school which successfully integrates the social and health aspects of nursing. Work is still in process in writing out typical situations showing nursing performance and in analyzing the strong and weak aspects of such performance. This material will be turned over to the NLNE's Department of Measurement and Educational Guidance.

5. The subcommittee to study the social content in nursing has not been active.

6. The subcommittee to develop a bibliography has not been active because its work was dependent on the completed work of other subcommittees. This committee is now at a point where progress can be made.

The Joint Committee on Integration has discussed in detail the problems involved in securing public health nursing field experience for students. The main points, as agreed upon by the committee, have been written and presented to the following groups:

NOPHN's Education Committee
NOPHN's Committee on Nursing Administration
Collegiate Council on Public Health Nursing Education
NOPHN's Subcommittee of the Education Committee on Accreditation
Ninth Regional Conference of Public Health Nursing Directors of Agencies and of University Programs in Public Health Nursing

The Joint Committee on Integration has considered the suggestion of one of the publishing houses that it compile a book of reprints and articles relating to the social and health aspects of nursing. Such a list of articles would be compiled by the Joint Committee on Integration and reprint rights would be managed by the publishing house. This matter is now being considered by the League Board.

The committee wishes to thank especially all those members and consultants of subcommittees who live at great distances and who have been so helpful through correspondence.

Respectfully submitted,

IRENE CARN, Chairman

REPORT OF THE

JOINT COMMITTEE ON POSTGRADUATE NURSING EDUCATION

Several committees of the different national nursing organizations have dealt with postgraduate nursing education. Among the more recent committees have been the League's special Committee on Postgraduate Clinical Nursing Courses and the special Committee to Study Definitions and Criteria for Postgraduate Nursing Education. The work of these committees and of
other groups working on problems in this area has been pathfinding; but the League Board has believed that results derived should be augmented and, after several months of consideration, appointed, in September, 1946, a special committee, with representation from the Association of Collegiate Schools of Nursing, to give consideration to matters concerned with nursing education in institutions of higher learning. In January, 1947, the Board voted to expand the membership to include representatives of the NOPHN, and thus, the special committee was changed to a joint committee of the NLNE, the ACSN, and the NOPHN and given the name "Joint Committee on Postgraduate Nursing Education."

The first and, to date, the only meeting of the Committee on Postgraduate Nursing Education was held in New York on January 21, 1947. The reasons the committee was formed were discussed, and the activities of national, international, and Federal groups relating to the work of this committee were reviewed. The general purpose of the committee was restated as follows: "To develop a statement of over-all criteria for guidance in the development and evaluation of postgraduate nursing education." Tentative definitions, to serve as guides for the committee members, were made of such terms as "postgraduate education," "advanced curriculum," "basic curriculum," "principles," "criteria," "area." Areas of the advanced curriculum with which the study should be concerned and the major current problems in postgraduate nursing education were considered.

The preliminary, or first, objectives of the committee were thought to be these:

1. To determine the number of teaching personnel needed in the different curriculum areas—basic and advanced. It was pointed out that this committee could not make a comprehensive study of personnel needs, but that it could bring together the data on hand. Members of the committee were designated to bring the available materials together.

2. To interest appropriate universities in establishing or expanding advanced nursing programs for the preparation of personnel needed for nursing education positions.

3. To prepare statements on the objectives of certain curricula:
   a. General purpose of the advanced nursing curriculum
   b. General objectives for the different areas in the advanced nursing curriculum
   c. Specific objectives for suggested programs in the different proposed areas

4. To develop a diagrammatic scheme to show the general scope of advanced curricula.

At this meeting, too, the Kellogg Foundation's proposed workshop on postgraduate nursing education was brought to the attention of the committee. Also, the draft of material prepared by Isabel M. Stewart, chairman
of the Committee on Education of the International Council of Nurses, was introduced; the committee members subsequently made individual reviews of Miss Stewart's manuscript, which were assembled by the chairman and sent to Miss Stewart.

Inasmuch as the list of members of the committee is somewhat too long for inclusion in this report and will be published in the NLNE's Annual Report for 1947 with the other committees, suffice it to say here that the ACSN is represented by two persons, the NLNE and the NOPHN by three each, and that the presidents and executive secretaries of all three organizations serve as members ex officio, as do the chairmen of the following committees:

a. NLNE Committee on Curriculum
b. NLNE Committee on Administration of the Accrediting Program
c. ACSN Committee on Postgraduate Courses
d. NLNE Committee on Postgraduate Clinical Nursing Courses
e. NOPHN Committee on Education
f. NLNE and NOPHN Joint Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum
g. NNC's Committee of Interests on Accreditation

In addition to the chairman of the NLNE's Committee on Administration of the Accrediting Program, the secretary of that committee attends the meetings of the Committee on Postgraduate Nursing Education as an ex officio member. Mildred Tuttle, of the Kellogg Foundation, has consented to act as consultant.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE JOINT COMMITTEE ON THE STRUCTURE OF NATIONAL NURSING ORGANIZATIONS

Printed copies of this report, including eleven recommendations of the joint committee, had been distributed among the members in attendance at the meeting. There had also been circulated copies of the recommendations as modified by the Board of Directors of the League at its meeting on September 5-7, 1947. The secretary read both versions of each of the first eight recommendations, the reading of each pair being followed by discussion. In view of the passage of time, however, the reading of the recommendations was not completed, and it was voted to defer further reading and discussion, as well as action on all the recommendations, until the Closing Business Session on September 11.

To facilitate the reading of this part of the proceedings, the two sets of recommendations and the action taken on them are presented in one place in the minutes of the closing business session and may be found on pages 385-390.
The chairman of the Committee on Revision presented seven recommendations for revisions of the Bylaws which had previously been circulated among the membership with the call of meeting and which therefore required for passage the affirmative vote of two-thirds of the active members present and voting.

Present Bylaws

ARTICLE II

SECTION 1. The officers of the National League of Nursing Education shall consist of a president, a vice president, a secretary, and a treasurer, all of whom shall be nurses. These four officers, and eight directors one of whom shall always be a lay member, and the president of the American Nurses’ Association, the president of the National Organization for Public Health Nursing, and the editor of the American Journal of Nursing, shall constitute a Board of Directors.

ARTICLE III

SECTION 7. In the event of a vacancy in any office, the Board of Directors shall fill the vacancy until her successor is elected.

ARTICLE VII

SECTION 1-g and SECTION 8. Measurement and Educational Guidance.

SECTION 2. The Committee on the Administration of the Accrediting Program. This committee is responsible for the application of the policies and procedures of accrediting, which includes responsibility for the administration of the program.

SECTION 9, para. 3. The list of nominations shall be published in the March issue of the American Journal of Nursing, or as soon thereafter as possible, shall be mailed to each state league at least two months previous to the annual convention, and shall be posted on the daily bulletin board on the first day of the annual convention.

SECTION 12, 3rd sentence. This committee shall also receive from state leagues proposed amendments or . . . .

Proposed Bylaws

ARTICLE II

SECTION 1. The officers of the National League of Nursing Education shall consist of a president, a vice president, a secretary, and a treasurer, all of whom shall be nurses. These four officers, and eight directors one of whom shall always be a lay member, and, as ex officio members, the president of the American Nurses’ Association, the president of the National Organization for Public Health Nursing, and the editor of the American Journal of Nursing, shall constitute a Board of Directors.

ARTICLE III

SECTION 7. In the event of a vacancy in the Board membership, the Board of Directors shall fill the vacancy until the next election.

ARTICLE VII

SECTION 1-g and SECTION 8. Measurement and Guidance

SECTION 2. The Committee on the Administration of the Accrediting Program. This committee shall be responsible for the application of the policies and procedures of accrediting, which includes responsibility for the administration of the program.

SECTION 9, para. 3. The list of nominations shall be published in the American Journal of Nursing and mailed to each state league at least two months previous to the annual convention.

SECTION 12, 3rd sentence. This committee, also, shall review state league’s proposed amendments or . . . .
ARTICLE XIV

SECTION 1-e. To confer with the Committee on Revision of the National League of Nursing Education regarding changes in the state constitution and bylaws; all such changes to be made shall have attached to them a card of approval signed by the chairman of the Committee on Revision of the National League of Nursing Education, before being presented to the state league for action; upon the adoption of any changes by a state league, three copies of the changes adopted, accompanied by the card of approval, shall be sent to the executive secretary, one copy to be retained at National Headquarters, one to be sent to the secretary, and one to the chairman of the Committee on Revision.

Each of these proposed revisions was adopted by vote of the membership assembled.

Copies of other proposed revisions to the Bylaws were circulated among the audience at this time and discussion was begun on them. Inasmuch as the membership had not had an opportunity to study these proposals and in view of the lateness of the hour, action on the recommendations was postponed until the Closing Business Session on September 11. Accordingly, all discussion which took place at both meetings is summarized under the report of the Closing Business Session on pages 379-384.

RESOLUTION FOR ELMIRA B. WICKENDEN

Lucile Petry announced that President Truman had awarded the Medal for Merit to Elmira B. Wickenden, executive secretary of the National Nursing Council for War Service during the war, for her outstanding contribution to the war effort. The Medal for Merit is the highest award for civilians, and Miss Petry stated that Mrs. Wickenden was the third woman and the first nurse to receive it.

Miss Petry then read the following resolution which had been recommended for the consideration of the League membership by the Board of Directors.

WHEREAS Mrs. Elmira B. Wickenden, as executive director of the National Nursing Council for War Service, demonstrated unusual ability to marshal the forces of nursing for successful effort in providing nurses for military and civilian requirements during the war years;

WHEREAS she coordinated national programs of nursing service with those of medical, hospital, and health organizations to the end that unified action facilitated expansion and distribution of nursing services;
WHEREAS she showed great vision, courageous leadership, and intense devotion in the pursuit and achievement of vital purposes of nursing service and education in wartime;

BE IT RESOLVED that, on the occasion of the presentation of the Medal for Merit to Mrs. Wickenden by the President of the United States, the National League of Nursing Education express to her its gratification at the recognition and distinction given her and, through her, honor to all nurses, and convey to her its deep appreciation of her contribution to the development of the profession of nursing, to the welfare of the citizens of the United States, and to the successful war effort of the nation.

The resolution was adopted by unanimous vote for transmittal to Mrs. Wickenden on the occasion of her acceptance of the Medal for Merit on September 17.

ARTICLES FOR THE "AMERICAN JOURNAL OF NURSING"

Edith Patton of the American Journal of Nursing requested League members to cooperate with the Journal by submitting articles to it and keeping it informed concerning activities which would be of interest to Journal readers.

APPOINTMENT OF THE COMMITTEE ON NOMINATIONS

In accordance with the Bylaws, the Chair appointed two members to the Committee on Nominations and three members of this committee were elected by the membership.* Louise Knapp of Missouri and Lucy Harris of Texas were appointed by Miss Sleeper. The floor elected Alice Rockword of Colorado, Agnes O. Schubert of New York, and Selma L. Tiller of North Dakota.

APPOINTMENT OF THE COMMITTEE ON RESOLUTIONS

The Chair then appointed the following three persons as the Committee on Resolutions: Mrs. Dorrit D. Sledge of California, Julia Hereford of Tennessee, and Frances Cunningham of Ohio.

The meeting adjourned at 12:30 p.m.

*Bylaws—Article VII, Section 9.
ROUND TABLE

Monday, September 3, 1947—2:00-3:30 p.m.

THE INTEGRATION OF PUBLIC HEALTH INTO THE BASIC CURRICULUM

Presiding: Kathleen M. Leahy, R.N., Associate Professor, University of Washington School of Nursing, Seattle, Wash.

Participants:

Ruth Ann Johnson, R.N., Public Health Integrator, University of Washington School of Nursing, Seattle, Wash.

Edith L. Mitchell, R.N., Supervisor of Nurses, Pierce County Department of Public Health, Tacoma, Wash.

Helen Stoelson, R.N., Instructing Supervisor in Communicable Disease Nursing, University of Washington School of Nursing, Seattle, Wash.

Frances Barry, R.N., Instructing Supervisor in Obstetrical Nursing, University of Washington School of Nursing, Seattle, Wash.

Miss Leahy: The social and health aspects of nursing have assumed greater proportions in the twentieth century as the public, the consumer of nursing, has become more aware of the preventive aspects of disease and the importance of health promotion. Nurse educators recognize the opportunity that bedside nursing provides for teaching disease prevention and health promotion to the patient and his family. With this recognition has come the responsibility of integrating the social and health aspects of nursing into the basic curriculum and of helping the student to see the public health problems in the community and the underlying causes that brought the patient to the hospital seeking medical and nursing care.

Why do individuals still contract tuberculosis? Why are cancer and heart diseases the causes of such high death rates? If the student nurse of today is to function successfully as the graduate nurse of tomorrow, she must have a thorough understanding of the underlying factors in the community that produce these problems. She must know also the functions and activities of public health and social agencies in the community that she may use and work with, and she must have an understanding of the basic principles of teaching and a broad background of scientific knowledge of what is to be taught.

This newer concept of the preparation of the nurse for her professional responsibility offers a challenge to the school of nursing. Each school has to study carefully and evaluate the resources in its own community and utilize them to the best advantage.
In 1923, the Committee for the Study of Nursing Education in its report "Nursing and Nursing Education in the United States" (commonly known as the Goldmark Report) said

"... The nurse who comes from her hospital training unawakened to medico-social problems which underly physical disability and sickness cannot, however well trained in bedside care, do effective health teaching.

It is abundantly evident that however good her clinical training, however accurate her knowledge of disease and even of prevention, she is at grave disadvantage, if not totally at a loss, without a thorough grounding in the principles of teaching and in the principles of social case work. Without the first, her own personal nursing services may be totally inadequate to effect a cure or to improve injurious conditions; without the second, her work with families is necessarily halting and uncertain.

Annie Goodrich, then Dean of the Yale School of Nursing, in 1927 advocated the integration of all nursing activities in a given community to meet sickness and health needs. She pointed out that the nurse as a teacher needed wide competency to be able to push back through effect to cause. In order to do this, the student, Miss Goodrich insisted, must have an appreciation of the normal as well as deviations from the normal, an appreciation of environment as well as inheritance and an appreciation of the child's point of view as well as that of the parents. Miss Goodrich foresaw that inculcation of this breadth of perception would require great experimentation and added in her own inimitable way that it would mean obtaining for the nursing field, women "who would have a divine curiosity stimulated by a divine discontent."

The 1937 Curriculum Guide for Schools of Nursing really marked the turning point in the development of the philosophy of integration of social and health aspects in the basic curriculum. Prior to its publication, social and public health aspects had been dependent to a great extent on an affiliation with a local visiting nurse association or a health department for a few students. For obvious reasons, this had to come late in the student's basic course, often too late for her to utilize it as a student in the hospital.

In her book Nursing in Sickness and in Health, published in 1939, Harriet Frost emphasized that social and health aspects should be an integral part of every course of study and every service of the hospital, and that the student nurse, throughout her entire course, needs professional contact with people in the home, in the community, and in the hospital in order to meet the challenge of community service.

"... These social elements of nursing are not something new to be introduced, but an old and fundamental quality to be recaptured and developed; a quality which we have sometimes bemoaned as lost, simply because we have failed to recognize and emphasize it in terms of modern life. Is not this indeed our modern interpretation of that first essential in nursing, the spirit of neighborly or community service? And is not this the very keynote of our new curriculum?"

Further evidence of the importance of this integration came about in 1942, with the organization of a Joint Committee on Integration of Social and
Health Aspects of Nursing in the Basic Curriculum, by the National Organization for Public Health Nursing and the National League of Nursing Education. This committee has rendered yeoman service to the profession. Its report as of June 1947 appears in Public Health Nursing, August, 1947, as well as its revised objectives which deserve careful study and consideration.

These objectives are:

1. To keep in touch with the newer developments in the broad field of public health and to consider their implications in the basic curriculum.

2. To encourage hospital services, other health and social agencies in the community and schools of nursing, through use of available materials, to develop such interlocking relationships as will furnish a more satisfactory and continuous care of the patient.

3. To stimulate public health agencies to recognize and accept responsibility for assisting in basic nursing education; and to study and suggest practical methods of doing so.

4. To encourage schools of nursing and those agencies providing educational experience for students to incorporate in the nursing services to each patient, consideration of all influences in the community, especially those of the home and hospital which have to do with the prevention of illness and the promotion of health.

5. To study the functions and preparation of the public health nurse who is on the faculty of the school of nursing.

6. To study economical and effective ways of helping the teaching personnel in schools of nursing and the teaching personnel in public health nursing agencies to prepare themselves to carry out this integration and to better interpret the problems involved.

7. To work with state boards of nurse examiners in regard to requirements for instruction and practice in the integration of social and health aspects of nursing in the basic curriculum.

As has been pointed out earlier, each school of nursing must work out its own integration according to the resources in the community. Agencies and professional personnel will change, and the alert nurse educator will be aware of that. This imposes a responsibility upon her for constant participation in community activities and constant evaluation of resources both in the community and in the hospital.

Miss Johnson: The central purpose of integration can be expressed in three words: total patient care. The purpose of this part of the discussion is to relate integration initiation to the private hospital situation. Obviously, the first step of the public health nurse integrator is to become familiar with her particular situation; here, it was the Swedish Hospital Division of the University of Washington School of Nursing.

I should like to give you a few of the highlights of this specific situation. The school of nursing has been a division of the University of Washington
School of Nursing for about a year. The hospital has a capacity of 300 adult beds and 74 bassinets; the daily patient average was 346 in 1946. Even though it is a private hospital, its facilities are utilized by the Crippled Children's Division of the Washington State Department of Health for the care of the fourteen- to twenty-one-year age group. The Division's clinics for the Seattle vicinity are held at the hospital every three months. Case work services are supplied by a medical social worker from the state office. The Tumor Institute offers to practicing physicians the best available equipment and opinion of cancer therapists and technicians. As in many hospitals, there are certain limitations affecting student nurse experience. The preponderance of patients is from the economically able group and therefore does not represent a true cross-section of the community. A full outpatient department experience is not afforded at this time, since outpatient care is limited to the Tumor Institute and the Physiotherapy Department.

Harriet Frost, in her classic contribution to integration, *Nursing in Sickness and in Health*, has brought out that certain new courses dealing with social and preventive aspects should be added to the curriculum. By coming within the framework of the university program, the curriculum of the Swedish Hospital Division has had several courses added to it: Fields of Social Work; Principles of Public Health Nursing and Organization of Community Agencies; Introduction to Health Teaching; Generalized Nursing in the Community. Miss Frost has emphasized further that a primary need in the curriculum is to supply a social and health emphasis in those courses already established. The public health nurse integrator initiated her program by proceeding on this principle.

The informal ward conference facilitated the entree of the integrator. She was given the opportunity to contribute the public health point of view to the learning of a small group of students as they related theory to a certain patient situation. Student participation was promoted by visits to agencies, symposia, and panel discussions.

Adaptation of a course in public health nursing to meet student preparation and needs was one of the first objectives of the integrator. In a school of nursing associated with a private hospital, the primary objectives of such a course were to relate the hospital patient to the community and to build an appreciation for community resources. Experience showed that this course should be expanded to include not only a survey but also the principles of public health nursing under which a nurse must function in the home and the community.

After a period of participation in the ward conference program and the organization of a course relating to the patient and his community, the integrator focused her attention on nursing arts and medical-surgical and obstetric nursing. The individual clinical instructor and the public health nurse integrator surveyed each course for opportunities and means of including the social and health aspects. The nursing arts courses were adapted to a
method emphasis, whereas medical-surgical and obstetric nursing lent themselves to a content emphasis. Throughout, subject matter for patient and family teaching was delineated. Similar programs for pediatric, psychiatric, and tuberculosis nursing remain to be worked out at a later date since these courses are taught in teaching units that are not in the home school.

The public health nurse integrator is something like a catalyst; because she is present, integration can be realized more easily. Let me give you an example. One of the nurses overheard a private doctor instructing a patient how to do her dressing at home. When the patient indicated the need for further help, the doctor suggested that the visiting nurse could be called. The patient queried, "How do I do that?" The answer came back, "You can look it up."

The nurse came to the public health nurse integrator to see what could be done about supplying each floor with specific information about the public health nursing services in the community. The matter was cleared through the hospital and the public health nursing agency and, as a result, information folders explaining the local visiting nurse services were placed on each floor, following a conference with each head nurse.

This indicates something of the beginnings in an integration program. The surface is just scratched; there is much to be done. There is need for a referral system to correlate the nursing care of health agencies in the community. To students and the hospital staff this will serve as a demonstration measure of the provision for more continuous nursing service for the patient. Such a system will provide a means for students and head nurses to follow specific patients in their home care.

The records of the Crippled Children's Division can be more fully utilized in student case conferences. These records are more complete than those of the average private patient. In addition, the services of the medical social worker and the occupational therapist can be demonstrated and personally discussed as a part of total patient care.

But the crux of the integration program lies with each instructor. Only as each instructor has the public health point of view can this be transmitted to students. Therefore a program of observation and experience in public health nursing agencies for head nurses and instructors is vital to the integration program.

I would like to indicate briefly something of the basic planning for such a program in this particular situation. First of all, the educational director of the Swedish Hospital Division and the public health nurse integrator conferred with the director of nurses regarding an exchange program between hospital and field staffs. To broaden the thinking and teaching of the hospital nurse, the resources of the public health nursing agencies were indicated, such as field visits with the public health nurse, observation at various clinics, and contact with social and health agencies. The facilities of Swedish Hospital were discussed as a means of providing observation for the public health staff nurse. The purpose of this part of the program is to enlarge the public health
nurse's realization of hospital resources and familiarize her with the latest treatments, medications, and methods. The special resources of the Tumor Institute, the obstetrical department, and the orthopedic clinics were considered as possible areas for beginning this part of the program.

With the general approval of the Swedish Hospital faculty, the public health nurse integrator conferred with the educational director of a local public health nursing agency. As this agency is not used for providing affiliation experience to students in the basic program, an added educational program seemed feasible. The possibilities were enthusiastically received. It is felt that to stimulate and maintain maximum interest, consideration of each observer as an individual is imperative. The educational director drew up a tentative program of field observation for the obstetrical supervisor of Swedish Hospital; this was adapted to the supervisor's experience and interests. It was further suggested that orientation for this observation period in the public health field might be accomplished through a hospital in-service education program. This would serve to broaden the group's acquaintance with social and health agencies. Various agency representatives would lead group discussions concerning their particular community services. The group as a whole would be oriented to the public health nursing agency before they as individuals begin their observation experience.

The activities described represent initial planning. To develop and implement the program, wider planning with a larger group is necessary. The following members are included as a future planning committee:

Washington State Health Department: Senior Advisory Nurse, Public Health Nursing Division

King County Health Department: Educational Director, Public Health Nursing Division

Seattle Health Department, Visiting Nurse Service: Director and Educational Director

University of Washington School of Nursing; Director, Public Health Nursing Division; Field Director, Public Health Nursing; Educational Director, Harborview Hospital Division; Educational Director, Swedish Hospital Division; Public Health Nurse Integrator, Swedish Hospital Division.

In conclusion, using the succinct words of Mary J. Dunn, Senior Public Health Nursing Consultant, U. S. Public Health Service: "Integration is a reality only when every opportunity is seized by every instructor to emphasize the preventive, health, and social aspects from the time the student enters the school of nursing until the completion of the nursing program."1

MISS MITCHELL: The Joint Committee of the NLNE and the NOPHN on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum has made the following statement: "Granted that the basic concept of nursing includes prevention of illness, promotion of health, and care and rehabilitation of the sick, and that the present goal of nursing is to provide an adequate amount of this type of nursing care to all individuals, those engaged in nursing education are responsible for preparing students to function in this broad capacity."\(^1\)

Very definite public health implications are included in the statement, namely, "prevention," "promotion," and "rehabilitation." The question as to how to meet these requirements is sometimes difficult to answer. Miss Ruth Ann Johnson has ably described one method of meeting the problem by the use of a public health integrator in the school of nursing. Frequently this is not possible and some other plan must be used.

After two years of affiliation with the Tacoma General Hospital the program was reviewed and found to be lacking in several respects. The first of these was the need for the hospital personnel to be better acquainted with the public health program in order to understand better what the students in the basic program were learning in the health agency. To meet this need the health department, the hospital, and the University of Washington formulated a plan of in-service training for hospital supervisors. This required very careful planning among all agencies concerned.

- The selection of hospital personnel to participate in the new plan was made with a continuing program in mind. It was thought best to start at the top with the education director, then proceed through the teaching staff, supervisors, head nurses, and finally, staff nurses.

In considering the actual schedule for the two supervisors selected it was found to be difficult to decide on the exact number of hours they should devote to the training course. This is still open to question; probably 80 hours in two weeks would be maximum and 30 hours in two weeks would be minimum. The most desirable situation would seem to be to have the hospital personnel released from hospital duties for the entire stated period.

It was necessary to keep in mind that this was not a training program for public health nurses, but an introduction to public health aspects as related to the basic concept of nursing as now recognized.

The schedule must include the following:

1. Orientation to the public health agency.
2. Bedside nursing service.
3. Introduction to other agencies through the executive secretary of the Council of Social Agencies.
4. Clinic observation and participation.

\(^{1}\)Faculty Preparation in the Health and Social Components of Nursing. *American Journal of Nursing.* 45:564.
5. Observation in each division of the agency—sanitation, vital statistics, laboratory, x-ray.

6. Field visits. At this time include the use of records, literature, visual education material, other agencies, and if possible select cases previously known in the hospital.

In attempting to provide the plan as outlined it was found that several obstacles were brought to light. The shortcomings on the hospital side were (1) lack of public health background knowledge of the supervisors; (2) insufficiency of time available; (3) difficulty of working into the agency program because of rigid class schedules; and (4) lack of transportation.

The agency fell short in that (1) the staff was not well enough prepared for this particular type of affiliation; (2) a seasonal program made it impossible to give a general picture of the entire agency program; and (3) emergencies frequently required last minute changes in schedule.

In spite of the obstacles we hoped to attain the following results:

1. The program should meet a faculty need by introducing faculty members to the social and health aspects of nursing.

2. The program should provide broader understanding and appreciation of the community as a whole.

3. Participants in the program should be given a realization that they, as individuals, are a part of the community and can actively cooperate with other health and social agencies, thereby serving the public as well as the individual patient.

4. The program should prepare the hospital personnel to integrate public health in the basic curriculum.

Such a program might be considered only a substitute, but as long as training schools exist without public health integrators, this type of affiliation may serve the purpose.

Miss Stoelson: Opportunities are numerous for integrating public health into the Communicable Disease practice period for the student in the basic nursing program. I should like to present some of these opportunities as they occur in clinical experience at King County Hospital. The clinical experience covers a period of one month placed in the third or fourth quarter of clinical practice in the hospital.

Reporting of Communicable Diseases. The hospitalization of a suspected case of communicable disease is reported to the local health officer. The student learns what pertinent information the health officer will need, namely, the tentative diagnosis, the patient’s name, age, address (both business and home), telephone number, and the name of a relative or friend and his address.

One use the health officer makes of this information is apparent to the
student when, as she makes a telephone call for the patient, she learns that the family is in quarantine.

The statistical summary of the cases of communicable diseases reported in the state during the past week is interesting as we compare it with the diagnoses we have had on our wards for that week.

Isolation Procedure. The student is asked innumerable times, as is every worker, by impatient patients, why they must be isolated, and so she becomes thoroughly acquainted with the necessity of explaining isolation and quarantine as measures of community protection. The isolation technique as practiced in the hospital stresses the protection it affords to patients and to personnel. To win the co-operation of the patients, explanations must be made why free exchange between patients or free movement of patients is not permitted.

Nursing Care Study. In addition to a study of the nursing care given to the patient while in the hospital, consideration is given to factors beyond hospitalization which have a bearing on his illness. The student seeks information on such questions as, "Why did this patient get this disease?", "What factors may have been a contributing cause?", "Could this illness have been prevented, and, if so, how?", "What care will he need when he leaves the hospital?"

Such knowledge as an understanding of the patient's home environment, approximate income, size of the family, and educational background, assist the student in gauging the best approach to, and level of, teaching to be done. Relatives and patients worry lest they have infected some member of their family or friends. It is a golden opportunity to tell an attentive listener about proper and adequate immunization, and where it can be obtained.

By way of explanation, isolation in the home is discussed during formal classes. The practice situation is available when the nurse has experience with the visiting nurse association.

Health Department Contacts. Students are assured contact with the health department personnel since the local city health officer and county health officer are physicians on the hospital staff of the communicable disease department. The nurse finds the health department consists not of an impersonal "they," but of persons with whom she works. They are the people she accompanies on their tri-weekly rounds, the persons to whom she reports a suspected case of communicable disease, the officials from whom permission is secured before releasing an isolated patient after he has recovered, the co-workers whom she assists in tracing sources and contacts by passing on information she gleans in giving nursing care.

The problem of control is always occurring and the student is requested to get in touch with the health officer currently on the staff concerning some problem in the control of communicable diseases. Our current assignment is "What is being done and what should be done concerning the increase in diphtheria during the past two weeks in Seattle?" The student
gets a surprise (often) when she discovers that the health officer does not advocate mass immunization of the adult population.

Immunization. Since the student will be coming in contact with communicable diseases during her clinical practice period, she is always interested in the protection afforded her by the immunization she has received while at the university campus. She is interested in knowing whether her protection still exists at the time she is receiving her clinical experience, or if she needs to be re-immunized. The Mantoux and/or x-ray test required periodically makes her cognizant of the importance of early recognition and care in tuberculosis. At present, there is considerable interest in B.C.G. vaccine and the question as to whether it will be universally medically approved and used.

Community Facilities. Other community facilities having an interest in our patients (they send us patients or they receive patients from us) with which the student may communicate while in the communicable disease department include:

Venereal disease department of the city and of the county.
Visiting Nurse Association (through referrals).
National Foundation for Infantile Paralysis.
Anti-Tuberculosis League (through literature for education of nurses and teaching of patients, as well as the services offered and utilized in miniature x-ray films).
Veterans Administration (Army-Navy-Marine).
Crippled Children's Division of State Health Department.
City Hospital.
Private hospitals of Seattle.
Washington Infirmary (Rapid Treatment Center).
Tuberculosis sanatoria, including city and county as well as two private sanatoria.
Juvenile Detention Home.

Miss Barry: Integration of public health into the course in obstetric nursing in the basic curriculum begins with the student's introduction to the subject. In the beginning of the theory course, given one quarter before the student begins her practice, special emphasis is placed on the positive health aspect and preventive medical nature of obstetric nursing. Following the entire introduction to the obstetric field and the historical review, special attention is drawn toward the qualifications of the obstetric nurse, and her great and important role in maintaining and improving the mental and physical health of the citizens of her community and nation is pointed out. Stress is placed upon the cost of reproduction and the need for good community, state, and federal programs which will aid in reducing the cost. The student is taught to recognize her need to be familiar with all agencies available to our institution and their policies. She learns of the
local city and state resources, although many of these are already known to her because of previous contact with them in other courses in health teaching. Now the direct application of these previous contacts and acquaintance is realized more fully. She is able to incorporate her knowledge into her teaching of the patient and be of more true value to the patient.

Throughout the entire theory course the normal picture of pregnancy, labor, delivery, postpartal period, and of the newborn is presented. When a strong idea of the normal case has been implanted on the student's mind, the abnormal is presented. Reference is constantly made to the normal through comparison to the abnormal; in particular it is noted that the deviation frequently was due to the failure of the patient, physician, or nurse to adhere to the simple rules of sound and thorough health practices.

With this background the students begin their practice. The supervised practice follows a well-planned rotation through all sections of the department. Three months are spent in the service.

The student is encouraged to recognize the need for teaching and be prepared to do the teaching herself. One little reminder that brings encouraging results is to ask the student to recount daily at least one incident of health teaching by her. She is told that there is not a single day that she can't teach at least one patient one principle of good health. During morning conference, ward conferences, and incidental conferences these incidents are discussed with the head nurse or supervisor and the student involved.

While on the obstetric service, the student is required to write one nursing care study. She selects a patient who is normal but who the student recognizes is in need of health teaching of some kind. In the study the student states her teaching problem, how she recognized it, how she attempted to solve it, what agencies and resources were involved, and, lastly, the actual appraisal of the value and effect of the teaching that she did.

Besides the nursing care study, each student, after she has been in the department a while, selects a project, giving the reason for her selection in terms of the teaching value to the patients or the nursing staff, and then plans the source of material needed outside the department. Very interesting as well as very constructive educational material is contributed from these projects. Subjects, to mention a few that have been chosen, are care of the premature, both in the home and the hospital, the value of breast-feeding, simplification of various procedures, instructions to antepartial patients, teaching postpartal exercises, the mother's care, feeding and bathing of the newborn, legislation pertaining to immediate care of the newborn, and adoption policies. These projects encourage the student to see the need of preventive procedures and plan for the teaching necessary to help the patient.

During the practice period, the student attends the prenatal clinic for an average of fifteen to eighteen hours. She is taught through demonstration how to take a valuable, thorough, and accurate history of the patient. She notes in particular the points in the history of the patient which will have
or might possibly have a bearing on this pregnancy. She takes the histories of several patients, and then assists the doctor during the physical examination of these same patients. She listens in on the instructions that the doctor, dietitian, and social worker give to the patient. It is also the responsibility of the student to instruct the patient in the simple do's and don'ts of pregnancy, such as exercise, rest, recreation, manner of dress, and the importance of bringing in the required specimens.

The student assists with the routine prenatal visits also, noting on her experience record the types and numbers of problems observed and of teaching incidents in which she has participated. These are listed, for example, under such headings as moral, social, religious, economic, and medical problems. This entire clinic experience is guided by the obstetric instructor in conjunction with the clinic nursing staff.

The students, and especially the senior practice students, assist the obstetric head nurse in planning and making out referrals to the visiting nurse association. The referrals are made out for all primiparas and for any patient in need of health supervision and teaching. The nurse indicates the pertinent factors in the patient's history and hospital stay that would aid the public health nurse in her plan of teaching. She also indicates the points of teaching that she feels the patient is especially in need of. After the visit has been made by the health nurse, the reports are returned to the hospital and thence to the maternity floor. Now the students on the obstetric service have an opportunity to see what happened to their patients and babies after discharge from the hospital, and whether the health instruction was adequate.

Weekly planned ward teaching centers around a patient or situation in the department at the time of the scheduled class. A doctor's clinic of one hour precedes the nursing conference of one hour. The students contribute extensively to the conference, often with demonstrations, such as an improvised incubator in the home care of a premature, or the technique of feeding a premature. One clinic is devoted to a lecture by a social service worker on the care of the dependent child. The conference consists of comparisons of the programs and policies of all the existing community agencies concerned with the plans for the care of the dependent child. The students investigate these agencies through interviews which they arrange for themselves and then make their reports. The question of planned adoption versus private adoption is well aired. Happily the students appreciate the value of the program in progress to protect the rights of the child. Such a program insures a firm bond between the nurse and her co-worker, the social service worker, in giving good care to her patients.

It is hoped that as a result of such a program as this one outlined here and practiced in our school of nursing, the student will be well aware of the need for health teaching every day of her duty in the obstetric department; also that her future contacts with obstetric patients will mean: "What health problem is that mother facing, and what can I teach her today?"
My participation on this panel is based on a chance remark made at a meeting of the Committee on the Nursing School Library. I had recently observed the changes made by the introduction on our faculty of a professional librarian, and made the remark that I could write a poem dedicated to the Nursing School Librarian. I have not lapsed into rhyme in this paper, but, even with added contact with several nursing school librarians, I remain equally enthusiastic.

The librarian, selected carefully with a view to training, experience, and personal qualifications, occupies a unique position on the nursing school faculty, and offers a very special contribution to the total development of our students and faculty. Everywhere in general education there are unmistakable signs of activity pointing to the fact that librarians are becoming increasingly aware of their teaching function. Dr. Louis R. Wilson admirably summarizes the changing functions of the librarian in a school: "The librarian, who formerly was thought of as a technician or administrator concerned primarily with library housekeeping, is more frequently considered a member of the staff, responsive to the needs of the administrator, teacher, pupil, ... and qualified to participate fully in the planning and accomplishment of the educational purposes of the school and community."¹

Some of the contributions of the librarian are fairly obvious from the nature and function of the library. The cataloging technique—which she does as a matter of routine—makes it possible for the student and faculty group to make use of all the resources of the library. The size of a collection is of little value unless the books are used.

We are all aware that some faculty members are more conscious of available material than others, and therefore may request and build up the section in which they are interested way out of proportion to other sections. Unless a trained and unbiased person directs the selection of books, there is a danger of uneven distribution among the sections, and unfair appropriation of available funds. Book and periodical selection, with the help of faculty and students, is facilitated by the trained librarian calling to our attention new publications, gaps in our selections, and current needs. The skillful librarian assists the enthusiastic member to discriminate and select, and at the same time attempts to inform less alert instructors as to the availability of material and needs of the section for which she is responsible. This often results in not only better book selection, but wider use of library resources by the instructors, with resulting increases in student use.

In the choice of nonprofessional books and periodicals the librarian exerts even greater influence. She is very well aware of which magazines are read, and of which books "go" with the student group, and is able to draw the happy mean between those books we think the student should read and those she will read. I do not mean to imply that the librarian does not attempt to widen the student's horizon by skillful guidance of her reading habits. Probably this function is the one most frequently cited as the librarian's contribution to the development of the student. Her role here is limitless, but is particularly important in the nursing school, where the pressure of insuring the necessary specialized knowledge leaves so little opportunity to enrich the student's life by contact with great books and impress her with the value of reading as a recreation.

The librarian's contact with the student often results in a type of relationship not achieved by any other faculty member. She often learns to know the "hard to understand" student through their mutual interest in books, and their resulting conversations. This may lead to a type of guidance not directly related to reading habits. I recently observed a very striking example of such guidance, as I was standing in the library while a student checked out some new fiction books. After she had left, the librarian turned to me and said, "That student needs to learn to have respect for her own values. She will never express her opinion of a book until she knows what some one else thinks of it. Now I give her books before anyone else has read them, and then encourage her to talk about them."

This type of insight into a student's behavior makes our librarian a valuable member of faculty meetings at which students' achievement is discussed. She is also able to give us help in the evaluation of a student's study habits, and often indicates which students are in need of specialized remedial work.

Occasionally the librarian is able to assist the student who presents definite study or reading problems. At the present time most librarians do not possess the necessary knowledge of the methodology of reading instruction to make this possible, but there is definite feeling that librarians should take the
lead in this matter, and that "librarians will have to prepare themselves in the physiological, sociological, analytical, and educational areas of reading. Until such time as this takes place it is the duty of the librarian to familiarize herself with the current literature of remedial reading, and to co-operate to the best of her ability with those who have charge of these programs."  

The professional librarian functions as a real instructor. Too many students leave us with a lack of knowledge of how to find and evaluate resource material, how properly to carry out a research project and construct a documented paper with footnotes and bibliography in good form. Through guidance by a professionally trained librarian the student can increase her ability to use the library tools, to evaluate resource material, and to carry out a simple research project.

We find it helpful to assign the students, in small groups (from ten to twelve has proved a satisfactory number) to a library orientation period early in the school program. During this period the librarian shows the students the methods of finding material and actually supervises their practice in locating material listed in the bibliography of a current course outline. The bibliography lists of either History of Nursing or Sociology are valuable here, as these are courses in which a wide breadth of reading is encouraged.

This period is closely followed by a lecture and discussion of research method, and demonstration of the use of summary cards, and footnote and bibliography form, with the assignment of a simple research paper to be handed in in correct form.

This program must be continued throughout the student's period in the school, if it is to be effective; that is, she must be encouraged to continue the practice of these skills, through the method of requiring that all written papers meet established criteria.

These objectives are very difficult to achieve by an instructor without the assistance of the professional librarian. It is in this area that tangible results have been most promptly observed with the introduction of a well-trained librarian.

The librarian can be of very valuable assistance to the overburdened faculty member. All of us know the difficulties of keeping abreast with current literature. The librarian receives notices of new professional books, or changes in editions and calls these to the attention of the proper faculty members. This not only assists the alert faculty member, but some times stimulates the "non reading" instructor to review new books which are presented for her approval. Her assistance in the construction of course bibliographies cuts the time necessary for this work, unbelievably, as well as calling to the attention of the faculty member material of which she was not aware.

The librarian's knowledge of sources outside of the library and her ability to make the necessary contacts to secure them is invaluable. Recently we were

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faced with the problem of finding pictures of foreign nurses in uniform and of some historical uniforms. After exhausting the usual professional nursing sources we turned to the librarian, who got in touch with the librarians of several motion picture companies, a source which had not occurred to any of the nursing faculty.

"Is the book you need to enrich the content of your history lectures out of print?" The professional librarian usually knows a library from which she can borrow it, and is able to secure it by her association with other librarians. The market is flooded with valuable illustrative material which can be had at no cost. The librarian is alert to these materials, can send for them and place them in the library in a manner in which they are readily accessible for student's or instructor's use. The care, filing, and "weeding out" of the innumerable pamphlets which we need to keep us up to date on recent developments is a routine part of her duties.

When the busy faculty member is faced with the responsibility of constructing a paper or preparing a program, it is a tremendous relief to turn the task of locating source material to the librarian, who is alert to available resources and who can assist the faculty member tremendously in collecting pertinent material in a minimum time.

If the librarian is to make these contributions it is important that care be exerted in both her selection and the use of her time. As much attention should be paid to experience and personal qualifications as to the library science degree, per se. "Because of her contacts with students and faculty she needs to be more than an organizer and bibliographer, she needs to be a teacher and educator. . . . The possession of a broad cultural background, a knowledge of educational objectives and scholarly methods as well as an interest in education is quite as vital as the technical professional knowledge."3

Because the library is a service agency the librarian needs to be interested in selling her services or the resources of the library. Some nursing school librarians feel that experience in a public library and in a small college library are valuable to the nursing school librarian. Membership in the American Library Association and the Special Libraries Association is important and the librarian should have opportunity to participate in the activities of her professional group. The policies regarding her attendance at professional meetings should be as liberal as that of nurse faculty members' attendance at professional nursing organizations. In this way, not only is she able to grow professionally, but very tangible results are seen in her knowledge of how other special librarians are meeting their problems and of the resources of neighboring libraries on whom she may call for help.

Colleges and universities have found it important that the librarian should be a full faculty member. If the library is to function as a part of the educational program, the librarian must be placed in a position in which she will

be informed as to what is going on. In practical terms this means membership on many faculty committees, especially those responsible for curriculum planning. Full faculty rating also increases the prestige of the librarian with other faculty members, and thus makes for more effective co-ordination of effort.

Care must be exerted not to be misled by the seeming leisure of the librarian's occupation, and to be tempted to shift to her shoulders clerical duties not properly the responsibility of the librarian. It seems like leisure to the busy clinical instructor when she sees the librarian thumbing through periodicals while the nursing faculty are more physically active, but keeping abreast with everything published is her job—not the mimeographing or correcting of tests.

It is a great satisfaction to observe the increasing realization of nursing schools to the part the professionally trained librarian plays in the guidance of the student nurse.

An adequate functioning library under the direction of an alert, professionally trained librarian is one of the most valuable of the "conditions favorable to learning" provided by the good school of nursing.

THE NURSING LIBRARY IN A UNIVERSITY SCHOOL OF NURSING

BERTHA B. HALLAM

"For the good of the cause" might well be inscribed upon this section of the round table. The cause in this instance is the furtherance of the ease and success with which libraries may be used. A library of any type, whether it be assembled for the benefit of an individual or a group, is valuable in so far and only in so far as it becomes easily usable and fulfills its intended function readily. It is important, especially in a library established for the benefit of a group and administered by a librarian, that methods be devised to accomplish this and concurrently free the librarian for advanced projects. It is easy to let the daily tasks, the dish-washing as it were, of a library overwhelm all the hours available so that the collection becomes static. Then the material already procured is not yielding its full potential value nor is the library growing as it should. In other words, the cause is not being advanced.

At the present moment the nursing library in a university school of nursing engages our attention. However, basically, every point mentioned is applicable to libraries in all types of schools of nursing or to other specialized school libraries. From the welter of plans and methods which have been promulgated as advancing the cause, the subjects of structural planning, equipment, book and periodical budget, book and periodical selection and buying, and service routines have been chosen for consideration at this time.

Many articles, pamphlets, and books have been published on various aspects of nursing school libraries. Four references of comparatively recent date and of special value for technical suggestions are appended. An attempt will
be made to avoid mere repetition of the many helpful pointers these give. Some items may be repeated for emphasis but for the most part attention will be given to phases not included in these communications.

**Structural Plans.** No attempt is made herewith to be modernistic, but rather to assemble tried and true plans. A university school of nursing library may be combined with a medical school library or a public health library or a general university library or otherwise be a section of a unit rather than a complete unit in itself. Circumstance may cause wide variation in the total floor space available for the nursing school library but certain principles can be adjusted to this divergence. Lucky is the librarian who is consulted regarding the layout of the library quarters. Many time-saving and workable devices may not occur to the person who plans from theory without a background of practice.

Entry into the library without the hazard of stairs to climb makes for ease of access. This feature is not so important as when the clientele is in an older age group than the student nurses, but even young and spritely people may be deterred from study by apparently inconsequential obstacles.

It is convenient to have several comparatively small study halls instead of one large room for this purpose. They are adaptable for various purposes. One can house the current periodicals; another can be set aside for quiet study apart from the rustle and movement of the periodical room. One can be furnished in informal or living room style and provide a place for group meetings, seminars, receptions, and teas. This is especially helpful if the institution happens to boast no student union or other place suitable for social functions. Leaders of meetings will appreciate the opportunity to serve refreshments at discussion gatherings because a cup of tea is said to aid in making tongues wag. Of course, this presupposes a kitchen in the library quarters or at least in the building which houses the library.

The combination of a library and an auditorium or assembly room in close proximity is excellent. It acts as a stimulant to library use. Many of those who attend meetings will take advantage of the opportunity to spend some time in the library to browse a bit or to get a long-desired reference. Also, the mental block against book-returning is partially overcome if one is in the neighborhood of the library on another errand.

If it is possible, the library main desk should be in a lobby or room separate from the study halls. The librarian can greet and talk to all comers in a normal tone of voice without danger of disturbing students. The camaraderie made possible by this device is of inestimable value in engendering a spirit of good will toward the library. Whether we like it or not, we know that this does not exist in every instance. Certainly, it is not inherent in all library users, but much can be done to develop it in them. This separate desk feature is one way of winning praise for the library. The objection may be raised by librarians that it is difficult to supervise the individual study halls under such an arrangement. However, experience has proved that direct supervision of each
study hall is unnecessary in a university school of nursing. As a result, one attendant in the main lobby suffices for control of the entire study setup. Glass panes in the study room doors permit indirect supervision and make for ease in locating an individual when necessary.

Even though the library be open long hours, borrowers appreciate a book slot through which material may be returned when the library is closed. This slot can open to the hall outside the library rooms or be placed beside a main entrance to the building if the library boasts a separate building. The slot principle incorporated in the return desk makes a labor-saving device which cannot be too highly praised. The librarian need not interrupt other work to accept the book from the borrower, and yet the student is assured that no one else will get the book before it has been discharged from his name.

Open shelf stacks with carrels and tables for readers can successfully be used in a university nursing school library. Free access to all the books is so valuable for the student and saves so much time for the staff members that any inconvenience caused by misplaced books is small in comparison. The charging desk can be placed strategically at the stack entrance. No books need be shelved in the study rooms and thus readers are not troubled by activity at shelves there.

Current periodicals and some encyclopedic reference books should be in a periodical room. Shelving which has proved itself excellent for periodicals is alternately sloping and straight in each section. The latest issue of a periodical is placed on the sloping shelf and the other issues for the year or volume are on the straight shelf just below this. If the shelves are interchangeable, double the space can be secured by using all straight shelves when and if the current periodical list grows to double the original size.

A room adaptable for the use of audio-visual teaching aids is a desirable addition to the plan for the library. Microfilm, moving pictures, slides, records, and other audio-visual aids are becoming such important educational devices and are so useful for research workers that the library should offer facilities for their use as well as for the use of conventional books.

It is desirable that students know as much as possible about the historical background of their profession. To facilitate this, the library should provide a room or alcove where books, charts, pictures, posters, and historical objects pertinent to the history of nursing and medicine can be placed permanently. It is so much the better if this space can be so situated that even those who lack interest in this phase of nursing will perforce see and maybe become attracted by the information gathered in it.

If space permits, and it is felt that an expensive form of study space can be allowed, some small study rooms should be included in the plan for the library. Often two or more people wish to study together or to talk over problems. Blackboards should be installed in these rooms.

Equipment. It is presupposed that the library will have standard library equipment including broad tables, comfortable chairs at the tables, a card
catalogue, a pamphlet file, and book trucks. Try not to stint on the buying of book trucks. It is better to have too many than too few. Small ones with four swivel wheels serve best because they will turn easily in the stack room aisles. In addition, at least one typewriter available for reader use will be an in-calculable boon to students. They will bless you daily for providing this for them. An adding machine of the portable type is needed by the library staff members and often will be helpful to the clientele. It is convenient to have one or two portable blackboards. This is doubly true if group meetings are held in the library. The desirability of having audio-visual aids has been mentioned. In a nursing school library, an x-ray film view box might well be included among these. Exhibit cases in the lobby and historical book room are essential if any attempt is made to display historical treasures. The kitchen should be equipped with the things necessary to serve light refreshments to as large a throng as seems likely to be present at social functions in the library.

Some type of guide should be provided to aid the reader in locating periodical sets in the stacks. If the collection is large, as in the combined nursing and medical library, a steel stand with the periodical titles listed on swinging frames is an outstanding time saver. As an adjunct to this, it is helpful to have a card file listing the exact status and location of each periodical volume in each set. Both the guide and the catalogue case should be placed where they are accessible to students and staff alike.

Budget. Budget problems are vital but difficult to solve except by making a survey of each individual library. Circumstances vary the needs to a vast extent. The nursing school library which is independent of any other library must provide for subjects which a library integrated with a medical school library or a general university library or some other library need not cover. Nurses and the nursing school faculty should have access to many books dealing with phases of the problem of disease in greater detail and from other viewpoints than given in most nursing texts. Likewise, especially in a university school of nursing where the curriculum includes numerous advanced courses, they need to use books in sundry fields, as general literature, history, philosophy, ethics, sociology, mathematics and, in fact, any section of world knowledge. The nursing school situated in close proximity to or combined with a general or a medical library is ideal. Then, the nursing library budget can be planned on a basis of that unit alone. After shelves are stocked with a basic collection, the yearly accessions will not require a large budget. Compared with medical and other scientific books, nursing books are inexpensive. Unless the policy is to buy numerous copies of the same text, it is probable that $500 to $1,000 will suffice for books and current periodicals for the university school of nursing which is combined with a medical school library.

Close study of the curriculum will guide the librarian in making the budget subdivisions. However, it will probably be found that hard and fast lines between department budgets are difficult to maintain. For instance, it is difficult to determine in advance the number of books which will appear on a given
subject. As a result, the budget allowance for that subject may be either inadequate or too large. Or, unexpected curriculum changes may be made and the budget of a department be thrown out of balance because of this. The librarian can avoid much trouble by holding a portion of the money unassigned to be used at the discretion of the librarian and the nursing school library committee.

*Selection and Buying of Books and Periodicals.* Such close attention has been paid this subject in the various references listed in the bibliography appended to this paper and in other sources that scant space will be given it here. It must be emphasized that although nursing school staff members can be expected to help in the selection problem, the librarian should not depend entirely on this source for suggestions as to additions to the library. The faculty members are busy with many other matters. Also, they may belong to the absent-minded professor category and, with the best intentions to notify the librarian about new publications in their field, forget to do so at the crucial moment. The librarian is in a position to know about new publications and to know the needs of the library. She must see to it that the necessary items are not by-passed. However, she should not fail to consult with the various specialists on the nursing school faculty about the literature in their field. She should attend faculty meetings and be apprised at once of new developments in the curriculum. A nursing school library committee can aid the librarian immensely because the members will be familiar with the problems of the school from the point of view of the teachers. Care should be exercised not to overweight any one phase of the book stock to the detriment of other phases even though the enthusiasm of some instructor may urge it.

A careful record should be kept of all requested items which the library cannot supply. A special card form on which to note such lack should be available at the charging desk and each attendant instructed to record all unfilled requests. The library staff members must be constantly alert for the chance remark or incidental conversation which may point to some gap in the library collection.

Emphasis must be given to the value of free and inexpensive materials. Information about these crops up in all sorts and conditions of places.

Periodicals, especially in a university school of nursing, are staples. Even now, when prices are high and paper scarce, many new periodicals are being launched. It is much easier to get a complete file at the time of publication than to trust to filling in later. If the budget can be stretched to cover it, buy the new ones of potential value as they appear. If they prove unworthy, they can be dropped later.

A word about buying. Most institutions have rather involved rules about purchases, but there may be no objection to consolidation of orders. It is wise to place orders at definite intervals of time and to try to avoid emergency purchasing. A book store or agent can handle orders for books issued by various publishers on one purchase order from the library and so relieve the
librarian of placing numerous individual orders. The same holds true of periodic orders. Arrangement can be made to place the order for the periodicals at one time for the entire year.

Budget and supply limitations will lead to the assembling of a list of books and periodicals which are to be purchased for the library collection when possible. The various lists distributed by dealers in old and second-hand books and periodicals should be checked against the want list of the library. Even though it may not be possible to purchase the offered item, a notation of the price on the want list card will be an approximate guide at that future date when money is available.

Services. Student instruction in the arrangement, stock, rules and special features of the library is imperative even though in a university school a large proportion of the students are doing work on the graduate level and have had library experience in other schools or, earlier, in the same school they are attending. In the special fields they are exploring they will need to do extensive and intensive library work on the project and thesis basis and consequently will want to delve more deeply into scientific literature than may have been the case in the less advanced undergraduate classes in college or nursing school. Any orientation given them will doubly repay the librarian for her time and effort by obviating the necessity for individual instruction later and by making the student feel that the library is an advantageous place in which to work instead of just the depository of a maze of print. Also, when instruction is being given there is opportunity to emphasize that the library is assembled for the use of students and to urge them to report to some staff member if desired material is not found. We all know the tendency of library users to decide hastily that a library is worthless if a cursory search of the catalogue and shelves does not produce what is wanted. In such cases, if the seeker after knowledge can be induced to state his wants instead of going away disgruntled the "cause" mentioned at the beginning of this paper can be advanced immeasurably. All the statements in this paragraph apply to new faculty members as well as to students. A definite routine of library instruction for both groups is a service which must be given.

Another helpful service in a circulating library is an immediate check to determine the location of an "out" item at the time it is requested. Borrowers appreciate knowing who has the book they want and when it is due. If the circulation cards are arranged in one file instead of by date due or loaned, this information can be given readily. Often, in a school, a friend of the applicant has the material and will make it available at once if asked for it.

It is not difficult to provide an active, efficient reserve system by which borrowers are assured they will receive word when the literature which is out at the time they request it is available for their use. The library will win much praise by such a service. The plan can be adapted to the regular shelf material and also to those books which are on short-time loan reserve shelves for class use. In the latter case, students can indicate on a sheet kept at the reserve
book desk, the exact hour they want to read a given item. This permits them to plan work and not waste time by futile trips to the library.

Faculty and students alike will be aided if the librarian can scan the periodicals received daily and call attention to articles pertinent to their fields of interest. Slips giving the references can be typed and distributed at intervals to interested persons. It has been found that ease in typing the slips is furthered by using strips of 3 by 5 inch slips perforated between each slip. A strip of five slips is convenient to handle. Another helpful guide to periodicals is a typed list of the issues received each day. This can be made on loose-leaf sheets and placed in a notebook on the table on which the new periodical issues are displayed. Those people who follow the periodicals regularly but cannot visit the library daily can catch up on back receipts when opportunity arises.

Faculty members can be urged to notify the library of references they expect their students to read so that the material may be placed on a short-time loan shelf. In many instances the library collection will contain only one copy of the desired reference and the sincere thanks of the students will be won if such a reserve system is maintained. A request form for a reference list can be sent to each faculty member prior to the beginning of each term with the suggestion that the teacher keep the librarian apprised during the term of additional items which should be placed on the list.

Guide signs here and there will be a distinct service to bewildered students. You may say that many do not believe in signs and will pay them no heed. However, a few will read them and that is so much gained. For instance, even after instruction in its use, the catalogue may seem a weird tool to students and a descriptive sign picturing its features may help to dispel this belief.

This brief paper touches so lightly on many subjects that its success depends largely upon the imagination of its audience. It is hoped this may produce a salutary effect by starting an ever-widening circle of thought waves which will bring forth more and better schemes to aid the cause of easy and successful use of libraries.

READING LIST


NATIONAL LEAGUE OF NURSING EDUCATION Manual for the nursing school library. Prepared by the Committee on the Nursing School Library of the National League of Nursing Education under the direction of Stella Marie Bruun and Charlotte Studer. New York, National League of Nursing Education, 1947.

Every library is in some measure unique. To secure maximum effectiveness, its organization and services must be especially adapted to its purposes and to the constituency it is designed to serve. The libraries of schools of nursing differ from others in the particular clientele they serve, in the kinds of material they contain, in the forms of service they render, in the problems of administration they present, and to some extent in the procedures they utilize. They form a fairly homogeneous group, although there are variations among them corresponding to the several types of school they represent. But whatever their individual differences, they exist for the same reason, namely, to forward the educational aims and objectives of their respective schools.

The nursing school library is but one part of a larger institution engaged in the training of youth for a profession. Guidance in the use of books and library facilities has been increasingly recognized as the library's responsibility. However, that guidance is provided, it tends to establish the library as a teaching department. There is a growing inclination also, to look upon the work of the library in connection with the entire curriculum as definitely instructional. This flows from the fact that in many subjects books are as essential as teachers, and that books cannot be used most productively unless the services of the library are made complementary to those of the classroom. Therefore, if the library is to fulfill its rightful place as a teaching agency in the organization, its administrative and service program must be co-ordinated and integrated with that of the school as a whole. This is possible only when the librarian is thoroughly aware of the methods, aims, and implications of the curriculum of the school and makes every effort to co-operate with the authorities and faculty in realizing the objectives held for the institution.

Present methods of education require the use of various books for the study of each subject, as contrasted with the older method of studying from a single textbook. This is the result of the realization that the function of the textbook is not to contribute to the knowledge of the field it expounds, but merely to summarize the generally accepted knowledge of that field. Therefore, instruction through one or two textbooks fails to consider or recognize the varying backgrounds of students, gives them a one-sided view of the field, and deprives them of the opportunity to broaden their knowledge by an introduction to the literature of the subject.

Textbooks are essential in nursing education to convey the basic principles of accepted current practice as concisely and quickly as possible. But since the school usually requires the students to give three years of

1Adapted from Columbia University, School of Library Service, Syllabus for the Study of College and University Service. 1940.
their time to the studies which are prescribed for the completion of their primary nursing education, in return, it should provide them with every opportunity to acquire as broad a knowledge as possible of the correlative subjects in the curriculum and of the nursing field as a whole. However, for a fuller utilization of this opportunity, the faculty should induce the students to read more widely in each unit of instruction.

To this end the library is the correlating center of the school. It is as indispensable a feature of the educational program as the laboratory is to the science departments. With an adequate collection of source, background, and current materials in each curricular field, the library is simply an extension of the classroom, in which new truths, new facts, and new relationships may be discovered by the students.

To simplify the discussion of the ways in which nursing school libraries may carry out this extension effectively, let us divide their functions into three categories, namely, educational, social, and technical.

Considering them in that order, the primary function of the nursing school library is to teach or educate the students:

1. By supplying immediate, practical, information, such as, the most appropriate book, article, paragraph or word, for a specific reader.
2. By providing the books, periodicals, and related materials necessary to complete the assignments of the faculty.
3. By supplementing required reading with background and collateral reading.
4. By familiarizing students with the literature of the major subjects of instruction, through free and informal contact with the collection.
5. By providing guidance in the use of its collection—that is, by helping students to acquire skill in the efficient use of library tools, such as, the catalogue, vertical file, indices, and bibliographies—and by assisting in the direction of student reading.
6. By building up the habit of using reference tools to clarify points concerning which the student is uncertain, such as nursing procedures, measurements of drugs and solutions, pronunciations, and definitions.

The educational purpose and value of the library is well summed up in the words of Harvie Branscomb (formerly Director of Libraries at Duke University) when he says:²

The fundamental function of the nursing school library is thus to forward rather than originate the educational program of the school. It must provide the materials recommended, must remove so far as is possible all barriers between them and the students, and must facilitate the flow of suggestion from class lecture, conference and syllabus, to book contacts and book use. It is not only the connecting link between teaching and learning, but where students are intelligent and inquisitive, the library can supplement from its rich resources what the classroom has failed to supply.

²Branscomb, Harvie. Teaching with Books. 1940. p. 82.
In addition, the library can be of educational service to the faculty:

1. By informing them of new and useful materials, to keep them abreast of the constantly changing theories of professional practice, discovery of new knowledge, and new methods of practice.

2. By advancing professional development—that is, by providing the professional books and periodicals through which they may become familiar with the history and literature of their profession, which in turn may stimulate them into professional productivity.

3. By providing materials and facilities for research, only if the library is so isolated from other research centers that its constituency is solely dependent upon it. "Investigation and inquiry are essential for any faculty if it is not to become stale."³

This service to students and faculty, in co-operation with the instructional program, is certainly the main task of the library in the nursing school. Next to this, its greatest value lies in its contribution to "the art of living as distinct from the channeled preparation for making a living."⁴ "A high degree of specialization may rob the individual of the essential flexibility that makes possible adaptation to change."⁵ This is especially true of nursing education for its students literally live their profession for three impressionable years. After such conditioning to one way of life, students are apt to be cautious in the presence of unfamiliar ideas, unless nursing education is extended to mean a preparation for life beyond or outside the nursing profession as well. This involves not only teaching them what to do in a given situation, but developing them into the kind of people who will know what to do in any situation. In a word that means adaptability, that is, developing the capacity of the student of nursing to make sound interpretations and to adjust as the need arises throughout her whole life. As a means of realizing this objective, the library is an indispensable agent of the school of nursing, for a wide range of reading is essential to the development of awareness of change and the necessity for constant adaptation.

The library is an educational institution, and education, according to the best liberal arts tradition, is an "awakening and a growth." Matthew Arnold defined the aim of education as "the getting to know on all matters which concern us, the best that has been thought and said in the world and through this knowledge turning a stream of fresh and free thought upon our stock notions and habits."⁶ The study of human ideals and achievements, which we call literature, history, politics, and that study of the material universe which we call science, broadens our basis of thinking and refines and sharpens our intellectual powers. Contact with these fields of

³Ibid.
⁴A College Program in Action. Columbia College. 1946.
⁵Sargent, Porter. War and Education. 1943.
⁶Adapted from Arnold, Matthew. Essays in Criticism. 1865.
knowledge in some form is essential to the full development of all human beings.

The purpose of the library then is primarily intellectual. Its "aim may therefore be stated as the stimulation and development of those gifts of intellect with which nature has endowed the student, so that he becomes, first, a better companion to himself through life, and second a more efficient force in his contacts with his fellow men."7

This brings us to the social or secondary function of the nursing school library, which is to develop further the intellect of its students:

1. By providing noncurricular reading materials for the enrichment, stimulation, and information of its clientele.
2. By supplying recreational materials for intellectual entertainment, avocational interests, and relaxation.
3. By developing the desire to own good books for cultural as well as professional purposes.

In fulfilling its social function, the library is also fulfilling its function of leadership. For here the library is providing the best books, books of lasting value, in short, what is best for its constituents even though they themselves may not realize it.

Schools of nursing, as shown in the current professional literature, are keenly interested in stressing the intellectual development of their students. Most of them feel that nursing education should be infinitely more than the imparting of technical knowledge; in addition, it should thoroughly prepare students to play their part in society by integrating them with their environments and strengthening their mental equipment to a point where they can bring influence to bear on their surroundings.8

Adequate nursing school libraries, by nature of their resources and by reason of their existence as service agencies within their institutions, are the best means for furthering this educational objective, this ideal of high intellectual competence. Pierce Butler, professor of bibliographic history at the University of Chicago, makes this clear when he says that "the library has been created by actual necessities in modern civilization. . . . Culture must transcend the individual for it is essentially a social cumulation of experience whereby the men of each generation possess, potentially at least, all that their predecessors have ever learned. Books are one social mechanism for preserving the racial memory and the library one social apparatus for transferring this to the consciousness of living individuals."9 Therefore, educating students into maturity and citizenship by presenting and encouraging the use of extra-curricular or cultural resources, is one of the most important privileges and services the nursing school library can render.

7Richardson, Leon Burr. Study of the Liberal Arts College . . . a report to the president of Dartmouth College. Hanover, N. H., 1924.
8Adapted from Barzun. Teacher in America. 1945.
Finally, any discussion of library functions must include the technical aspect, for this is essential to the achievement of both the educational and social functions that we have just considered. Briefly, the technical procedures of the nursing school library are

1. To acquire, organize, and preserve the special kinds of material needed for the teaching program of the school it serves—that is, books, periodicals, pamphlets, visual materials, etc., of maximum importance in nursing education.

2. To acquire, organize and preserve noncurricular material of educational and recreational importance to its constituents.

3. To maintain a definite program and procedure for keeping up the collection so that it will be alive and adequate to the demands made upon it.

4. To make its collection fully accessible through the arrangement of the books, the catalogue, and other devices by means of which its contents may be discovered and approached.

5. To collect and preserve materials that are peculiar to the institution of which it is a part—that is, records of its institutional history, annual reports, school papers, student publications, etc.—and to develop special subject collections in fields of particular interest to its institution.

6. To co-operate with other libraries in disseminating knowledge by making its resources available to readers in other libraries and drawing on theirs through interlibrary loan and by supplying and obtaining information by correspondence or telephone.

In regard to the technical function of book selection, it should be borne in mind that the collection must include not only the materials that are appropriate in content and treatment to meet the known demands of its readers, it must also have materials of probable usefulness in meeting the anticipated needs. For "while demand is a controlling factor in current selection, it must be remembered that demand is always influenced by supply. If a reader finds no means available for adventure in unexplored fields, the impulse toward such adventure dies."  

In conclusion, an effective nursing school library is a potent force in the educative process. For, "as an agency of education its chief aim is to enlarge knowledge and enrich culture."  

The average nursing school student knows almost nothing about the use of books and libraries or the value of either to herself when she begins her professional training. Therefore students must be taught how to use the library before they graduate in order to enable them to continue with an education just begun. The nursing school library can start its students on the road to self-education. If they become so avid for intellectual stimulation that they are forever unsatisfied, but never dissatisfied, it will have attained its goal.

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10 Haines, Helen. Living with books. 1935.
11 Ibid.
Miss Dyer: For some time we have been asking ourselves the question, "How can we make the best use of existing community facilities for the better care of the patient?" This is pertinent to the patient in the hospital and in the home. Time is past when we can segregate ourselves in air-tight compartments and ignore the opportunities for furthering better care which can come from a knowledge and use of community facilities. If nursing is to fit itself into service for the community, our nurses must make every effort to be aware of all the tools which will effect a better patient care. Sometimes these helps can be found in the objectives of existing agencies within our own locality.

Our panel will discuss some of the methods used by agencies in the Seattle area. Some of the ideas may germinate in your own situations and thus produce a more abundant service to the people in your communities. I am sure you will listen with eagerness for the gems which this panel is prepared to give in furthering better use of community facilities for patient care.

Miss Brandt: In consideration of a referral system, two questions arise which need answering before any plan is made: first, what does a good referral system mean to the patient and, second, will it improve the opportunity to assure the patient better medical, nursing, and social care.

For an answer to the first, let us listen briefly to the stories of two patients. Both have been discharged from a tuberculosis hospital. While there they learned, at a very minimum, that tuberculosis is a communicable disease; good general health is necessary to continue resistance to the disease; and con-
continued periodic examinations and medical supervision are necessary for their
own continued health and for the protection of themselves and their families
and community.

"A" might say: "About a month before discharge, my family was notified.
A public health nurse called and arrangements were made for examination.
I was informed of my condition, sputum, activity. The public health nurse
had been notified by the hospital. The nurse at the hospital said that word
had been received back that all was satisfactory. When I left the hospital,
I was given a clinic appointment and was told that the public health nurse
would call in a few days and to call her if problems arose before she came.
When I arrived home, everything was in readiness, my family was happy,
and all routines had been worked out. It was good to be home. Three days
later, the public health nurse came. I went to the clinic to keep my appoint-
ment. They had the information regarding my case—my record and X-rays
were there."

"B" might say: "When I left hospital, I was told I should go to a private
physician or a clinic in about a month. My family was upset with fear. My
wife met the public health nurse who was surprised to learn I was home. She
offered help but by this time we had plans already made. At the clinic they
were surprised that I was home. Finally, they found the notification; said they
would send for summary of care and recommendations from the hospital."

From these stories, it is obvious that the patient appreciates having a re-
feral system used, whether he recognizes it as such or not. It is clearly seen
that it does improve his care and that, unless the nurses know about the
agencies and their functions, no referral system can function very efficiently.

May I refer you to a thesis by Elizabeth Hanna Boeker (1943) "Patient
Learning in Tuberculosis": "... the nurse is not assuming responsibility
for teaching the patient." A very small part of learning is attributed to
efforts of nurses, and I do not mean just hospital nurses, because "the
greatest amount of learning occurs when patient interest is at its highest
during the first few months of hospital experience or when he first acquires
tuberculosis."

Since a referral system is valuable to better patient care, the channels
and administrative details need to be outlined and put to work.

MISS PRINDIVILLE: By and large, sources of referrals depend on the medi-
cal services; other services may be overlooked. Public hospitals more fre-
quently refer patients to community agencies than do private hospitals.
Dietitians, medical social workers, and occupational and physical therapists
offer much information on the patient if a system of referral provides for
this outlet of knowledge in regard to his planning and care.

Special hospitals, such as orthopedic and tuberculosis hospitals, may issue
progress reports of patients at time of discharge. The opportunity to report
back to the hospital is also given to the agency. This is especially important
where orthopedic care is given.
In services for the handicapped, such as the blind, the health department may refer to other agencies. It is desirable that an interagency relationship should exist which includes the transmission of information from the public welfare department and health department with recommendations for rehabilitation and nursing services. Local tuberculosis associations and health departments may also offer assistance to each other through reports. Miniature X-ray programs provide an opportunity for interrelationship. Other community agencies, such as school, church, and civic organizations, may use referral and reporting systems to good advantage.

The forms should be worked out by each agency in general form to help make the information available and clear. Written reports are best and more permanent. There is often a lag between the report and service rendered. It is important to know the channels and time involved.

The results of a good reporting system provide a unity of purpose and continuity of care; repeated requests for information by various workers bother the patient. The agency can prevent duplication and there is established a link between the home and agency. There is opportunity for personal appreciation, worth, and recognition. The danger of stopping care too soon is also lessened and some interpretation of all agencies can be accomplished.

It is good professional ethics to work out good reporting and referral plans, thus aiding in broadening patient and personnel horizons in the efforts for better care.

Miss Sensenich: Referrals to another agency involve first, a recognition of the patient's needs and problems and, secondly, a knowledge of the services available through other agencies. Among these problems would be those of continued planning in relation to health problems and social and emotional difficulties confronting the patient which may be interfering with his ability to carry through a plan of treatment or to resume his normal activities. Or the patient may need a special service such as vocational training or financial assistance for himself or his family. These problems are more clearly demonstrated in relation to certain illnesses, such as tuberculosis, orthopedic disabilities, and those requiring long-term care.

If these referrals are to be made at the time of hospitalization or from the outpatient department, the method of handling the situation would be dependent upon whether the hospital has its own social service department. If one is available it could be utilized by the nurse on referral when she becomes aware of a patient's need for help. The social service department can offer case work service to the patient to help him with the emotional problems he may be facing and offer consultation to the nurse so that, together, they may help him to gain the greatest possible benefit from the treatment plan. The social service department also carries responsibility for knowing community resources, the services offered by other agencies, and the methods of referral.
If there is no social service department, then there is a need for the nurse to carry even more responsibility for knowing the services available through the various community agencies and the limitations in the help offered. In order to offer an integrated service to the patient without the confusion of referral to too many agencies simultaneously, if the patient is referred to the health agency, such as the local health department, for continued planning for care, responsibility for additional referrals might be given to that agency. Referral as early as possible to the health agency assures continuity of plans following discharge from the hospital.

At the time of referral, it is very necessary that the services be interpreted to the patient. The nurse has the relationship with the patient which is meaningful to him, and she can help him in his relationship to the new agency and the new person. He has confidence in her and she can help to pave the way for him to go on to the new situation.

Since it is frustrating to the individual to be referred to an agency for whose service he is not eligible or one which does not offer the help he needs, it may be advisable for a conference to be held when there is any question concerning the advisability of the referral. Where frequent use is made of another agency, it is often helpful to have conferences to discuss together the information which each agency would need and the types of situations which it is equipped to handle. For example, a system of referral to another health agency would include the transmission of detailed medical information.

As to the general content of referrals, it would seem that certain basic topics should be included. First, there should be noted the reason for referral, including a brief statement of the problem and the service you are requesting. It is the responsibility of the referring agency to interpret to the individual the services offered by the other agency and to indicate in the referral form that this interpretation has been made and the individual's response to it. Also noted should be a summary of your interest in the family, including why it was known to you, the service given, and the plan for any continuing relationships. If the patient is under care, an interpretation of the treatment, what it will involve, what is expected, and the probable duration of care should be given. The information should be in line with the service you are requesting from other agencies. That sent to a health agency would include medical information and information relative to patient and family's attitude toward the illness, plans for care, and ability to participate in treatment plans and convalescent care; that sent to a social agency would include, primarily, any information about family background, present situation, recognition of the difficulty, and interest in help. Social agencies for special service such as vocational rehabilitation should receive information relative to service requests as school background and employment background.

It does seem important to mention that, particularly with staff shortages and the pressure of heavy loads of work, much referral is done by telephone.
Since there is so much difficulty in including all of the necessary information and avoiding confusion, this should be confirmed by letter.

MISS AIRTH: The routing of referrals must be planned and consistent. Forms should be sent to the referral agency two or three days before the patient is discharged from the hospital. Dressings may be picked up and sent through the outpatient department, to the record department, to agencies, and to the public health nurse. Liabilities to be considered are that the patient may not be able to get back to the clinic and may run out of dressings or medication. Wrong addresses sometimes cause a lag in treatment since the agency may not get to the patient soon enough.

**ROUND TABLE**

**Monday, September 8, 1947—3:45-5:00 p.m.**

**METHODS OF TEACHING HISTORY OF NURSING**

*Presiding:* ISABEL M. STEWART, R.N., Professor Emeritus, Division of Nursing Education, Teachers College, Columbia University, New York, N. Y.

*Speakers:*

MILDRED I. LORENTZ, R.N., Director, School of Nursing and Nursing Service, Michael Reese Hospital, Chicago, Ill.

AGNES GELINAS, R.N., Chairman, Skidmore College Department of Nursing, New York, N. Y.

ANNE L. AUSTIN, R.N., Professor of Nursing, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio (substitute—HAZEL A. GOFF, R.N., Secretary, Committee on the Administration of the Accrediting Program, NLNE, New York, N. Y.)

MISS STEWART: It seems to be agreed that history is a rather neglected subject in nursing schools as well as in many other educational institutions; the present generation is not very much interested in history. It has been engrossed with the present. But, when the war struck and things got very difficult, everyone began to wonder why these things had happened and that led them to look for possible clues in what had gone before. No one can hope to understand the present situation in nursing or in the world today without a study of, at least, the recent past. In a period of sweeping changes like the present, history can help us not only to find our bearings but to gain perspective, to see the values in our professional heritage, to set our sights for the future. But, if our students are to get these values from a
study of nursing history, we shall have to give more thought than we have
given to the way in which we teach this subject and what should go into it.

Some nursing schools have been teaching nursing history for the last
fifty years. Since 1917 it has been an accepted part of the nursing curriculum.
We should have learned something in that time about the best approach
to this and the other social sciences which are closely related to it—psy-
chology, sociology, and what we have recently called professional adjust-
ments. All social sciences have to do with man and society and the problems
they have faced in their evolution. In this case we are concerned with the
social development of nurses and nursing, their relationships with society,
their profession or regression, their problems and how they have been dealt
with. In a period of crises like the present, it is highly important that we
take stock and see where we stand in relation to the teaching of the social
sciences and specifically, in this case, the history of nursing.

I have asked the three contributors to this program to consider the sub-
ject from the following viewpoints:

Aims—Why do you teach nursing history?
Hours and placement—How much time do you give to it and how do
you fit it into the basic curriculum?
Content—What do you teach and where do you put your main emphasis?
Methods—What methods and aids do you use in teaching and study?
Evaluation—How do you measure your results?

Miss Lorentz: Following these main questions we may consider first why
we teach the history of nursing. We have three main aims, each of them with
two or three subdivisions:

1. To help the student understand and appreciate how nursing has reached
   its present stage of development:
   a. To study the necessary background in order to understand how cur-
      rent trends developed.
   b. To appreciate that nursing is a part of the social, economic, educa-
      tional, and cultural structure of a country and to be cognizant of
      how these factors influence trends in nursing.
   c. To learn who the leaders in nursing have been and how they have
      contributed to our present structure, that is, what characteristics and
      qualities they possessed, how they used their gifts and aptitudes to
      further the cause of nursing, also, what is actually required for
      success in, and lasting contributions to nursing.

2. To help the student understand customs, etiquette, and nursing ideals:
   a. To know the meaning of a service profession—its obligations and
      responsibilities to society.
   b. To acquire a background for the study of Professional Adjustments
      and an intelligent approach to her own professional and ethical
      problems and adjustments.
3. To help the student understand how a profession grows effectively and plans for its future:
   a. To appreciate the growing responsibility of the profession toward society, allied professions, and members of the nursing profession.
   b. To recognize that growing responsibilities and broadening horizons necessitate broader preparation.
   c. To appreciate the responsibility of individual members for the future growth and development of nursing.

The next question is how we fit this subject into the basic curriculum and how much time we give to it. In our school we teach History of Nursing in the first year, preceding or concurring with Professional Adjustments I. Another suggested plan I believe is worth considering. It is an integrated 30- to 40-hour course in these two subjects in the first six months, which would include only enough history to give a background for early professional problems and adjustments but would leave most of the current trends and problems to the last year when a similar integrated course with Professional Adjustments II (45 to 60 hours) would be given. The reason for this suggestion is that students are often too engrossed with the basic sciences and nursing techniques in the freshman term to derive great benefit from the study of history and they would also appreciate better its value in helping them to solve their professional problems if it were postponed to a later part of the program.

On the next point of content and emphasis, I try to formulate objectives in terms of the felt needs of students and not in terms of what interests the teacher most. These objectives must be accepted and desired by the student if she is to be motivated to learn. The content should be selected in accordance with the objectives which may be chosen on the basis of informal discussion or submitted check lists or questions. Students’ interest in the subject will vary with their educational and social backgrounds. Emphasis is given to those aspects of the subject that will help them understand the reasons why they study nursing history and how this study will make them better nurses and more acceptable members of their profession and of society.

As to methods of teaching and study, I have found discussion better than the lecture method. We take up periods and problems and emphasize social, economic, and political forces rather than specific dates. The study of how nursing developed and who was instrumental in these developments is related to what was happening in the world at the time. If History of Nursing is integrated with Professional Adjustments, the problem approach and panel discussions, round tables, or seminars on problems are valuable. For example, the subject of trade-unionism and the effect of this movement on nursing could be discussed from the historic point of view as well as from the standpoint of present issues and developments.

Results are measured by integrated examinations set up around problems
in nursing rather than isolated facts, also, by class discussion and demonstrated ability to think through problems and understand the rich heritage of nursing. Such understanding is also demonstrated in student behavior.

**MISS GELINAS:** As world history is vital in the preparation of young persons as intelligent American citizens in an interdependent world, so nursing history of all countries is the essential core of any program of preparation of young nurses as participants in an international society.

A primary objective of teaching history of nursing is the furtherance of understanding of the "one world" concept. History of nursing should develop the ability to think reasonably and to act intelligently about national and international nursing. Nurses of the United States and every other nation must become nurses of the world.

If wider understanding is to be achieved, an objective consideration of common nursing issues which are characteristic of all countries is paramount, and teachers in schools and professional meetings of every land must guide their consideration of nursing history accordingly. If we wish our students to learn to think and act wisely when faced with such issues as hours of duty, nursing service personnel, care of patients in hospitals and homes, and the structure of professional nursing, we must expose them again and again to the historical aspects of these problems. These data need to be objective and broad. They must present the historical developments in the student's own and in other countries. They must not nurture narrow provincialism or intense nationalism. They should arouse in the student the desire to help all nursing both at home and in other countries.

There is a secondary objective of teaching history of nursing. Wider understandings among nurses is not sufficient. They need to know a little about the history of related groups. Informative and interesting material on the historical development of medicine, dentistry, social service, and other allied disciplines should be presented. If the teamwork job which the public expects of us is to be accomplished, it is essential that all workers are informed as to what each profession of the team has accomplished.

Emphasis needs also to be placed in history of nursing on the variety of other contemporary forces and influences which are molding current history: the religious, the philanthropic, the scientific, the military, the civilian and governmental, and that of organized labor.

The basic content in history of nursing should also serve as an aid in widening the understanding of student nurses. It should act as a guidance and counseling tool. It can be looked upon as a means for helping beginning students to choose their educational program and senior students their field of professional activity.

By working with students individually and outside of the classroom, the teacher may know about the student and let her know herself.

Particularly does the low rating first-year student need help in adjusting
herself to the school. For the limited student we must provide comfort, kindness, justice and opportunity for relative efficiency and approval. For the exceptional student we must provide more learning-teacher activities.

Certain Essentials Needed. There are three requisites to the presentation of the historical development of nursing in such a way that the understanding of nurses will be widened: greater historical scholarship, wider distribution and use of nursing historical data, and more adequate preparation of teachers.

Historical scholarship will help to develop understanding and eliminate misconceptions. Wider distribution and use of historical materials will help make the history of each country a part of world history. Better preparation of teachers will improve the learning process of students.

Vertical Articulation. The procedure of placing an introductory course in history of nursing in the first year of the basic program and supplementing this content in other nursing courses throughout the remaining years seems an acceptable practice. This means that historical aspects of nursing care will be reviewed in other courses; for example, the background of modern psychiatry and mental nursing in psychiatric nursing and the history of public health nursing in the course in Professional Adjustments II.

Objections can be raised to this practice of vertical articulation if the topics and reference readings indicate that about the same topics are being treated in the same fashion at each level.

Content and Emphases. In considering content and emphases in history of nursing reference is made to the Curriculum Guide for Schools of Nursing.\(^1\) Seven units of study in history of nursing are outlined in the introductory course. The titles of the units and, in general, the time and content, seem satisfactory for the beginning student. I would like to see more emphasis placed on current history as each unit is being considered. If the approach is to be through present events and if the content is to be developed as the needs of students become evident, subject matter and the time devoted to each unit cannot be exactly determined in advance.

Although certain topics need to be presented both early and late in the program, such as nursing in America and other countries, nursing legislation, and professional organizations, greater emphasis on this particular material is needed in the senior year.

For example, the beginning student might report on the nursing in one country other than her own. The senior student might select one of eight major areas of the world outside of the United States for special study: Britain and the British Commonwealth of Nations, China and Korea, the Scandinavian countries, India and Southeastern Asia, Japan, the Soviet Union, Latin America, and Southwestern European countries.

Beginning students might study the history and objectives of the six

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national nursing organizations while seniors might consider the history of
the structure study in their review of the historical aspects of the "why"
and "where" and "how" of their organization's activities.

*The Teacher-Learning Process.* History seems to demand a chronological
sequence. To follow rigidly a logical scheme of organization, however,
would violate the interest and experience of the learner. The study of the
history of nursing should begin therefore with a consideration of nursing
conditions with which the pupil comes in direct contact. The first step away
from home might be the study of the school. This would give the class an
insight into local history through concrete understandable material.

The next step might be a consideration of such matters as these: What is
nursing? Who is a nurse? What do you expect from the school of nursing?
What is the attitude of the public toward nursing? What are your ideals
about nursing? After discussion of these points is over, it is not too soon
to lead the pupils into history of nursing as such.

The teacher may present the student with a logical outline of the organi-
zation of subject matter. There is no reason why the pupils cannot change
the arrangement in terms of their purposes, desires, likes, and dislikes.

As an example, it seems rather logical to introduce the content on nursing
care of soldiers during the Roman period and to integrate this aspect as
needed throughout the study of medieval and modern nursing, but the
ordinary student nurse would probably be attracted to a study of war nursing
through experiences of friends and relatives during World War II.

Each week outlines of work to be covered may be prepared and distributed
to the students. They may contain topics of discussion, study directives, read-
ing assignments, glossary of names and terms, and questions to be answered
while reading. Some of these questions will relate to present-day issues and
problems. Some will refer to past events. Students will learn how similar
problems were previously met. Lectures and small group discussions and
many other activities will help the student to learn the content of history
and at the same time to learn to apply historical generalizations to current
problems.

Learning activities may be varied and may include the following:

1. Studying and evaluating text and reference material.
2. Discussing in small groups around the table.
3. Writing source themes.
4. Looking at slides.
5. Co-operating in the preparation of annotated bibliography cards and
test items.
6. Clipping, displaying, and reporting on newspaper and magazine
articles.
7. Inquiring about local history—nursing, medical, and health.
8. Questioning current events in nursing.
11. Drawing maps.
12. Interpreting graphs.
13. Searching for documents, microfilm, stamps, still photos, films and recordings, books and prints of paintings which can be added to the library collection.
15. Serving on the curriculum committee.
16. Seeing and listening to movies of current history like the *March of Time*.

*Evaluation*. The problem of evaluating the learning-teaching process involves grading standards. In such an evaluation, intellectual ability, interest, and differences in learning need to be considered.

One device that may be helpful in evaluating a student's growth in the introductory course in history of nursing is to ask the students when first assembled, as previously mentioned, to answer several questions about nursing.

The answers to these questions involve the basic factual data of the course. Each student may be assigned a number which can be recorded next to her name in the classbook. The papers, identified only by number, can be handed in. At the last meeting of the course, the students can be asked to answer these questions, sometimes differently framed. Each can be assigned the number given the first day. Both papers can then be compared, to judge what difference being in this course for a period has made in the expressed attitudes brought to class at the beginning. The grades excellent, good, fair, poor, and failing can be given.

Progress reports noting that the student's work is "acceptable," "satisfactory," "improving," and the like are also valuable. The student's opinion can be sought and the judgment of the teacher can be used. The degree of responsibility the student assumes for her work can be objectively evaluated by her regularity and promptness in attendance, by whether she does her assignments and hands them in on time, and by her contribution to discussion. Progress in her development can be evaluated by comparing her weekly written assignments with each other and observing her performance in class. Her learning achievements are thus evaluated in real situations and "marked" by descriptions written by the teacher.

A final examination on the basis of student written test items seems sound, but examination items of factual data should be limited. It would be advisable to use the same test in the senior year but have differentiated norms.

*Conclusion*. There are low rumblings of revolt against the instruction in history of nursing coming from present and former students.

To teachers trying to make the spark of appreciation glow in students for history of nursing, here are a few tips:
Encourage students to take part in many types of learning activities. Every reference read, every picture looked upon, every map studied, every event in current history discussed, will help prepare students for history of nursing.

Begin with modern history; most students can understand it better than ancient or medieval history. It is closer to their own lives and may have direct implications for them.

Focus on the outstanding personalities who helped to build up nursing and who led in constructive health and social movements.

Don't take it for granted that young students know how to study or what to study in nursing history. Give guidance in the form of a syllabus but as much as possible use student suggestions, particularly at the round-table discussions.

For recitation periods substitute student-teacher discussions and critical evaluations with derivations of meanings. Discourage students from memorizing what the book says.

Miss Austin (Summary presented by Miss Goff): Miss Austin has sent on a very full and interesting outline of the course she gives in the basic professional program. The title of this course is Historical Foundations of Nursing. The time allotment is 30 hours but she considers 45 hours more adequate. The course is placed in the first term of the third year preceding the course in Professional Adjustments II. Miss Austin is convinced that this is the best time to teach the history of nursing. She has experimented with other placements and finds that she gets best results when students have sufficient knowledge of nursing to be curious about its history and understand the value of knowing it.

Her aims are set up in terms of the two main outcomes desired—to discover trends in the development of the art and science of nursing and to learn to interpret the present situation in the light of the past. She tries to open up a new field of interest to students—not to cover it once for all.

In tracing the growth of a few important aspects, she selects those that illustrate the whole development of nursing and are most important for nurses. An over-all view rather than a detailed study of the parts is encouraged. This is developed in a framework of chronology to show that nothing in history is isolated. The aims as stated in the outline bring out these points and also indicate other values such as the inspiration and interest students can get from a study of the best of the past and the possibility of developing a life-long interest in the history of nursing, which will lead the student into archeological, literary, artistic, and other sources from which its materials are derived. Miss Austin also aims to develop standards of excellence in the evaluation of historical studies.

The outline shows the way in which these aims are provided for through the selection of content, source materials, and methods of teaching. The course is divided into five main units as follows:
UNIT I Origins of Nursing
Preliterate
Ancient Civilization

UNIT II Rise of Nursing in Europe
Early Christian Church
Organization of the Care of the Sick

UNIT III Nursing in the Western Hemisphere

UNIT IV International Aspects of Nursing

UNIT V The Professional Heritage of the Modern Nurse

Each of these units is outlined in some detail with suggestions for teaching, sources, and teaching materials for each topic. Since the whole topic covers 41 pages, it is impossible to do more than point out a few of the main suggestions. Miss Austin gives a good deal of emphasis to the earlier period of nursing history and the sources in ancient manuscripts, classical writings, pictures, stamps, exhibits, and so on that can be used to throw light on the origins of nursing and on nursing leaders of other days. She weaves in a good deal of material on medical and social history as well as on religion and philanthropy, and also takes in quite a wide area of the globe. Coming down to modern times, she discusses the revival of nursing in Europe; then the whole story of nursing in North and South America; then a brief outline of the international situation in nursing, and a summarizing unit which reviews the accomplishments of the past and considers the possibilities for the future. A very complete bibliography is included with the outline.

As to methods of teaching, Miss Austin favors the discussion method with a syllabus including questions and references to be used as a guide and reviews by the teacher at frequent intervals to help co-ordinate materials and direct thinking along lines that lead to helpful generalizations. Special emphasis is given to the use of first-hand sources and to rich library facilities including both general and nursing references.

After the three speakers had presented their points of view the discussion was thrown open to the group attending the Round Table and a number of excellent points were brought out. Some of these may be summarized as follows:

1. The importance of finding out students' interests and needs beginning with their present problems and leading back from these instead of beginning at once in the remote past.

2. The need of better-prepared teachers who will not be afraid of students' questions and will therefore allow and encourage more freedom of discussion instead of holding them to the memorization of textbook facts that have little meaning for them apart from such interpretation.

3. The need for a better foundation in general history for both teachers and students, also for a knowledge of current events.
4. The importance of building the course in terms of the students' educational background, for example, high school graduates cannot be expected to have as good a background as students with from two to four years college preparation.

5. The danger of trying to pack too much into what is after all an elementary and introductory course intended to open up the subject and not to exhaust it. It is better to teach less and give students an appetite for more, than to give them an indigestible mass of material that they neither comprehend nor feel the need for.

6. The importance of timing-teaching a thing when the need for it is felt and, if necessary, breaking up the total subject and distributing it through the curriculum in such a way as to be most meaningful for students.

7. The value of the cultural approach in all history teaching showing how nursing grows out of the culture of different times and places and is a part of it, each acting and reacting on the other.

8. The importance of integrating history with other courses, especially those in the social science strand of the curriculum but also with the scientific and clinical courses.

9. The value of a cultural and also a comparative point of view in teaching about nursing in other countries to help students realize that needs and conditions differ and what is satisfactory for one may not be for another.

Sister M. Ethelreda of St. Joseph’s Hospital, Milwaukee, discussed briefly the use of philately in teaching nursing history and showed some of her own collection of fifty stamps depicting nurses or nursing subjects. These aroused a good deal of interest.

In summarizing, the chairman pointed out that no conclusions could be reached on the basis of the Round Table discussion. It is evident that a good deal of experimentation is going on and that is encouraging. There is quite a wide divergence in nursing school practices and points of view, but a good many seem to feel that the placement of the course in the first six months is not entirely satisfactory. There seems to be a definite trend toward the transfer of the whole course to the second or third year or a division of the history of nursing course into two parts; one to be given as an orientation to nursing in the first year and the other as an introduction to professional practice in the last year. There also seems to be a definite trend toward a close correlation or an integration of the history of nursing with Professional Adjustments I and II.

The discussion shows that there are many who have a live interest in this subject and would like to pursue it farther. After some discussions a motion was made and seconded that a recommendation be sent to the League Board to the effect that a committee (or subcommittee) be appointed to give special consideration to the teaching of the social sciences in the nursing school curriculum with emphasis on the teaching of nursing history and its co-ordination with other courses in the curriculum.
GENERAL SESSION

Monday, September 8, 1947—8:15 p.m.

This evening session, held at the Moore Theatre, was open to the public. In addition to the address by Dr. Raymond B. Allen, there were several special events, including the presentation of the Mary Adelaide Nutting Award and the acceptance of the Territory of Hawaii League of Nursing Education. Music was provided by the Philomel Singers of Seattle under the direction of Mr. R. H. Kendrick.

Ruth Sleeper, president of the League, presided over the meeting. The invocation was given by the Reverend Harold O. Small, S.J., president of Seattle College.

Elizabeth M. Smith, president of the Washington State League of Nursing Education, then cordially welcomed the group to Seattle. Miss Sleeper responded:

"It is indeed a privilege to respond for the members of the National League of Nursing Education to the cordial welcome of the Washington State League of Nursing Education. The hospitable arrangements awaiting our arrival, the program in our hands tonight, are tangible evidence that the Washington league has provided thoughtfully and bountifully for our personal comforts, for our professional stimulation, and for those moments which provide the leavening of rest and recreation.

"It is now twenty-five years since the League met in Seattle. We were then a League of twenty-two state branches. Today we are a League of forty-five state branches all of which report active and effective progress. In 1922 the organization had a membership of 739. Today the membership is 8,648. The activities of the League for the past twenty-five years are well known to all. To look back is to be proud! For the past we need have no concern. We have been well led. We have been good followers. We are on a solid and secure foundation. The future is our business now, today, tomorrow, this year, and for the years to come. And so it seems particularly appropriate that we should meet in this city and state, young in years, strong in the power of its people, standing securely on the edge of the sea and on the edge of great untapped resources, facing a new era.

"Twenty-five years ago, when we met here together, the ANA, the NOPHN, and the NLNE were building together a national headquarters. Today we are trying to build together, with the other national professional nursing organizations, a national unity.

"In many respects you symbolize that unity. Your forebears came from east and south and west to develop this rich and beautiful land. Though geographically separated from national headquarters and the majority of your colleagues, you have maintained close and loyal ties with your organization and, as individuals, have often carried more than your full share of
some of the burdens. You are, with the other far western states, the proof that differences among nurses, as among other people, can be overcome when all are seeking a common goal.

"For the comforts you have provided this week, for the meetings you have planned which promise to open new horizons for all of us, I express again our sincere appreciation."

Following a chorus by the Philomel Singers, Dr. Raymond B. Allen, president of the University of Washington, Seattle, Washington, made the main address of the evening.

THE HEALTH SCIENCES AND NURSING EDUCATION

RAYMOND B. ALLEN, M.D., PH.D.

As a member of the medical profession and as an educator, I am interested in nursing education. I am particularly proud of the splendid record of American nursing education. When one recalls the fact that in 1941 there were only 173,055 active registered nurses and in 1943 there were 206,599 (including about 36,000 in military service), a ratio of one nurse to 785 civilian population, and today a recent report estimates that there are 318,000 active or potentially available registered nurses in the country and that by 1948 there will be about 355,000 graduate nurses available for both civilian and government work, one can appreciate the tremendous contribution that nursing education has made to the health and welfare of our nation during a period of wartime crisis and postwar adjustment.

This achievement was not brought about without hard work and intelligent planning. You will recall it was back in 1944 that a National Nursing Planning Committee was established under the auspices of the National Nursing Council for War Service. This Committee prepared a five-year plan for nursing entitled A Comprehensive Program for Nationwide Action in the Field of Nursing. It is a splendid example of teamwork among many organizations including the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, the American Association of Industrial Nurses, the National Association for Practical Nurse Education, the nursing divisions of the American Red Cross, and certain federal agencies, and the National Nursing Council for War Service. I think it would be worth while to review briefly the five areas in which programs for study and action were recommended for development.

1. Maintenance and development of nursing services (in hospitals, sanitaria and other institutions; in private practice; in public health and industry; and in other fields). This involves determination of all present nursing resources, estimation of all nursing needs, study of the content, organization,
and administration of nursing services in all fields, study of existing personnel policies and practices in nursing and related fields, and a program of information for the profession and the public.

2. **Program of nursing education** (professional, basic, advanced and practical). This includes the study of selected aspects of nursing education such as study, evaluation, and continuous development of curricula for schools of professional nursing and for schools of practical nursing; program of curriculum interpretation and promotion; establishment of a single professional accrediting body for schools of nursing; educational counseling to individuals, organizations, and agencies; financial aid for students in nursing education; a recruitment program for acceptable candidates for both undergraduate and graduate schools; international nursing problems; and cooperation with state boards of nurse examiners.

3. **Channels and means for the distribution of nursing services.** This includes the establishment of counseling and placement bureaus nationally, regionally, and locally; survey of existing services; development of nursing service bureaus and community nursing councils; and a program of interpretation and public information.

4. **Implementation of standards including legislation** (to protect the best interests of the public and the nurse).

5. **Information and public relations program.** This covers development of a broad information program on national, state, and local levels to cover all branches of nursing; development of an information program for nurses on present and future health and welfare programs; and development of public interest in and understanding of the nursing program.

This program will compare favorably with any program of any professional organization in the country and I salute the nurses of this country for the leadership and the splendid, realistic, and thoughtful manner in which you have attacked your problems of nursing education and nursing service, recognizing your social responsibility to the people of the country.

As a result of your activities over the years, the nursing profession of America leads the world in quality and extent of its services. This is a credit to you, who have realistically faced the problems of nursing service in relation to medical service in our constantly changing industrial society. You have done this, too, not as wards of the medical profession or of any other group, but as independent American citizens looking realistically at your problems and solving them. The medical profession has always desired to co-operate with you and has extended full co-operation, but never with the intent to try to manage your affairs, for doctors learned a long time ago that nurses know how to manage their own affairs—educationally, organizationally, and professionally.

Of course, we doctors are not loath to make suggestions, and I know that the recent recommendations of the New York Academy of Medicine Committee on Medicine and the Changing Order have been considered by
the nursing profession. Since this is the most recent report from the medical profession, I should like to review the recommendations of that committee.

1. A regular census of nurses should be established by one of the national nursing organizations or by a national accrediting agency, as a means for determining the necessary number of admissions to the schools of professional nursing and of practical nursing.

2. Practical nurses and other auxiliary personnel are needed in greater numbers in order to relieve graduate nurses for strictly professional duties. Practical nurses should be examined and licensed by state boards.

3. Reciprocity between states in licensing nurses should be encouraged.

4. Nursing services should be made available through community bureaus in which nurses, doctors, and the public are equally represented. Community nursing councils representing the same groups should be set up to promote placement bureaus and other local nursing interests.

5. Nursing education, like medical education, should be adapted to changing conditions in medicine by a greater emphasis on preventive procedures, psychosomatic medicine, social background of patients, and service with medical group units and prepayment plans.

6. More adequate programs for graduate education in clinical and other nursing specialties should be established in the large nursing schools. University schools are best adapted to this function. Scholarship funds should be made available to encourage advanced preparation.

7. Since nursing necessarily involves teamwork, medical and nursing students should be made mutually familiar with the nature, traditions, and responsibilities of their respective professions. One way to do this in nursing schools would be to introduce some general medical history into the course in nursing history.

8. Nursing schools should be viewed by the public as an integral part of the educational system, eligible for both philanthropic and public support.

The committee goes on to say that research in nursing should be encouraged: a) in order to promote adaptation of nursing skills to changes in medical practice, b) to promote effective and economical integration of the various types of nursing service in programs of medical care, and c) to provide valid bases for the adaptation of both basic and advanced curricula in professional nursing and of courses in practical nursing to the needs of the changing social order.1

I know that these and other problems facing nursing education and nursing service are being given your careful consideration. The nursing profession, through its organizations and especially through the League, is to be congratulated on its sense of social responsibility and its willingness and eagerness to meet the problems of the day realistically and practically.

This is a traditional trait of American women, I might remark, and I know the problems which you face today are going to be solved just as well and efficiently as you have solved those in the past. The medical profession takes great pride in American nursing and this pride springs not from any sense of dependence of the nursing profession on the medical profession but rather springs from the independence of the profession—an independence which recognizes the need for teamwork and co-operation between the professions and between them and the public, as represented by any voluntary and public agencies which are concerned with the welfare of the American people.

These are days, however, when all of us must have concern about the welfare of people everywhere from a health standpoint and not merely as Americans. With the American profession of nursing having won world leadership in its field, goes great responsibility, and I know that through the international nursing organization you are working intensively on plans for the development of higher standards of nursing education elsewhere and improved medical and nursing service to those peoples who are so greatly in need of such service.

Medical and nursing education of the past have been concerned chiefly with education for the practice of curative medicine although the importance of preventive medicine and public health has received increasing recognition. It has not been widely appreciated that preventive medicine begins with those basic environmental conditions in the home, school, factory, and office which make for healthful living or its opposite. Doctors and nurses will always have ample work to do in repairing the damage of disease and maladjustment, but it is now generally recognized that some of this disability can be prevented through more positive and effective programs of preventive medicine. Medicine long since has moved beyond the problems of public health which have to do with epidemic and infectious diseases although continued vigilance is necessary for their control.

The major problems of preventive medicine of the future lie within a new sphere of occupational diseases, malnutrition, maladjustment, psychoneurosis, social deficiencies generally, and health education. The scope of medicine and therefore nursing has extended so greatly that it is no longer possible for the doctor and the nurse to seek to solve problems of such magnitude alone. They cannot be expert in every field in which problems of personal maladjustment and social deficiency may arise. They should be so familiar with the social system that they are keenly alert to detect points of friction which may lead to disability of the individual.

This means that professionally competent physicians and nurses in the future must be broadly informed, cultured people who can hold their own and command the respect of leaders in every phase of human activity. It will not be enough for them to be technically competent as professional people. They must be so educated as to have the social insight necessary to keep
abreast of the changing requirements for healthful living imposed by new technical advances.

Physicians and nurses of the future, as of today, must be capable of taking their place along with other leaders in the community and of viewing the problems of medical service dispassionately. Unless they recognize the right of every person to adequate medical service, the medical profession and the nursing profession will degenerate to the level of trades and as tradesmen they will be concerned with the techniques of their trade.

The medical profession cannot assume full responsibility for supplying complete medical service everywhere any more than the nursing profession can do so. They have no more responsibility for the inadequacy of medical service in certain economically depressed regions of the country than teachers are responsible for the high illiteracy rates which are often found in the same places. They are under obligation, however, to co-operate fully with voluntary and public agencies so that together they may create the economic and social conditions which make possible an adequate medical and nursing service for all.

Recently the interrelationship of the emotional and mental life and the physical manifestations of disease of the patient have been emphasized. Knowledge of the physical and social environment of people has been found to be of importance in interpreting some predisposing and causative factors in illness. Some psychic and emotional responses to untoward environmental conditions have been linked directly with physical changes in the tissues of the body recognizable as organic disease. This is what is currently called sociopsychosomatic or holistic medicine. It means simply that men react and act in environments of which they are inseparable parts.

Health is a state in which a person's reactions and actions occur smoothly without damage to any parts of the body and with satisfaction to the individual and to society. Unhealthiness and disease are evidence that some part or all of the body is unable to cope with some untoward physical or social environmental influence. Medicine, including nursing, is a study of all facts and factors, both individual and environmental, which make for healthful living.

Medical science has progressed to a point where now it can be said with some confidence that a framework has been created within which all possible factors bearing on health and disease can be studied. Medical science has marked out clearly the broad areas for further study of every aspect of life affecting the health of the individual. It has the methods, the experience, the human interest, the curiosity, and the imagination to broaden and extend the entire base of medical and nursing learning and service.

This new and broader base of medical education and nursing education of the future will continue to include contributions from the natural sciences of chemistry, physics, and biology, and from mathematics. Although progress in these fields has been great, much more can be confidently expected. Nu-
clear physics and chemistry are bringing revolutionary possibilities into the practice of medicine. The new knowledge of the genes strongly suggests that through their specific chemical activity they exercise important controls over growth and development and the function of the organism generally. Much will be learned from genetics also about the inherited predisposition to disease and constitutional patterns as soon as more acquired disabilities are brought under control and the degenerative diseases, often associated with aging, are given the importance they deserve.

Medical science will continue to work with and profit from the other branches of medical science professions. Nursing, dentistry, pharmacy, and veterinary medicine all share the same foundations in science, education, and humanism.

But the health needs of the people are not served exclusively by the medical science professions. Physical education and recreation programs are being recognized as increasingly important in any progressive approach to physical fitness and healthful living. No one can be in full health and not be physically fit. Physicians and nurses will take an increasing interest in this area as part of any broad and practical program of preventive medicine and public health.

Medicine and nursing have been concerned so long, so intensively, and to such good effect with ill health and disease that they have had little time to give serious attention to the importance of positive health and how it may be achieved and sustained. Positive health is much more than merely the absence of disease and suffering. It is the joy and radiance of happy living, the love and pride of home and country, the love of one’s fellowmen, the surge of new life in the spring; it is hope, faith, desire, and ambition sustained by intelligence and a full flow of energy and will for achievement.

Here is the deepest foundation of medical and nursing education for from this source comes life itself. Medical and nursing education and medical science generally are primarily concerned with life and its preservation. This is why medicine and nursing have such universal appeal and are held in such high respect. They have youth, they have age, experience, and the wisdom of the ages. They are various, they are permanent, but ever-changing and growing.

Increasingly people are becoming health conscious. They are aware that preventive medicine can contribute to healthful living and they realize that a state of positive health is something to be prized and sustained always. Naturally they turn to the doctor and nurse for advice. Nevertheless, many medical and nursing schools have yet to introduce at any level a well-integrated, effective teaching program which will adequately foster education in modern viewpoints concerning the value of full and positive health and of preventive medicine.

Preventive medicine is concerned with the prevention of disease, and it embraces a rapidly growing body of known and certain facts and techniques.
Increasingly, medical science is bringing into view more of the facts which support broad theories of the causation of disease and disability generally. As this knowledge extends, the ways in which such disability and disease may be prevented become evident. Knowledge of the effects of the complexities of modern life on the individual points to the preventive measures which should be instituted. Likewise study of the nature of the life processes brings information of value in understanding how a person instinctively and consciously reacts to protect himself from untoward environmental influences. It is this larger concept of medicine and nursing and their place in the culture of the times which will emerge as more knowledge accumulates and becomes reflected increasingly in medical and nursing education and in general health education for everyone.

The war has ended and yet after two years, and although we are beginning to live in tomorrow's world, men do not seem to appreciate that this may be their last chance to bring their warlike passions under control. Medical and nursing education, and medical research, whose whole mission is the saving of life and the preservation of health for a useful and happy existence, must join with education and science generally and with national and international leadership particularly to bring medical knowledge and skills to bear on the solution of the multiple problems of the new world. These professions have the knowledge and experience necessary to make important contributions to the solution of sociopsychological problems which may lead to physical combat. It must join with other professions and statecraft to build a world based on decency, justice, and opportunity, free from all threat of tyranny.

Tomorrow's world has the power and resources to meet man's every need, this for the first time in the history of man. Whether man has the wisdom, humility, and social consciousness to use his newfound powers for the constructive purposes of all mankind is the most important question of our times. The free men and women of democracy together have proved that democracy has the inherent strength to be victorious in a world at war; they have yet to prove that they can win a durable peace. Never before has the spiritual and moral life of man faced a test of this portent for good or evil.

Presentation of the Mary Adelaide Nutting Award
To Isabel M. Stewart
Nellie X. Hawkins

Rarely does nature endow one individual with a wide range of outstanding abilities. The one whom we honor tonight is, however, such a gifted individual. Of great versatility, Isabel Maitland Stewart has filled with distinction the several roles of scholar, author, educator, leader, and friend. It is my high privilege, in the name of the National League of Nursing
Education to present to you, Miss Stewart, the Mary Adelaide Nutting Award in recognition of your eminent abilities and diversely rich achievement.

We honor you for your scholarly pursuits, for your active and enquiring mind, for your breadth of vision, all of which have greatly expanded the scope of nursing education.

We honor you also for your contributions as an author which have enriched our knowledge of the history of nursing, guided us both nationally and internationally in the sound development of nursing education, and stimulated us to push forward the frontiers of our professional field of activity.

We recognize you as an outstanding leader and distinguished educator and honor you for the notable service which you have rendered the profession during the twenty-two years you have served as head of the Division of Nursing Education at Teachers College, Columbia University—a most worthy successor to a most illustrious leader. We honor you for the stimulation and inspiration given hundreds of students privileged to come under your tutelage, and for your creative, indefatigable, and always unselfish service on numerous committees of our nursing organizations.

We honor you and love you for your personal charm, for your breadth of interests, for your many human qualities, and for your infinite capacity for friendship.

With this medal we bestow upon you our affections, and through it we express tangibly our pride in the rare abilities which you possess and in the high quality of your achievement for the cause of nursing education.

RESPONSE OF ISABEL M. STEWART TO THE PRESENTATION OF THE MARY ADELAIDE NUTTING AWARD

Miss Hawkinson, Miss Sleeper, and fellow members of the League:

I do appreciate this honor and the all too kind words of the citation, but I am also embarrassed in accepting the award because, as many of you know, I am a member of the Committee on the Nutting Award and, up to last year, its chairman. I can only assure you that I was not consulted about this decision of the Jury on the Nutting Award. I have expressed myself very forcibly in favor of awards to promising members of the up-and-coming generation in preference to those of us who are winding up our professional careers, also to groups who have shown marked initiative in educational experimentation and achievement. However, I have been assured that this is according to the vote of the League membership and I have accepted it with the understanding that I am here as a representative of many committees and other groups with which I have been closely associated for nearly forty years in the work of the League and of other organizations concerned with nursing education.

I want to say a word about the debt I owe to this organization and to
Miss Nutting who has been the greatest single influence in my professional life. As you all know, the Hospital Economics Course at Teachers College was initiated by the old Superintendent’s Society—predecessor of the National League of Nursing Education. It was an article by Miss Nutting in the American Journal of Nursing about the program at Teachers College which she came to direct in 1907 that lured me down to New York from my home in the Canadian prairies in the fall of 1908. In that class of thirteen were a number of nurses who have become well known in the nursing world, among them, Effie J. Taylor, Louise Powell, Harriet Bailey. We had a wonderful time and were considered a very large class and also a very lively one.

Having spent most of my savings that summer on a trip to Europe, I had just about enough left for one term of study. It was a scholarship, contributed by the Superintendent’s Society and divided between Louise Powell and myself, that made it possible for me to stay through the year and it was a $500 salary from the same source that gave me the opportunity to study the following year and to serve as part-time assistant to Miss Nutting.

After 1910, with Miss Jenkins’ endowment, the staff was enlarged and the new Department of Nursing and Health was created on a permanent basis. No further demands were made on the parent organizations but we who came earlier realized how much we owed to that notable body of women who created the first university program in nursing, who supplied most of the instruction in the earlier years and contributed the funds from their own meagre salaries to keep the project going.

We met many of these leaders of nursing, and they made a great impression on us. Besides Miss Nutting, an exceptionally dynamic teacher who was then in her prime, we had occasional lectures from Mrs. Robb, Miss Dock, Miss Wald, Miss Goodrich, and other prominent members of this organization. Miss Nutting impressed upon us all our duty to the League. I think all of us joined at the end of our first year and to our great astonishment were soon invited to serve on national committees and even to take the responsibility of chairman. In this way we often learned as much as we did in our college courses; indeed, the two types of activity were so closely combined that we could not separate one from the other. Warm and firm friendships developed out of these League activities—friendships that have lasted through life and that have made even the hardest work a pleasure.

When Miss Nutting retired in 1925 and I was induced most reluctantly to take her position, I am sure the whole profession must have been as anxious as I was about the outcome. When she left, however, the work was well established and growing rapidly. We have tried to continue building on the foundations she laid. We have worked as a group and whatever success we have achieved must be credited to this joint effort. I want to pay a special tribute here to my friend and colleague, Elizabeth Burgess, that stalwart New Englander whom we call the Rock of Gibraltar, whose sound judgment and wide experience have been so generously shared with her associates and
students for over a quarter of a century. You will all rejoice with us in the
good news that she is now out of danger after two serious operations and,
we hope, will be able to continue at least some of her old interests and ac-
tivities in the near future. Maude Muse, another member of our group who
has made an invaluable contribution to nursing education as teacher and
writer, has also been ill but is again at work on a new book. These two,
with Lillian Hudson and Mary Chayer who are still at the college and Mrs.
McManus and the members of the younger group now too numerous to
mention by name, have contributed generously to the work at Teachers Col-
lege, and all of them are active also in the work of the League. We have al-
ways felt that this is part payment for the debt we owe to this organization
but it is also an essential part of our own education.

My advice, especially to the younger nurses here, is to join the League,
to work actively in it, to accept responsibility for whatever you are asked to
do (unless it is quite outside of your field). You will get far more than you
will give and the more you give, the richer your reward will be.

ACCEPTANCE OF THE TERRITORY OF HAWAII
LEAGUE OF NURSING EDUCATION

Miss Sleeper formally welcomed the Territory of Hawaii League of
Nursing Education as a state league of the National League of Nursing
Education. Mrs. Mildred M. Pinner, president of the Hawaii league, re-
sponded with a few remarks, and, as a symbol of friendship, placed flower
leis from Hawaii about the necks of Miss Sleeper, Miss Mayo, Miss Smith,
and Dr. Allen.

GENERAL SESSION

Tuesday, September 9, 1947—9:00-10:15 a.m.

RESPONSIBILITY FOR GUIDANCE PROGRAMS IN
SCHOOLS OF NURSING

President: Phoebe M. Kandel, R.N., Head, Department of Nursing Educa-
tion, University of Georgia, Athens, Ga.

Speaker: H. Phoebe Gordon, M.S., Assistant Professor, University of
Minnesota School of Nursing, Minneapolis, Minn.

Discussants:

Doris Taylor, R.N., Counselor, Abbott Hospital School of Nursing,
Minneapolis, Minn.

Marjorie Bartholf, R.N., Dean, John Sealy College of Nursing,
University of Texas, Galveston, Tex.
WHO IS TO BE RESPONSIBLE FOR GUIDANCE PROGRAMS IN SCHOOLS OF NURSING

H. PHOEBE GORDON, M.S.

Definition of a Guidance Program. The first step toward finding an adequate answer to this question is to define what we mean by the phrase "guidance programs." Nurses are accustomed to exactness of definition in medical and nursing terminology. It must therefore be confusing and even annoying to find terms in personnel work meaning several different things to different people in the field. It is possible to think of guidance almost as a synonym for education, as in Brewer’s book called Education as Guidance.1
If our concept of education is that it is "the process of learning through experiences, . . . aimed at continuous growth toward one’s best self,"2 to quote Ruth Strang, and if "the concept of guidance (has) expanded to include individual development through many life activities,"3 then it is obvious that education and guidance are inseparable and aimed at a common good.

For convenience, however, we can think of education as the over-all process of furthering an individual’s development, in which two fairly distinct programs are carried on simultaneously. One of these is the instructional program; the other is the student personnel or guidance program. Applied to the school of nursing, the instructional program is designed to help the student nurse acquire the skills, knowledge, and attitudes which will make her proficient in meeting the demands of the profession. The guidance program deals with the auxiliary and supportive experiences which enable the student to profit by the instructional program. Its purpose is also to help the student learn to solve personal problems not directly connected with professional demands but important in her total development as a human being. It is this concept of the guidance program that we shall use in our present discussion.

Activities in Guidance Program. In addition to our basic concept of the term guidance program we need to indicate just which specific activities in the school of nursing are to be included under that general heading. The book published by the NLNE under the title Guidance Programs for Schools of Nursing gives a most helpful discussion of this matter. The following is a brief condensation of what the authors have to say on the subject.
"Counseling is the heart of the guidance program." This is defined as "what goes on between counselor and counselee in helping the counselor to identify and understand a problem the existence of which is recognized by the counselee; to focus and interpret all facts which have bearing on it; to find solutions and make decisions and plans."

3Ibid. p. 30.
The major supporting activities which are essential in counseling are, according to the authors, Individual Inventory and Informational Service. Individual Inventory "includes the activities needed to secure and appraise all facts available about the counselee" which are needed in helping her to a solution of her problems. This Individual Inventory is sometimes listed under the heading Personal Record Keeping and Case Study Method. The Informational Service is defined as "concerned with securing and making available to students information needed in the solution of various problems of personal adjustment." This latter service would by definition include the activity of orientation for students at various points in their educational program.

These three activities can be accepted then as basic parts of a guidance program. In addition, the book we are quoting lists three other essential student services which I would agree may be considered a part of the guidance program, provided they are associated with it because of "identity of purpose and point of view (primary concern with the individual welfare of the student)." These services are selection of students, student extracurricular activities, and student health service.\(^4\)

In addition to the activities already mentioned I would like to add one more. It is what we might call Faculty and Staff Consultation Service. In order to implement all of the other activities there must be a very specific plan in the program by which all those concerned in the educational program of the school have two services offered them. One is the inservice training program by which they may become acquainted with the most up-to-date guidance principles and procedures. The other is the opportunity for interchange of ideas and information (not confidential) about individual students so that the help given students by various personnel can be integrated in an effective manner. For want of a better term I have grouped these under the heading "Staff Consultation Service."

Summing up, then, the activities of the guidance program for which someone must be responsible we have the following: counseling, individual inventory, informational service, selection of students, extracurricular activities, health service, and staff consultation service.

With this description in mind as to what we include in a guidance program, let us now consider who is to be responsible for the program in a school of nursing. It is easy to say that everyone dealing with students is concerned with guidance—and it is a true statement to make—but it is also true that what is everyone's business is no one's. Certainly no organized guidance program is going to develop satisfactorily unless there are clear lines of responsibility indicated, so that each person on the staff may know exactly where her contribution fits into the total plan. That does not say that only one plan for assigning this responsibility can be effective. Each school will

need to consider its plan in relation to its resources, both in terms of personnel and finances and in relation to its type of school organization. The plan which I am suggesting to you would need to be markedly altered in a school connected with a university or college, where the guidance program of the school of nursing is an integral part of the college or university guidance program. It might not even be feasible in some hospital schools where there may be types of organization with which I am not familiar. From my perhaps limited knowledge of various schools of nursing, however, I believe that many of them already have, or could effectively have, the basic type of guidance structure which I am suggesting in this discussion. I hope that at the close of my discussion, the next two speakers and also some of you in the audience will comment on the extent to which such a plan would be workable in your own school of nursing.

Responsibility of Administrator of School. The original responsibility for the program rests with the administrative head of the school, presumably the director of the school of nursing. To quote again from the National League of Nursing Education booklet, Guidance Programs for Schools of Nursing, "Sooner or later the administrative head of the school must take the position that the guidance program is integral with the total educational program and requires adequate attention in her list of personal responsibilities." If we accept, as I believe we must, the concept of education as concerned with the total development and adjustment processes of the individual, then the director of the school can no more escape responsibility for the guidance activities of the educational program than for the instructional activities.

Responsibility of Faculty. However, just as a guidance program cannot develop effectively unless the administrative head accepts her share of responsibility for seeing that it functions, so no guidance program could function properly if the responsibility for it rested solely with the administrator. If, as we have just said, guidance is an integral part of the educational process, then everyone who teaches students is concerned with developing the guidance program. This does not mean that each member of the teaching staff is equally interested or capable of contributing to the program as an individual participant, but simply that each member needs to see to it that she does not unknowingly hinder the program and that she accept her place as a part of a group—that is the teaching staff or school faculty—which collectively must assume responsibility with the administrator for furthering that phase of education known as guidance.

At this point may I say that for purposes of brevity I will hereafter in this discussion use the term faculty to mean all those who are assisting the student to learn nursing, regardless of whether the person holds a title of instructor, supervisor, head nurse, or ward charge nurse. I realize that the leaders in school of nursing organizations are working very hard to clarify the distinction between teaching and service positions and rightly so. I have no desire to add to the confusion, but I want to stress the point that at the
present time the ward charge nurse, making, as she does, direct contact with the student in the learning situation, has as important a part to play in the responsibility for guidance program as does the instructor or professor of nursing. Since I do not know of a satisfactory single word to cover all these persons, stressing their concern with the learning experiences of the student nurse, I may perhaps be forgiven for gathering them together under the term faculty.

To resume the discussion of faculty responsibility for guidance programs, I believe the point cannot be stressed too much. True, the faculty may delegate much of the responsibility for organized guidance services to specialists, but the point should be kept in mind that the responsibility was theirs to delegate and that they are therefore vitally concerned in the way the delegated responsibilities are carried out. The faculty as a whole must recognize too that certain phases of guidance, such as faculty-student relationships and awareness of individual student needs, cannot be delegated completely but should be shared by every faculty and staff member in the school. A typical example of faculty acceptance of this responsibility can be found in the University of Minnesota Senate minutes for 1943-44 which read, in part, "In a real sense counseling has come to be a normal part of a teacher's responsibility."

**Building up Interest in the Program.** If this point of view is accepted—namely, that lines of responsibility for guidance should progress from the administrator to the faculty as a whole—then the first step in establishing a sound program often consists in building up interest and understanding among the faculty of the school. There are many ways that this can be accomplished. For instance, the director of the school may bring well-qualified speakers to the school to discuss guidance problems with the faculty; she may encourage her faculty members to take courses in counseling and personnel work and then give them every opportunity to put into practice the principles they are taught in the courses; and in selecting new faculty members she may give special attention to their qualifications for assisting in the development of a guidance program. As a rule, I believe that it is only after this type of activity has succeeded in arousing the interest of the faculty in sharing responsibility for the further development of the program, that the guidance specialist or counselor can be expected to function effectively.

We have been discussing a type of situation in which the director of the school of nursing at first finds herself more interested in the establishment of a sound guidance program than is her faculty. Before the topic of basic responsibility is concluded, another type of situation should be mentioned—namely, one in which some of the faculty members feel that they are more aware of guidance principles and more interested in guidance procedures than their director. The solution to this problem, unless the situation is really hopeless, is actually not unlike the one just discussed; that is, in-service education in reverse. Granted it must be done with finesse and tact, but so must most counseling and personnel work be carried on. The first step for the
individual who wishes to interest others in guidance is to practice it effectively in whatever sphere of opportunities present themselves. As Miss Strang puts it in *The Role of the Teacher in Personnel Work*, "In a school or college in which the faculty as a whole does not have the personnel point of view, someone with vision must take her initiative for developing the program. Sometimes this person is a . . . teacher or a small nucleus of teachers who may influence the entire school through their personal contacts, and their demonstrations of effectiveness of guidance methods." Another step is to show willingness to accept delegated responsibility for parts of the guidance program, but to indicate a need for administrative and faculty support and direction. Many directors of schools of nursing who seem indifferent to guidance programs simply have been too busy to undertake the promotion of the programs or have been too out of hand with recent developments to have the confidence to formulate their own plans. Helping to bring good speakers on guidance to her school may give the director new insight on the subject as well as the faculty. Evidence that guidance-minded faculty are ready to co-operate with her may give her courage to initiate the program.

*The Guidance Specialist.* To return to the lines of responsibility for guidance, once the principle is finally established that basic responsibility for guidance belongs to the administrative head of the school but is shared with her entire faculty and staff, the rest is easy. The counselor or co-ordinating committee is assigned a place in the program by joint action of school director and faculty. This counselor, or committee, is then charged with the responsibility for seeing that each of the separate guidance services functions as effectively as possible and that these services are carefully integrated in the total guidance program.

The question as to whether or not the guidance specialist, as a trained counselor, is essential in the program needs mention at this point. Most certainly it is possible for a director of a school of nursing to make some progress in the field of guidance without the trained specialist, if it is necessary to work in that way. Evidence of this fact lies in the many examples of good guidance programs being carried in schools of nursing today where there is no specially trained counselor on the staff. However, it is also true that a well-chosen specialist in any field is a valuable and desirable aid to the less skilled personnel working in that field. It stands to reason that a specially prepared and experienced counselor whose chief concern is the guidance of students in the school can discharge her assigned responsibilities more effectively than an untrained person. She can also relieve other faculty members of some of the details of the organized program which they lack time for. Such a trained person can accept responsibility for organizing and guiding the work of the special guidance committees; she can carry the major responsibility for the in-service education program; and she can supply specially skilled individual counseling to any of the students who particularly need her services. At the same time the availability and achievement of the coun-
counselor need not decrease the faculty's sense of responsibility for the program but should actually increase it. By constant progress reports to the faculty and by membership on faculty guidance committees, the counselor increases the faculty interest and skill in participation in guidance activities.

Whether this specialist should be a full-time or part-time worker, whether she should or should not carry other responsibilities on the staff, and whether she should or should not be a nurse are problems that do not belong in this discussion. I am convinced, however, that a trained guidance specialist, whose relationships to the faculty, administrator, and students are those indicated in the preceding discussion, is an asset to the guidance program of a school of nursing.

The Co-ordinating Committee. If the school does not yet have such a person on its staff—and many schools do not have even a part-time counselor—then the best substitute is the guidance (or co-ordinating) committee. This committee should have on it some of the faculty members who have shown keenest interest in guidance and whose formal education or experience has prepared them to assist in developing and co-ordinating the program. Also, its membership should, if possible, include representation from various types of faculty and staff positions so that each staff group may be kept informed as to the development and aims of the guidance program of the school. Since there are usually only a limited number of faculty at present who are qualified by interest and training to promote guidance programs, the individuals who make up this committee may also be the ones who head up the special committees on counseling, admissions, etc. In fact, it would seem to me a good policy to have the chairmen of these latter committees serve automatically as the co-ordinating committee.

In situations of this kind in which a faculty committee substitutes for a trained guidance co-ordinator, the committee must expect to assume very definite responsibility for promoting the activities of the programs. It is not merely an advisory committee. Guidance programs do not function automatically even after they have been put into operation. It is only by the constant attention and activity of the responsible group or individual that guidance plans will be put into action as planned, or modified to meet changing needs. This brings up a point to be considered in relation to the work load of the members of this co-ordinating committee. One of the greatest handicaps in developing guidance programs without the aid of a full-time or part-time counselor, quite aside from the lack of expert advice and direction, is the lack of time on the part of those trying to carry the program. It is essential to recognize the inescapable fact that guidance takes time. Therefore time of personnel must be allotted to it just as time is allotted to the teaching of classes or to bedside supervision. I hope, therefore, that those schools of nursing in which guidance programs are being carried without guidance specialists on the faculties are now, or soon will be,
making allowances for guidance functions in the work load of those members of the faculty carrying the greatest responsibility for guidance programs.

_Special Guidance Services._ We have already mentioned the final step is the lines of responsibility for guidance programs in schools of nursing, namely, the committees or individuals who are given responsibility for such special guidance services as counseling, records, orientation (information service), admissions, extra-curricular activities, health service, and consultation (in-service education). These committees function under the joint direction of the faculty as a whole and the guidance counselor or co-ordinating committee. The members are faculty and staff members chosen by their own faculty group. They report progress and problems directly to the faculty and consult with the faculty concerning parts of the program in which the entire faculty group participates. At the same time the committees work with the guidance counselor or co-ordinating committee and have the benefit of their advice and experience. It is desirable to have the membership of these committees change from year to year since, in guidance as in nursing, we learn by doing. The more faculty members who share in carrying out guidance procedures the better the program will function.

Now that we have outlined what seems to be a feasible plan for the direct lines of responsibility in the organized guidance programs, we need to be aware of certain other relationships in the guidance structure. As has frequently been stressed, guidance concerns itself with every personal contact between faculty and student, with the needs of the individual, and with the opportunities in the personal contacts to help the individual toward better adjustment. Therefore every member of the faculty has an opportunity to share personally in the total guidance program. This might be in counseling situations as faculty advisers, in the extra-curricular activities through joint faculty-student recreations, or in student conferences connected with the professional educational program.

_Advisory Services._ Equally important is the advisory service which can be given by specialists in the community. Examples of such sources of help are the university and college departments of personnel psychology, the specialists on the NLNE staff and the ANA Professional Counseling and Placement Service, and lecturers and writers in the field of guidance.

Another even more important source of advisory service is to be found in the students themselves. After all, the students are the consumers of our product (guidance), and, if we do not meet their needs in their own evaluations of our program, it is of little value. Therefore, let us assign a real responsibility to the students for supplying us with advice and suggestions on the functioning of the guidance programs.

I am not speaking here about the joint student-faculty undertakings in which neither students nor faculty "advise" but both participate on an equal basis. Rather, I mean that in our plans for guidance, which is, after all, the
school's responsibility, we will function more effectively, if we should learn to listen to and ask advice from students.

The administrator, the guidance counselor, the special committees—all should have frequent friendly contacts with representative students who can voice the needs of the students in their adjustment problems and help to evaluate the extent to which the planned programs are meeting the needs.

Thus, the school guidance program becomes a closely interwoven activity in which lines of responsibility are sufficiently clear to assure efficient functioning but in which every member of faculty, staff, and student body has a share.

Miss Taylor: Miss Gordon's answer to the question: "Who is responsible for guidance programs in schools of nursing?" covers a variety of situations. Our situation at Abbott Hospital involves a student body of approximately one hundred students with the following specialized faculty positions in addition to a director and assistant director: a science instructor, a general nursing instructor, a medical-surgical clinical instructor, a health director, teaching supervisors in pediatrics, obstetrics, and operating room technique, and a counselor who is also social director and instructor in sociology and psychology. Our school is located in Minneapolis in a private hospital which provides its students with affiliations in communicable disease and psychiatry to supplement experience available in the home hospital.

The counselor works with the student council in an advisory capacity through standing and special committees. She thus shares in all aspects of student government activities including the social activities. Our guidance committee includes the director, a faculty adviser chosen by the student council, and the counselor.

The counselor's program is varied. She teaches classes in sociology and psychology for preclinical groups. When the entering class arrives she works with Big Sisters and the staff on a specially planned orientation program. Part of this program is social—parties, teas, picnics, and visits to art centers, radio stations and general points of interest. Included in the orientation of the new students is a review of the essentials of parliamentary procedure and also a "how to study" class in which essential class habits and practices, such as notes on lectures and reading, outlining, and the use of books, are stressed. The new class also studies and discusses social customs and basic rules of etiquette. The students plan and serve as hostesses for a practice tea and later for a tea to which outside guests are invited.

The specific orientation program runs through three weeks with the first week free from scheduled classes except for introductory meetings with instructors and "how to study" sessions. Health service and physical examinations are taken care of during the first days under the supervision of the health director. Social events—an informal Big and Little Sister welcome, a picnic and a tea—supply social diversion. The Big Sisters continue their activities throughout the preclinical period. They introduce the new students at the YWCA recreational program which we share with all the city hospital
schools of nursing, and they help their Little Sisters with problems of getting acclimated, shopping, church attendance, and participation in student activities.

The counselor arranges a conference with each member of the preclinical class during the first two or three weeks. These conferences form the basis for understanding the student's goals, needs, handicaps and special interests in extra-professional areas. They serve, too, to acquaint the student with the objectives and practical uses of the counseling program. At the close of the preclinical period, a second conference takes place and a third and a fourth in junior and senior years. These conferences are recorded on a special form which is placed in the student's regular folder. Other conferences occur from time to time at the student's request. Such conferences are recorded in a card file which is part of the student's guidance record in the counselor's office. A few conferences may be unrecorded if they are extremely confidential or of such a nature that they seem to have no special significance in the student's development.

An individual inventory is very useful as a guidance tool. We have for three years given the NLNE pre-tests—not for selection but as an orientation and counseling device during the student's first week. Weaknesses and strengths show up in the student's "report card" from the League and the League cumulative record is a very practical part of the inventory which is kept in the counselor's file. The students' reports on their participation in extra-curricular activities form a part of the inventory. A general summary at the time of graduation serves to present a measure of individual development in the nonprofessional field.

The director and the instructors co-operate to supply essential information about special services and affiliations. Each student has a counseling conference with the director when she is selecting senior cadet services in or away from the home school and at the conclusion of her course.

In our school we accept all of the activities which Miss Gordon and the NLNE committee's booklet on guidance discuss as vital to a guidance program, including selection of students in which the counselor shares, student extra-curricular activities, and the student health service.

Provision is made for faculty and staff consultation service. The counselor and supervisory staff members confer about groups and individuals as the students move from station to station or when special problems of adjustment arise. These conferences have been very helpful and have been an important contribution to student-staff relations. During the school term, staff meetings are used to present studies in student problems, guidance procedures, and student-staff relationships. Usually two or three such meetings are planned during the school term. They constitute a condensed in-service program. Such a program should be expanded to use available outside facilities.

Our program follows the general picture of lines of responsibility in guidance which Miss Gordon has presented. The League study of guidance
programs and Miss Gordon's own contributions have been of great practical value as we have planned and developed our counseling and guidance service.

MISS BARTHOLF: I shall take the points brought out by Miss Gordon, one by one, and translate them in terms of the program which we have at the College of Nursing at the University of Texas.

The individual inventory or case study method is used up to a point. That is, each student's file contains all the information about her, the results of the pre-nursing battery of tests, the initial interview, her academic record, application forms, and so on, and any other information gleaned about her during her three years with us is accumulated there. To be sure, most of it consists of progress reports from the wards and classroom reports. We have not as yet developed many extra-curricular reports or other personal reports in an organized fashion.

The orientation program, we feel, is one of the most important parts of personnel or guidance work. On admission to the school, the class goes through a well-organized schedule which includes everything from parties by the student council to physical examination, tours of the campus, and instruction on how to use the library. The whole course of Nursing Arts I is in reality an orientation to nursing; a program has been developed for each clinical division and each ward within each division. Professional Adjustments II is in reality another orientation course concerned with the problems of choice of field of nursing and with problems facing the nursing profession.

Miss Gordon puts three more points into her consideration of a good guidance program which seem to me to be of equal importance with those discussed above. The selection of students surely is the first step in the guidance program, and one which does not need to be stressed before this audience. The tremendous mortality of students which the U. S. Cadet Nurse Corps reports is indication enough that as a profession we need more careful selection of our students.

The health service is also well accepted as part of a good counseling service. We all recognize this on our campus but still we do not make the most of it. Here I might digress just a minute and explain our campus. The medical branch of the University of Texas is located in Galveston, while the main branch is in Austin. There are some 700 students enrolled in the medical branch. These are students in the school of nursing and the school of medicine, which also includes students in the curricula of medical technology and physical therapy and X-ray technicians in addition to the medical students, interns, and residents. The nursing school includes basic nursing students, nursing education students, affiliates and senior cadets. All of these students use the same health service, and, in general, all students are treated under the same policies. One part-time physician is responsible. He has an assistant and can and does call in consultation any member of the medical school faculty he or the student desires. The only place where the nurse
student is any different or has the advantage over the others is that she has a member of the nursing faculty on call in the residence hall at night in case of emergency illness. We are unusually fortunate in having on our consultant staff a psychologist and a whole staff of psychiatrists who have been accepted by students and faculties alike as easily as surgical or cardiac consultants.

While we would like to have these health records available in the student total record, it is not feasible and they are kept in the student health service. However, the director of the health service or the nurse in the dispensary is in constant touch with the central office. This plan works because we all want it to, but we need to develop a still closer co-ordination here.

The third point is that of extra-curricular activities. Those we have headed by the council of the student organization. All organized student activity clears this organization which usually appoints a committee to be responsible.

The council is composed of its officers, elected from the student body as a whole, and the president and one other representative from each class. Today the standing committees are—House, Social, Discipline, Uniform, Sports, Choral Club, Photography, and "Nurses Notes," the monthly paper. Each of these committees has a faculty counselor as has each class. The counselors of the student council are the dean of the school and the director of students in the residence who is not a nurse but has been a counselor in girls' clubs and on a high school campus.

I believe our faculty will agree that the best part of our counseling program is this group work through the student council. The house committee makes recommendations for rules of conduct within the residence to the student council. If the council approves they are sent on as recommendations to the faculty. If they are not accepted a written reason is given at the time of a conference between the president and the dean. I might say that they have almost always been approved. This same procedure is followed in all cases including disciplinary matters which come up in the dormitory or at least outside of the classroom and the wards.

The whole counseling program has been rather loosely organized except for the student council activities. The various committees and class counselors meet from time to time at irregular intervals. Individual guidance, however, has not been well organized. It has been done by whoever was best suited and informed at the time of difficulty. Most of it has fallen in the dean's office or the office of the residence director.

This month we have added a new member to our faculty whose chief function is to organize and direct a counseling program. It is too soon to outline our new program, but we do expect to use the existing activities and facilities. The organization should be much more clearly defined for individual guidance and we hope for an integration of the individual guidance program with the health service, the student council, and the classroom and ward problems.
GENERAL SESSION

Tuesday, September 9, 1947—10:30 a.m.-12:00 m.

THE NURSING SCHOOL BUDGET

Presiding: Lucile Petry, R.N., Chief, Division of Nursing, U. S. Public Health Service, Washington, D. C.

Speaker:

Louise O. Waagen, R.N., Nurse Consultant, Division of Hospital Facilities, U. S. Public Health Service, Washington, D. C.

Discussants:

Irene Murchison, R.N., Associate Professor of Nursing, University of Colorado, Boulder, Colo.

Virginia Olcott, R.N., Associate Professor, University of Washington School of Nursing, Seattle, Wash.

Sister Mary Conception, R.N., Education Director, Presentation School of Nursing, Aberdeen, S. D.

Basic Principles Involved in Setting Up a Nursing School Budget

Louise O. Waagen, R.N.

Schools of nursing today are finding themselves in a position of growing independence. This independence brings with it new privileges and new opportunities, and, as a necessary consequence, it also brings new and pressing responsibilities. Among these is the responsibility for efficient and businesslike administration based on an understanding of costs and intelligent budgetary planning.

This is a responsibility which is being increasingly assumed by institutions of all types in the broad fields of health, welfare, and education. To many, unfortunately, it is a new and somewhat unwelcome one. It is only fair to point out that this is not due to any desire to shirk a burdensome duty, but rather to the tradition of thinking in terms of service rather than cost. This is a praiseworthy attitude. Nevertheless, the day is fast passing when institutions could be run on an intuitive basis with their deficits made up by private philanthropy. Service must still come first, but, with funds restricted and demands increased, careful financial management is essential in order to provide a maximum of service with the resources at hand.

Relatively few of the many nursing schools now in existence in the United States are at present operating on separate and complete budgets. For this reason, this discussion will be confined to the basic principles involved in
setting up such a budget, with no attempt to take up the finer details of budgetary procedure in its many ramifications.

Before we attempt to describe the actual preparation of a budget, let us stop to consider what a budget is, what purposes it will serve, and the advantages to be gained from its use.

To begin with, a budget may be defined as an intelligently prepared estimate of proposed expenditures for a given period and the means proposed for financing them. It is an expression, in accounting terms, of the plans and future policies of the management of the institution.

Its basic purpose—and too often the only purpose for which it is used—is to assure the orderly handling of financial matters which is prerequisite to the sound operation of any activity, whether it be thought of as a business or not. This is obviously important. There are, however, other purposes which a budget can serve, and which it must be made to serve if it is to yield its full value to the institution.

First of all, a soundly conceived budget provides a definite statement of policies and plans in advance of their fulfillment. With these as a basis, it is possible to establish definite objectives with regard to operating performance, with reasonable assurance that the financial means of realizing them will be available.

Second, the analysis of operations required in setting up a detailed budget helps greatly to clarify the assignment of responsibility and authority. This in turn facilitates the tasks of supervision and administration.

Third, this same definition of functions is a valuable educational device for the staffs of the hospital and the nursing school alike. It promotes a fuller understanding of the functions of each person and of each department, and thereby promotes co-operation between individuals, among departments, and between the hospital and the school.

Fourth—and this is especially important nowadays—the cost analysis required to set up a thoroughly realistic budget is an invaluable tool in working out plans for expansion or adjustment of the nursing education program. In these days of high costs, both schools and hospitals are understandably reluctant to embark on new or altered programs without being able to predict the financial effect of the changes. And even in the absence of any far-reaching changes, a detailed knowledge of costs may make it possible to achieve substantial savings through more efficient management, releasing funds which can be used to good advantage in other ways.

The ideal budget, which reflects the cash value of services rendered and received as well as actual cash transactions, cannot, of course, be achieved unless both the hospital and the school maintain an adequate system of cost accounting. If this is not done, the budget will be correspondingly limited in its usefulness. It will still be of definite value, however, and should be developed as fully as the available information will permit. Indeed, a period of experience with a simple cash budget may well lead the institution
to appreciate the desirability of a thorough and systematic cost analysis. There are two publications you will find helpful for details and methods: *Administrative Cost Analysis for Nursing Schools and Nursing Service*, by Blanche Pfefferkorn and Charles Rovetta, published by the American Hospital Association and the National League of Nursing Education, and *Cost Analysis for Schools of Nursing*, published by the U. S. Public Health Service.

Parenthetically, I should like to point out that such a cost analysis can help to put the average school of nursing in a much stronger position in relation to the hospital with which it is associated. A recent study of a group of schools showed that, on the average, income from all sources exceeded costs. This was on the basis of a cost analysis which included the value of student services as income. This item was, in fact, the major source of income, amounting on the average to nearly 83 per cent of the total. Its value can, of course, only be determined through cost accounting. If it had not been available, as it is not in so many institutions today, these same schools might have appeared to be imposing a heavy financial burden on their hospitals. With such a picture, a hospital might well be reluctant to allow even urgent expenditures which would increase the apparent deficit. The reverse is true, to be sure, of maintenance costs, which are seldom known with any accuracy; but, as these came to only about two thirds of the total costs, while student services represented a greater share of the income, the net result of the analysis definitely favors the school. In any case, a more precise knowledge of the facts gives a sounder basis to the relationship.

In this discussion, we shall assume that the necessary cost data are available. In practice, at least for the present, many items will be missing. These must be left out of the current budget. An effort should be made, however, to adjust the accounting system so that they will be available in the future. *It should be remembered that the budget will not give a true picture of the school's financial status unless all items are identified.*

For practical purposes, budgets for schools of nursing may be dealt with in three different categories—those for single hospital schools, those for central schools, and those for college and university schools. However, since the basic principles apply in general to all three, let us take the hospital school as our principal illustration.

There are six major features of budget procedure which should be reviewed at this point as basic to our discussion.

1. The budget should be prepared under the direction and supervision of the executive head.
2. It should be prepared by the director of the department to which it pertains.
3. It should conform to the fiscal year of the institution, a period of time for which reasonably accurate estimates can be made.
4. It should be based upon known income and needs.
5. It should follow the classification of items used in the existing accounting system.

6. Separate budgets should be prepared for the nursing school and for nursing service.

The preparation of a budget is all too often left to a single individual. Although the general direction of the executive head is necessary to insure co-ordination of the total budget of the institution, a departmental budget, such as that of the nursing school, should be prepared under the direct supervision of the department head. A wise director of nursing will, in turn, seek the assistance and advice of her department heads. Division supervisors may participate by preparing proposed budgets of their own divisions and by serving with other faculty members as members of budget committees to co-ordinate plans. Executive responsibility, of course, must still rest with the director and the executive committee of the school.

Expert advice may be needed in allocating certain expenditures or in defining principles of budgetary procedure. Such advice may well be obtained from the fiscal officer of the institution; a university school may also secure advice from the school of business.

Some institutions have developed manuals for the preparation of their budgets. Such manuals promote uniformity of method, and are helpful to all concerned. Unfortunately, the requirements of different schools vary so greatly that one institution could rarely make use of a manual developed by another.

Although the final budget is ordinarily prepared once a year, the process of gathering information and making plans is a continuous one. A budget developed in a last-minute rush, without previous planning, will be a poor one. Policies should constantly be re-examined in operation, tentative plans should be worked out, and constant thought should be given to efficiency and to the improvement of accounting and estimating methods.

Since the extent of the expenditures is determined by the funds available, it is well to begin by estimating the anticipated income. There are four major sources of income for nursing schools:

1. Fees. These usually cover such items as laboratory costs, psychometric tests, health services, affiliation, textbooks, uniforms, registration, activities.

2. Tuition. This is generally differentiated from fees in that it is a lump sum reflecting the various costs of education not covered by specific fees.

The total income from these two sources can be estimated by multiplying the expected number of students in each class by the fees and tuition which will be charged to its members.

3. Miscellaneous. This category includes gifts, endowments, and miscellaneous earnings. Gifts and endowments are tending to disappear as sources of income, but may nevertheless amount to a substantial sum in certain
schools. Incidental earnings are the relatively small amounts derived from concessions such as soft drink machines and the like.

4. The greatest single source of income is the value of the student's service—a by-product, but an important one, of her educational program. The value of this service varies from school to school, and must be determined separately in each instance. It is affected by many factors such as the hours of clinical practice, personnel and employment policies, size and type of hospital and school, salaries of paid personnel, and the policies of the medical and nursing staffs. Of primary importance in determining the value of the student service is the development and maintenance of complete and accurate records of student activities and rotation experiences, including concise reports of hours of patient-care given by students.

After all information on income has been assembled, the next step is to make an estimate of expenditures. First, the specific needs for the period should be determined through a careful examination of the program and the objectives of the school. These needs are then translated as accurately as possible into estimates of expenditures for specific purposes. Once the needs have been determined, the estimates are not difficult to make, since the classification of items should follow that used in the accounting system. It is only necessary to look up current unit costs or cost per student and apply them to the number of items needed.

These estimates should be worked out in detail on preliminary work sheets. All items should be assigned to one of two categories, those related to education and those related to maintenance. For practical purposes, it is suggested that all items be classified as educational except five: housing, food, laundry, health, and hospitalization.

Each of the two major categories will contain many items which are determined by the size, type, and objectives of the individual school. Examples are the costs of school administration, instruction, library, recreation, health, textbooks, uniforms, public relations, and special events such as graduation and capping. Most of these are further subdivided into salary (full- or part-time), equipment, supplies, and other expenses. Special subdivisions may be necessary for affiliation, periodicals, and hospitalization; for example, each school must work out the breakdown which will best fit its own situation.

Since costs will vary considerably from one part of the year to another, the work sheet should also provide for apportionment of expenses on a time basis. The time breakdown to be used will in most cases be determined by the customary division of the school year into semesters, quarters, or months.

Any budget should allow for such adjustments as may prove necessary. One major cause of adjustments can be largely eliminated if seasonal variations and admission dates are taken into account when the work sheets are compiled. Others, however, may not be predictable. A change in enrollment will affect both income and expenditures. Changes of salaries and employ-
ment policies may be significant factors. These and other variables will necessitate a certain degree of elasticity in budgetary planning.

When the work sheets have been completed, and every item has been carefully evaluated, similar items should be condensed so as to present the simplest possible statement which will conform to the accounting system of the institution. Here the assistance of the fiscal officer will be valuable, particularly if this is a first experience in budget preparation.

When the final budget is presented for executive approval, it must be accompanied by a justification of all items on the basis of need. This justification may be given verbally or in writing, but it should be a concise presentation of a carefully developed statement of need, sufficient to form the basis for intelligent administrative decisions. This is particularly important when the executive head, rather than the director of the school, will present the budget to the board, since he must be able to give it the proper interpretation.

The executive head of the institution may approve the budget as presented, reject it, or request changes. Frequently, adjustments are necessary in order to co-ordinate the total budget of the institution. A re-examination of the proposed items will again call for democratic participation by the division supervisors.

Finally, the effective value of the budget will depend in large measure on the exercise of proper budgetary control during the year. The accounting department or fiscal officer should be requested to provide monthly reports showing the amounts expended to date, the balance remaining, and the relation of these figures to the approved budget. These reports may reveal unexpended funds which may be used to cover unforeseen needs, or they may give timely warning that certain costs have increased and that adjustments will be necessary.

The general principles applying to budgets for hospital schools also apply to those for central schools and university schools. The differences are largely due to the differences in administrative structure.

In a central school of nursing, the budget is prepared by the central or administrative unit with the advice and participation of the administrative and supervisory groups in the constituent units. The resulting budget is submitted to the administrative department and to the governing board for final approval.

University schools of nursing submit their budgets through the director to the college of which the school is a part, unless the school is an independent division of the university. From there it is referred to the comptroller, the president, and the board of regents or trustees.

To summarize, a budget is simply a definite plan of operation which has been agreed upon and approved in advance for a given period, usually one fiscal year. It is a prerequisite to sound business management.

Budgets should be prepared by the director of the school with the cooperation and participation of the proper nursing supervisors.
Income should be estimated first; expenditures second. Plans should be based on a careful determination of needs, and evaluated in the light of intelligent cost consciousness. After completion of the preliminary work sheets, the budget is condensed and stated in terms of the accounting system of the institution. Provision for adjustment is essential. The justification should be convincing, and should be complete enough to permit intelligent action by the executive head and the board. Separate budgets should be prepared for the nursing school and the nursing service.

The director who understands and uses an efficient and reliable budget has a language with which to interpret needs, and a tool to assist in strengthening her staff and in realizing the objectives of her school.

Miss Petry introduced the members of the panel who were to discuss questions related to budgeting in schools of nursing. Three types of nursing schools were represented among the panel members. Miss Murchison, speaking for Sister Cyril, represented Seton School of Nursing, a central school with independent finance. Miss Olcott represented the University of Washington School of Nursing, an example of a school in a university using a great variety of clinical facilities. Sister Mary Conception represented the Presentation School of Nursing recently founded in South Dakota with one of its units in Montana.

Miss Murchison: The Seton School of Nursing is a central school with practice fields in three general hospitals aside from affiliations in specialties. There is an approximate distance of 250 miles between the institutions. In 1932, three hospital schools of nursing were closed and one autonomous school was opened under the name of the Seton School of Nursing. It has operated with financial independence since its organization. The hospitals have paid the school for student services. In addition, due to a gift from a benefactor, this school now has a substantial endowment.

Miss Olcott: The principles involved in setting up a budget for a university school do not vary from those just presented by Miss Waagen, but rather are intensified and perhaps applied to more situations and agencies. Here the budget should be the monetary expression of faculty planning for the progress of the student and the school. The collegiate school should offer its student a professional education on a college level and be prepared to finance it.

There are five basic principles which I would emphasize as essential to budgetary planning in a university school.

1. That the university assume the responsibility for the education of the nurse, the same as for any other registered student.
2. That the hospital pay a stated amount per hour for the nursing service rendered its patients by the student nurse.
3. That a system of cost accounting be set up which meets the approval of all agencies involved.
4. That the student be a regularly registered student at the University throughout the entire program.
5. That the proposed budget be based upon careful planning which is the result of
   a. Policies in writing.
   b. Written programs as curriculum, health, social, housing, etc.
   c. A system of block rotation which will show for a year’s period the classes to be offered and the needed faculty and teaching facilities, the numbers of students on each clinical service, and the cash value of the student in terms of nursing service.

Estimates for costs which involve the University of Washington are prepared biennially in the spring to become effective the following April. This budget request, however, is revised annually to meet current needs. Careful group planning is needed to foresee possibilities of improvements and new developments in the program and to provide for increases in rank and salary for the faculty. This is accomplished in this school of nursing by a system of faculty committees. The university carries the main overhead cost of teaching and administration as shown in the budget for April 1947 to April 1948. The request for salaries was $81,173 and for maintenance $4,381. These figures do not include telephone, postage or telegraph, which come from general university funds, and cover only the needs of the school of nursing. The executive committee of the faculty approves the final budget which is then presented to the university comptroller, who incorporates it into the total university budget. He, in turn, offers it for acceptance to the board of regents through the president of the university.

Preparation of the budget for the clinical divisions coincides with the fiscal year of the hospitals which begin in January. The director of each division, with the aid of her faculty, estimates the income and expenditure for the coming year.

The form used includes the three agencies involved, the hospital, the university and the student nurse. The nursing education fund receives the monies paid the school of nursing by the hospital for student nursing service rendered its patients. Out of this fund is paid the major educational costs within the division, as the students’ university instruction fee, recreational and social supplies, teaching equipment, reference books and student transportation. This fund also supplies the student loan and postgraduate study accounts.

The hospital pays into the nursing education fund an agreed amount per student on duty per month. By cost accounting, the value to the hospital of the student nurse, over and above the cost of her maintenance and salary paid, is computed. The records have always shown that the hospital has had
some margin of profit from student service. The school therefore operates at no cost to the patient or hospital.

Monthly accounting is done; quarterly and annual reports are made to the school committee. The representatives keep their respective agencies informed.

Over a period of sixteen years, we have found that a system of cost accounting and careful budget planning has given us the answer to "Who Pays for Nursing Education," at the University of Washington School of Nursing. The student, through her services rendered the patient, and the university pay for nursing education.

Sister Mary Conception concurred in the comments of the other speakers and described the establishment of the school of which she is now director of education. She emphasized the importance of accounting procedures both during the formative stages and as a continuous process.

Miss Petry stated that in higher education, as a national average, student payments for tuition constitute 17 per cent of the annual income of tax-supported institutions. Tuition payments by students constitute on the average 48 per cent of the annual income to institutions privately supported. In a study of 50 schools of nursing, it was found that students, through payments of cash and through the value of their services, contribute an average of 97 per cent of the total income of these schools. In some institutions this was more than 100 per cent of the cost. The possible deleterious effect on the quality of education of the absence of community support, both public and private, was also mentioned. The session was closed with a summary of principles of budgeting and of the desirability of studying costs and deciding how they should be met.

ROUND TABLE

Tuesday, September 9, 1947—2:00-3:30 p.m.

THE STRUCTURE OF NATIONAL NURSING ORGANIZATIONS

Presiding: Margaret A. Tracy, R.N., Dean, University of California School of Nursing, San Francisco, Calif.

Participants:

Anna D. Wolf, R.N., Director, School of Nursing and Nursing Service, The Johns Hopkins Hospital, Baltimore, Md.

Nellie X. Hawkinson, R.N., Professor of Nursing Education, University of Chicago, Chicago, Ill.

Speakers from the floor as indicated.
Miss Tracy spoke briefly of the attempt on the part of the six national nursing organizations to unite in the study of their structures in order to determine what revisions are needed to meet the problems of nursing service and nursing education which we face today. Among the specific actions taken by the organizations has been the engaging of a firm of experts, the Raymond Rich Associates, to suggest plans of reorganization, and the setting up of a joint study committee. Unfortunately, this Joint Committee on the Structure of National Nursing Organizations has not been able to function as was intended because the American Nurses’ Association has not permitted free action to its representatives on the committee. The series of analyses circulated in connection with the structure study has led to a certain amount of confusion which could, Miss Tracy hoped, be dispelled to a certain extent by open discussion at the present meeting.

Miss Tracy stated that League members would probably want to evaluate any proposals for reorganization from two points of view: (1) how the proposed change in structure will affect us as League members, and (2) how it will affect nursing. This latter question, in Miss Tracy’s opinion, is by far the more important one.

As a background to the discussion, Miss Tracy suggested a brief review of the purposes and functions of each of the six national nursing organizations and a more complete investigation of the objectives and activities of the League. At her request, Anna D. Wolf briefly described the six organizations—how they came to be established and what their primary functions are.

The Six National Nursing Organizations—Their Origin and Functions

The National League of Nursing Education, Miss Wolf stated, was the first national nursing organization in our country and has as its primary interest the advancement of nursing education.

The American Nurses’ Association was established by the interest of the women who were instrumental in founding the League. Its main objective is to promote higher standards of nursing service and, more recently, to further the economic welfare of its members.

The National Organization for Public Health Nursing came into existence with the development of the concept of public health nursing and accepted as members both nurses and laymen interested in advancing this type of service.

The National Association of Colored Graduate Nurses, with functions essentially analogous to those of the ANA, was established in order to provide an organization for Negro nurses who, in some sections of the country, are not eligible for membership in the ANA.

The Association of Collegiate Schools of Nursing, founded in the late 1930’s, is primarily interested in the higher education of the professional nurse, on both basic and the graduate level.

The American Association of Industrial Nurses was formed only a few
years ago, because, despite the interest of the ANA and the NOPHN in this branch of nursing service, the industrial nurses thought they needed a separate organization.

Following Miss Wolf's presentation, Miss Tracy spoke of the obvious disadvantages which accrue from the existence of several organizations in the profession of nursing: (1) the inevitable duplication of services and activities; (2) the delays and inefficiency which result when so many groups have to be consulted in matters in which they are all interested; and (3) the development of the various services and activities at rates which are not always proportionate to their relative importance. On the other hand, she pointed out that if any attempt at union is adopted the advantages of the present system must be maintained; the special interests of each group must be preserved and the special objectives furthered. In order that the discussion of proposals for unification might be carried on in the light of the League's present functions and responsibilities, Miss Tracy asked Nellie X. Hawkinson to discuss the purposes of the League and the way in which they have been carried out.

The National League of Nursing Education—
Its Purpose and Methods of Approach

The primary purpose of the National League of Nursing Education, according to Miss Hawkinson, is to provide for the progressive development of nursing education with a view to improving nursing service to the public. More specifically, its objectives are:

1. To exert leadership in nursing education—to point the way to both schools and individuals. This applies to all types of nursing education—basic or on the graduate level, in hospital schools or in collegiate schools.
2. To provide an opportunity for those in educational work to exchange information concerning their common problems.
3. To initiate, plan, and carry forward scientific research in educational methods and techniques.
4. To provide for co-ordinated efforts in nursing education.
5. To stimulate co-operative relationships with other agencies.

Miss Hawkinson cited examples of the League's achievements in these various categories, referring to the establishment of the Division of Nursing Education at Teachers College, Columbia University which stimulated the development of similar departments in universities all over the country, to the activities of the Committee on University Relationships which guided the development of collegiate programs, to the scientific studies carried out by the Department of Studies, and to projects, such as the preparation of the Manual of the Essentials of Good Nursing Service, in which the League has co-operated with other organizations.
To these objectives, Miss Hawkinson said, the League has applied a co-operative approach which has been facilitated in several ways. In the first place, the membership of the League is a homogeneous one. All members are engaged in or are vitally concerned with some type of educational work and therefore meet on common ground. Secondly, the organization of state and local leagues has given members the opportunity to deal with problems on a sectional level. Again, the approach to problems through committees has permitted subdivision of study and association along specialist lines. Finally, through annual meetings the members are given an opportunity to interchange ideas and discuss problems together.


The Eight Common Elements of the Rich Report

Membership: The Rich Report recommends that the new national nursing organization should be open to all professional nurses and should likewise have a membership classification which would permit non-nurse participation. It recommends against the inclusion of practical nurses at this time.

Madeleine McConnell (St. Luke's Hospital, Chicago) spoke in favor of admitting socially conscious lay members to help formulate and carry forward educational plans, pointing out that the fears which many had felt when League membership was opened to non-nurses had not been justified.

Mary Tennant (Rockefeller Foundation, New York) likewise stressed the contribution which consumers of nursing service have to give the professional group.

Lucy Germain (Harper Hospital, Detroit) questioned the advisability of excluding practical nurses, stressing the importance of this group in nursing service and pointing out that the needs of the nation must be considered from the quantitative as well as the qualitative point of view.

Ella May Thompson (president of the National Association for Practical Nurse Education, New York) agreed with Miss Germain that it would be difficult to discuss the structure of an all-embracing organization for nursing and exclude the practical nurse.

Virginia A. Jones (Hawaii) stated that Hawaii has a mandatory law for practical nurse licensure. She stated that an important responsibility of the professional nurse is to help the practical nurse get started and that probably the best method of assisting her to prepare for her role in the total nursing situation is to organize in close relationship with her.
Specialist sections: The Rich Report recommended the inclusion within the new national nursing organization of a series of sections representing each of the nursing specialties.

Agnes Gelinas (Skidmore College Department of Nursing, New York) spoke in favor of this recommendation, stating that it shows that the nursing profession is coming of age. She pointed out that at the present time there are no credentials for the specialist nurse, and referred to the efforts which the Committee on Postgraduate Clinical Nursing Courses, under the chairmanship of Mrs. Elizabeth K. Porter, is making to bring specialists together and to prepare guides for courses for the education of specialists.

National Academy of Nurses: The third recommendation of the Rich Report pertains to the establishment within the new structure of a National Academy of Nurses whose fellows shall be professional nurse members who have qualified as specialists.

Elizabeth K. Porter (University of Pennsylvania School of Nursing) expressed her approval of the Academy, stating that a setup along this line is particularly needed with respect to advanced nursing education; it would serve as a means of getting specialist groups together and would help solve such problems as specialist recognition and accreditation.

Dorrit D. Sledge (French Hospital, San Francisco) stated that she was in favor of specialist sections within the Academy but not in the voting body as a whole.

Frieda B. Erhardt (Arizona) likewise spoke against any arrangement which would make for inequality in business activities. She stated that some criticism has been leveled against the Rich Report because of the feeling that it discriminates against the private duty nurse, a group which constitutes 67 per cent of the profession in Arizona.

Bernice E. Anderson (State Board of Nurse Examiners, New Jersey) also urged that opportunity be given bedside nurses, regardless of whether they are staff or private duty, to work together toward the improvement of bedside practice. She pointed out that there is fundamentally no difference between these two groups; they are both engaged in bedside nursing, regardless of how they are paid, and, because of this function, constitute the backbone of the nursing profession. The staff nurse and the private duty nurse have the same problems and, through the medium of the proposed section on general nursing, can learn from each other. Contrary to some views, this learning process will not be entirely in the direction of the private duty nurse; she has much to contribute to the staff nurse from the point of view of one who has been given time to carry out nursing procedures properly.
Miss Anderson also reported that the New Jersey League has sponsored twenty-two conferences on the subject of the proposed structural reorganization.

**Commissions and National Nursing Center:** The Rich Report recommends the establishment of commissions for the study of such subjects as education, ethics and standards of nurse practice, social and economic welfare of nurses, recruitment and student welfare, educational facilities, nursing and health, nursing service facilities, nursing auxiliaries, and legislation and government regulations. It also provides for a National Nursing Center composed of the various common bureaus and services of the new association.

Ada Hawkins (University of Michigan School of Nursing) discussed both these topics. The commissions, she stated, are comparable to committees, and their formation would not be a radical departure from the structural organization to which the League is accustomed. As for the National Nursing Center, Miss Hawkins stated that she would like to describe the Michigan Nursing Center Association which was organized prior to the publication of the Rich Report but which demonstrates some of the recommendations of that report on a state basis.

The Michigan Nursing Center Association is an attempt on the part of the various nursing organizations in Michigan to combine certain of their activities. A joint headquarters has been established in Lansing and such headquarters services as typing and mailing are provided on a common basis. Current income will be combined, although each organization is going to retain its individual “backlog.”

From the functional point of view, each organization will maintain its autonomy with respect to certain committees; the League, for example, is continuing its responsibility in such fields as curriculum, nominations, and revision of bylaws. Other committee activities have been combined, notably those in membership and publicity.

Membership is open to industrial nurses, practical nurses, institutional nurses, public health nurses, and lay members. All groups are represented on the Board; there are five members from each nursing group including the practical nurses and from three to five lay Board members.

As for the results in public relations, the union of these several groups has permitted the application for Foundation funds on a joint basis, an approach which has been successful to the extent that a large grant has already been procured for practical nurse education.

At the conclusion of Miss Hawkins’ talk, Miss Tracy remarked that the Michigan Nursing Center Association further establishes the soundness of the lesson learned by the National Nursing Council during the war: If nursing interests speak with a united voice, they get the help they need.

**District representation, the House of Delegates, and the Board of Directors:** The Rich Report recommends the establishment of district associations
through which the representatives to the House of Delegates would be elected on a proportional basis. The House of Delegates would in turn elect the Board of Directors.

RUTH SLEEPER (president of the National League of Nursing Education) discussed the effect that this all-inclusive electorate would have on the activities for which the League is now responsible. Hitherto, through the League, activities relating to nursing education have been in the hands of a group of people who are engaged in this type of work and who therefore have a more complete understanding of the needs and the problems in this field than does the average nurse. Moreover, the entire League income has been devoted to this branch of nursing endeavor. Under the Rich plans, the educational responsibilities will be divided up among the commissions, the specialty sections, the Academy, and the bureaus. Authority over these bodies will be vested, in varying degrees, in the House of Delegates, and thus, in the final analysis, in the entire membership of the new association. Nurse educators will therefore be in a minority only of the group upon which the responsibility for nursing education will rest. Miss Sleeper stated that, in her opinion, League members should consider carefully the question of where, in the proposed new organization, will rest the autonomy, both administrative and financial, for nursing education.

SISTER M. OLIVIA GOWAN (Catholic University of America, Washington, D. C.) raised the question of whether autonomy in matters of nursing education really exists now. She pointed out that educational activities are now scattered over a group of separate organizations, so that every time a new project is brought up for consideration, association must be sought with these other organizations and a joint committee formed. One of the greatest advantages of the proposed plan, in Sister Olivia’s opinion, is that it will supplant this cumbersome machinery with more expeditious methods. As for the importance of financial autonomy, Sister Olivia questioned whether this had been such a great asset insofar as nursing education is concerned. She pointed out that many important educational problems, such as accreditation, cannot now be attacked adequately because of lack of sufficient funds, and suggested that unification of all nursing interests might result in more money for such projects.

ESTHER LUCILE BROWN (Department of Professions, Russell Sage Foundation, New York) spoke in approval of the report of the Rich Associates, stating that, in her opinion, it is one of the best organizational plans ever formulated and should permit the nursing profession to move forward both in program and in appeal to the public. She urged that the final evaluation of it be based on intellectual rather than emotional judgment.

MARY M. ROBERTS (American Journal of Nursing, New York) made a strong appeal for unity of purpose among all nursing elements—a unity that
will transcend any organizational loyalties. This unity is really in existence
to a much greater degree than is visible; the six nursing organizations are
fundamentally in agreement but this basic unity is often obscured in the public
eye by minor dissensions and controversies. And it is in this very area, that
of public relations, in which unity is most important.

Miss Roberts illustrated this need for unity in public relations in terms of
nurse recruitment. During the war the National Nursing Council for War
Service gave guidance to the recruitment program of the Nurse Cadet Corps.
Following the war, however, the nursing organizations failed to assume re-
sponsibility for recruitment.

The National Committee on Careers in Nursing, a supposedly autonomous
body, has not been adequately staffed so that the Nursing Information Bureau
has had to give it a home. Meanwhile, with the terrific pressure for nurses
caused by the increasing number of patients, the American Hospital Asso-
ciation assumed leadership for nurse recruitment and proceeded to work
with the National Advertising Council. As a result of its dilly-dallying,
the nursing profession then had no choice but to follow along with the
American Hospital Association instead of assuming the leading role in
recruitment.

Miss Roberts pointed out that the lack of leadership by nursing interests
has had unfortunate results in terms of the recruitment program; the AHA
will not give consideration to the quality of nursing schools so that students
may be placed in poor schools. More important than the immediate effects
on the recruitment program alone, however, has been the impression which
this has given to the public. Failure to accept immediate responsibility for
its own problems has made the nursing profession appear to be adminis-
tratively incompetent.

Miss Roberts therefore urged that unity be given any aspect of nursing
which needs public support, and that, as she pointed out, is every aspect.

In conclusion, Miss Tracy stated that the discussion had brought out one
outstanding need—that for more intensive study of the whole subject of
structural unification. She urged that the proposed plans be studied, in par-
ticular, by a committee composed of representatives of all nursing organiza-
tions so that all organizations and all nurses may go forward together.
SPECIAL SESSION
Tuesday, September 9, 1947—2:00-3:30 p.m.

COST STUDIES IN PUBLIC HEALTH NURSING FIELD EDUCATION

Presiding: Edith L. Mitchell, R.N., Supervisor of Nurses, Pierce County Department of Public Health, Tacoma, Wash.

Speakers:
Lillian Patterson, R.N., Director of Field Work, University of Washington, Seattle, Wash.
Margaret G. Arnstein, R.N., Senior Nurse Officer, Division of Nurse Education, U. S. Public Health Service, Washington, D. C. (Paper not available for publication)

TIME STUDY TO DETERMINE AGENCY COST AND REPLACEMENT VALUE OF STUDENTS DURING PUBLIC HEALTH FIELD WORK

Lillian Patterson, R.N.

During the fall of 1946 the question of increasing payments to agencies providing field experience for students in public health nursing at the University of Washington came up for discussion. It was soon apparent to both supervising nurses in the agencies, and to the public health nursing staff at the university, that there were no data available to determine what the cost of giving this experience might be. The system of payment in use was based on part payment of a nurse’s salary, the amount depending upon the number of students placed in the agency. This furnished no basis upon which to plan for adequate remuneration, since there was no way of determining, without a time study, what adequate remuneration might be.

The agencies used for students indicated their willingness to co-operate in a time study by keeping records and furnishing monthly expenditures for nursing costs during the period selected for the study. The Division of Public Health Nursing, University of Washington, with the help of the School of Economics and Business, was to be responsible for the statistical computation and method used to determine agency costs and student replacement value. Professor Homer Gregory of the School of Economics and Business agreed to assist in formulating an acceptable cost-accounting method and provide two graduate students to work jointly with him and with the field director in public health nursing.

Spring quarter, 1947, which included the months of March, April and May, was selected for the study. Since the student is most costly to the agency during her period of orientation, and most productive during the last weeks of her field work, it was decided that a fair sample would include two weeks
at the beginning of the quarter and two weeks near the end of her experience. The entire nursing staff of the agency was asked to keep a record of all time on duty, allocated by minutes, according to the services rendered, during the four weeks selected for the study. Students, as will be explained later, kept a somewhat similar record of time on duty.

The agencies selected were four in number, two city services and two rural counties. Seattle and Tacoma City Health Departments both represent combined agencies carrying on a generalized public health nursing program which includes bedside nursing. King County and Pierce County Health Departments have generalized programs and include a large school service. It may be well to explain at this time that while the two cities were able to furnish adequate data to make a valid study, the county health departments, because of the heavy service given schools in the spring of the year, were not representative enough of home visits to make a valid analysis. To determine costs and replacement value of students in a rural county program, it will be necessary to make sample time studies over a nine-month period, due to the seasonal nature of planning public health, to get a truly representative cost analysis.

Two main divisions of time were listed by supervisors and staff nurses: (1) All time spent on the student program in hours and minutes, which included supervised home visits, conferences with students, conferences with other staff members about students, and time spent in evaluating student records. (2) All time spent in agency service which included the number of home visits and the amount of time required to make the visits; recording time; travel; clinic time; office calls; conferences, including staff education, school time, and miscellaneous.

Students kept a time study of the number of home calls made, exclusive of any observation calls, and the time necessary to record those visits. In addition, they kept a record of the time they served in clinics. Both these services were of direct service to the agency and could be counted as replacement value. Travel time was not charged to the agency since most students do not have their own cars for transportation, and buses are much more time-consuming than automobile transportation. It was agreed that staff education time and other activities in which the student participates in the agency might well be charged to her own educational experience and would not be counted as replacement value. Considering the fact that the first two weeks' experience is very light in home calls, and that such calls increase sharply after the first two weeks, steadily rising until the end of the experience, the replacement value charged the agency is a minimum charge for services rendered.

The nursing costs of operating the services by the agency were grouped into three divisions: (1) salaries, (2) monthly nursing expense, and (3) administrative expense. The method used to determine costs and replacement is indicated by steps one, two and three in the outline which follows:
Step One: Costs Charged Against Student Program by Agency

1. **Salaries:** Hours and minutes of time (determined by a time study) given by the director of nurses, the educational director, supervisors, staff nurses, and clerical help, to the student program, either in working directly with the nurse, or in planning with others for her total experience, multiplied by the hourly rate of pay of each staff member participating.

2. **Monthly Nursing Expense:** (1) Cost of transportation to agency of student group, and (2) Laundry, medical supplies, nursing equipment and repairs (depreciation), are all figured on a per capita basis, that is: Number of students divided by Number of staff. Students are charged their numerical share.

3. **Administrative Expenses:** (Also charged on a per capita basis, since these facilities are necessary to maintain an agency which can give student experience.) These include telephone, office supplies and expenses, rent, publicity, depreciation, office equipment, books and magazines, employees' retirement, light, postage, paper, printing, insurance, bonding and statistical costs.

*Totals of Items 1, 2, and 3 give the entire cost of the student program to the agency.*

Step Two: Total Nursing Costs of Agency Exclusive of Costs Charged Against Students

1. **Salaries:** Total of all salaries paid nurses including clinic nurses and clerical staff used for nursing, minus total salary charged against student program.

2. **Monthly Nursing Expense:** Auto expense, carfare, laundry, medical supplies, nursing equipment and repairs, minus amount charged to student program.

3. **Administrative Expenses:** Total of items listed under 3, "Costs Charged Against Student Program," minus total charged against student program.

*Total of Items 1, 2, and 3, exclusive of amount charged student program, equals total nursing costs.*

4. **Cost Per Visit:** This is found by dividing the total nursing cost, exclusive of the amount charged to student program, by the number of home visits the staff could make if entire program consisted of home visiting.¹ (Student calls are excluded.)

¹Method used to figure number of calls staff nurse could make:

<table>
<thead>
<tr>
<th>Home visit, Recording, Travel time</th>
<th>Total time</th>
</tr>
</thead>
<tbody>
<tr>
<td>=per cent of time spent in home visits</td>
<td></td>
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</table>

Thus if 75 per cent of staff nurse time was used to make 150 home visits, 200 home visits could have been made if all the time had been spent in home visits.
5. **Cost Per Hour**: Cost per hour of keeping a nurse in the field is found by dividing total nursing expense, exclusive of amount charged to students, by total staff time.

**Step Three: Replacement Value of Students**

The time charged to an agency in replacement value of student service should not include travel when student does not have a car, for public transportation system travel is expensive in time. The items which should be charged are home visits, including recording and clinic time. These two services are charged at staff rates. The per capita charge against the student program will easily offset slowing down of staff since time spent with or for the student program has been charged in hours and minutes.

The replacement value of student service, then, equals the number of calls made by the student plus the number of calls she could have made during the time spent in clinics, multiplied by the cost per visit of a staff nurse.

The replacement value of student service, minus the costs charged against the student program, gives the student contribution to the agency in service.

**Outcome of Two Studies**

It is not necessary at this time to give a summary of findings in terms of cost per visit and cost per hour of keeping a staff nurse in the field. But it is of interest, I am sure, to indicate the trend in costs as far as student education is concerned. Although every possible cost was charged against the student experience, including even the overhead expense of the agency on a per capita basis, and although the cost per student charged by the agency according to the method discussed was more than $50 per month per student, there was still a very substantial credit to the agency in terms of replacement service given to the agency by the student. It is true that this varies with the number of students, since two students might cost almost as much in nursing time as six or eight. Further studies should be carried on, as indicated, on the rural level, to determine findings in a number of agencies. But there does appear to be a definite trend toward service credit from the student program regardless of the costs charged to education.
ADMINISTRATIVE PROBLEMS IN GUIDANCE PROGRAMS

Round Table

Tuesday, September 9, 1947—3:15-5:00 p.m.

ADMINISTRATIVE PROBLEMS IN GUIDANCE PROGRAMS

Presiding: Sister John of the Cross, R.N., Director of Nurses, St. Mary's Hospital, Astoria, Ore.

Participants:

H. Phoebe Gordon, M.S., Assistant Professor, University of Minnesota School of Nursing, Minneapolis, Minn.

Madeleine McConnell, R.N., Director, School of Nursing and Nursing Service, St. Luke's Hospital, Chicago, Ill.


Rev. Bernard Geiser, Chaplain, Good Samaritan Hospital, Portland, Ore.

Sister Dolores Marie, S.H.N., Clinical Psychologist, Marylhurst College, Marylhurst, Ore.

Miss Gordon: Since this Round Table is to provide opportunity for exchange of ideas between the speakers and members of the audience on the general subject of guidance, the speaker will do no more at this time than list certain areas under the subject assigned her which seem to provide fruitful topics for later discussion.

Guidance in a university school of nursing is fundamentally the same as guidance in a hospital school, or in any other school, for that matter. It consists of trying to understand each student as an individual and with that understanding to help the student understand herself and solve her problems. The counselor or other staff member who is concerned with the administration of the guidance program has the same necessity for integrating guidance with the total school program, no matter what the type of school. Those who carry out the guidance program in either type of school usually try to function in the same areas, as, for instance, orientation, educational counseling, extra-curricular activity, personal counseling, and inservice staff education in counseling.

With these likenesses clearly in mind some differences may be noted. The comments on these differences are based primarily on the speaker's own experience in the University of Minnesota type of organization. Other differences will probably be brought out by later speakers.

Administrative Relationships in a Guidance Program

in the University School

To the director of guidance of the university the guidance program of the school of nursing is part of the total program of the university. This
means that the school functions as part of a whole rather than as a separate entity in matters of discipline, social mores of the school, etc.

Administrative Areas of Guidance Program

1. Educational Guidance: The school of nursing counselor works closely with educational counselors in other departments. She thus gains from exchange of ideas and added information concerning the individual students.

2. Extra-Curricular Activities: In addition to developing these activities in the school of nursing, as would a counselor in a hospital school, the counselor in a university school helps student nurses to participate wisely in university activities.

3. Orientation: Orientation to the hospital after one or more years of college presents different though no fewer problems than does orientation direct from high school.

4. Personal counseling: As in educational counseling, the counselor in a university school of nursing usually has university facilities to assist her, such as a staff of psychiatrists, religious advisers, and financial advisers. The counselor in the hospital school must often seek this type of help in the community.

Administrative Problems of Guidance in the Three-Year Program

Madeleine McConnell, R.N.

Guidance is a favorite subject today, and the word is heard commonly, no doubt, because in this bewildering period of civilization we all want guidance and we know that it must be a part of any and every educational experience. There is a danger, though, that when a word or subject is commonly spoken of, we may lose its simple meaning. Webster mentions as a synonym of "guide," "direct," then qualifies this by adding that "guide" commonly implies more immediate or personal conduct or supervision than does "direct." Then we can further simplify for our purpose by saying that guidance is that form of leadership and teaching that requires an immediate and personal service from the school to the student, or to the student body. Psychological and achievement tests are included in the above analysis as they are certainly a personal service to the student or student body.

The three-year programs in nursing need to be particularly interested in guidance, because they take the high school graduate before she has had the opportunity for further general education and place her in a professional school. Moreover, of the professions, nursing is one which asks for profound wisdom and sympathy as well as knowledge and skill. The student nurse is asked to care for people when they are in greatest need of understanding, when their bodies are wracked by pain and when their minds are distraught.
General Education in a Free Society has this to say about vocational schools including nursing schools: "Their major commitment to special or vocational education requires them to make competent engineers, nurses, farm managers, accountants, dental assistants, draftsmen, or secretaries in a period of time which seems always too short. There are so many skills to be learned, so much technical knowledge to be acquired, and the penalty for the lack of these is so direct and sure for the young graduate in his first job, that the claims of general education are either denied altogether or are grudgingly recognized and pursued in a half-hearted fashion in a few survey courses. . . . The capacity to think objectively, to communicate, to discriminate among values, and to make relevant judgments is as desirable for young people who attend junior colleges and trade or professional schools as for those who devote four years to a less definitely vocational training."

I believe all of us engaged in nursing education will agree that if it were possible it would be better for all students to have two years of general education beyond high school before entering a school of nursing—and those two years, to be of greatest benefit, should be spent in general education where the aim is as expressed in General Education in a Free Society: "General education, we repeat, must consciously aim at these abilities: at effective thinking, communications, the making of relevant judgments and the discrimination of values."

Society is not yet geared to permit all prospective nursing students this additional education so we are obliged in many schools to plan our program in the light of the fact that the majority of our students have come to us straight from high school. As far as the guidance program is concerned we have an even greater responsibility than the collegiate school.

All good schools of nursing have well-selected aims, but we must admit that a professional school must have specialized aims. We incorporate in those aims and objectives the desire to help our students become well-rounded individuals and citizens but do we always remember how young, formative, and inexperienced they are when they come to us? And is our educative and guidance program one that will be helpful and assist our students in continuing growth and development? We live in a world today so full of distractions, the very advance in communications exposes young people to so many impressions which may deter their constructive growth, that our responsibilities are again heavy ones. Insofar as possible we have a need to set the stage for a constructive, inspiring mode of life. Choices, influences and habits made at this period of life can have the utmost influence upon later life.

The students who come to us are at an age when they are unusually eager

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and susceptible. We are at least 50 per cent responsible for the effect of nursing education upon them.

To quote from a parable of Mencius, a famous Chinese scholar who lived 372-288 B.C.: "

The trees of Niu hill were once beautiful. Being in the suburbs of a great city, however, they were hewn down with axes and hogs. Could they retain their beauty? Still, through the growth from the vegetative life day and night, and the nourishing influence of the rain and the dew, they were not without buds and sprouts springing out. But then came the cattle and goats, and browsed upon them. Thence came the bare and stripped appearance of the hill. People seeing this think it was never finely wooded. But is this the nature of the hill?

Even so of what properly belongs to man. Is what is left of any man's mind ever without love or justice, without courtesy and knowledge of right and wrong? The way in which man loses his proper goodness of mind is like the way in which the trees were denuded by hatchets. Hewn down day after day, can it retain its excellence? But there is some growth of its life night and day, and in the calm air of the morning, just between night and day, the mind feels in a degree these desires and aversions which are proper to humanity; but then it is fettered and destroyed by what a man does during the day. This happens again and again, the night breath is not enough to preserve the proper goodness and he becomes not far different from the birds and the beasts. When people see this, they think his mind never had these endowments. But is this man's propensity? If it gets its nourishment, there is nothing which will not grow. If it loses its nourishment, there is nothing which will not perish.

And from a modern author, "Again while I was very conscious of man's littleness in the face of the eternal, I believed profoundly in his high destiny."

I have quoted from an ancient Chinese scholar and from a modern English diplomat, neither of whom were especially qualified "guidance" leaders, but both of whom believed profoundly in man's "high destiny." I think this concept is essential for the director of the three-year program as she faces the administrative problems in guidance which I shall attempt to outline briefly.

The nursing council or nursing committee needs to know of the importance of the guidance program as it will consume a portion of the budget. Its members will readily see the need for a few specially qualified faculty members and they will understand that facilities for learning must be provided; that simple but gracious living is essential; that the daily total hours of class and clinical experience must be reasonable; that good food must be provided; that a well-planned health program as well as a recreation program must be in operation; and that students must have annual vacations long enough to give them real recreation. The nursing council is composed of community leaders so that it should not be difficult to persuade them of how essential it is to establish the above policies.

The actual administration of the guidance program falls, of course, to
the faculty. The first responsibility of the director is to do everything possible
to establish good personnel practices for the faculty and all members of
the nursing staff, and to create an awareness on the part of the faculty that
happy, creative living with each other, a matter of give and take, a willingness
to relinquish one's special ideas graciously will better attain the desired goal.
This attitude on the part of the faculty is essential. Not all faculty members
will be particularly adept at guiding students, but all should understand the
importance of guidance in the total educational plan. A few members of
the faculty should have special education and experience in guidance work,
notably the faculty member in charge of education, the one in charge of
student rotation, and the faculty member in charge of residence and social
activities. Each instructor and supervisor should read and inform herself
concerning guidance methods. The school librarian can be of real help.
General staff nurses should be made aware of their responsibility in assisting
in the leadership of students.

The tests available from the National League of Nursing Education and
some from other sources should be an integral part of the guidance program,
starting with the pre-nursing and guidance tests, and following throughout
with the achievement tests which are gradually being made available. Many
of us are familiar with the pre-nursing and guidance tests and know of their
very real value in assisting in the selection of students and their use in
guiding the faculty after entrance of the student. The achievement tests
are less well known as they are newer. They not only can be of great value
in testing how much knowledge the student has acquired but are an assistance
to the instructor in evaluating her own teaching program; finally, they are
a guide to the school in a comparison of the achievement of the students of
the specific school in relation to the students in other schools.

As the faculty organizes its guidance program they will recognize that each
and every one has a direct responsibility. Quoting again from General
Education in a Free Society, "the general advisory function is most effectively
performed when it follows naturally and directly out of those relations
which are a part of the educational procedures."5 There are certain areas
of the educational experience in which it is necessary to plan for an especially
effective guidance program. These I should like to describe briefly in the
order in which the young student enters these particular parts of the nursing
school.

I have already stated that the nursing committee must establish a policy
which will make the guidance program possible and that the whole nursing
staff must be sympathetic to the guidance program in which all faculty mem-
bers will participate. I should now like to consider these special areas in
which well-qualified guidance leaders are essential.

The first person the entering student may see may quite naturally be the

residence director. In St. Luke's Hospital School of Nursing (Chicago), the residence director is also in charge of social activities. She was selected from a number of applicants because of her superior qualifications and was made a member of the executive committee of the school. She is not a nurse. Her title is assistant director in charge of residences and social activities.

We believe that a student must have her privileges clearly interwoven with her responsibilities. The housekeeping in the residence is not a part of the hospital housekeeping but is a responsibility of the nursing department, directed by the residence director. The residence-social director works very closely with the co-operative government association. Both she and the director of the school are ex officio members of the executive council and of all committees. The co-operative government association is responsible for the social program, a school paper, residence rules and regulations and other activities that fall within their province. The students elect all officers, the only qualification being that the nominees are maintaining a satisfactory progress record in the school. They also elect faculty representatives. Each class organizes at the end of the preclinical period and elects its faculty adviser who serves the class for two and one half years. It is essential that the residence-social director have enough assistants to make this program workable. Our director has one assistant for the social program, three hostesses, one of whom is hostess for the preclinical class exclusively. There is also twenty-four-hour coverage in the residence office, assuring courteous and prompt office service.

The educational director was chosen partially for her knowledge and experience in the guidance field—indeed her master's thesis was on "Selection of Students in a School of Nursing." She meets the student immediately upon entrance and maintains a guidance interest in the student throughout her course. The educational director guides her instructors in student relationships and the guidance factor is always borne in mind in the selection of new instructors and supervisors. Our nursing arts instructor and her assistants have a great interest in the student's growth and development. Our librarian, who has senior faculty status, is particularly well qualified and uses every opportunity to guide the student in cultural as well as professional reading. Early in the school experience comes the psychology course taught by the instructor who also teaches psychiatric nursing. Students learn early that they may take to her personal problems of adjustment that they sometimes hesitate to take to other faculty members, and at the end of their second year when they have their psychiatric experience they learn to evaluate in a more adult manner their own behavior.

Our health instructor and supervisor (whose responsibility it is to manage the student health clinic and the infirmary where we take care of both mild and serious health problems) has not completed her degree in nursing education but has taken several courses in psychology at the University of Chicago, and is a very active person in our guidance program.
All our instructors and supervisors are interested in and aware of the guidance program. The areas in which we need to develop a more active program are in the fields of clinical experience. Through the educational program the educational director is responsible for clinical education as well as that in the classroom and we are, at present, embarked upon a plan which should help us develop our program in these areas. It is perhaps fairly well developed in the neuropsychiatric service but needs strengthening in the other clinical fields.

We are fortunate in that our school and hospital are affiliated with Grace Episcopal Church which is within the hospital grounds. The rector serves as chaplain to the school as well as to the hospital. Through the church services which our students attend as part of their program, the rector takes an active part in bringing to the student a wholesome religious influence. This is a strong part of our program but as the religious aspects of guidance will be discussed in full later, I will not go into detail on this part of our guidance program.

In closing I would like to return to the quotation of Lord Tweedsmuir—"constantly aware of the dignity of man." Civilization today offers us no alternative if we are to survive. We must understand each other, be willing to adjust, and activate the program to which we all academically subscribe, that is, to help our students to a better way of life in order that they may truly become good nurses.

EVALUATING TESTS IN THE GUIDANCE PROGRAM OF STUDENT NURSES

SISTER DOLORES MARIE, S.H.N.

It is becoming increasingly evident that we are reaching a crucial period in the development of the concept of guidance and the function of tests as an integral part of that guidance. The present-day type of guidance bears the mark of a general trend towards psychiatry and clinical psychology. The result has been a healthy respect for the individual and a broadening of the function of guidance to include all aspects of the human personality. A student is no longer said to have such and such a personality; rather, she is said to be such and such, meaning precisely, the sum total of this individual's moral, educational, vocational, and emotional integration. While insisting on the total personality, counselors are not overlooking the oneness, the uniqueness of each personality in a given situation. This is a safeguard in the use of guidance techniques and tools, such as those that attempt to measure intelligence, personality, aptitude, and the multitudinous other psychological factors and entities. This is, too, a pitfall that has not been avoided in studies based on statistical averages. Generalizations from group tendencies have been frequent and emphatic. Perhaps this is why the author of that
best-seller, *Teacher in America*, poked so much fun at diagnostic tests. Certainly, the best predictions of future growth come from a careful analysis of an individual's present development. The deeper aspects in the philosophy and psychology of guidance must be realized, lest in our enthusiasm for new techniques and tests we lose sight of the woods because of the trees. The present mode in counseling and testing is, therefore, a fortunate one, because it recognizes this truth—that the dynamics of the personality are as important as are the abilities. In a recent issue of *Mental Hygiene News* we find a psychiatrist stating: "The most valuable elements of personality, traits which are more important than intellectual brilliance, are . . . emotional stability, good judgment, persistence, optimism, and ethical discrimination."

In the concrete, the new approach in guidance-testing has put less emphasis on psychoanalysis, and much more on psychosynthesis—a putting together a pattern of values. Now, one of our aims is to see in this pattern the field into which the student seems adaptable. This is well. But what about the very concept of aptitude? Aptitude is a complex notion involving two variables as constituent parts. One of these is potential or manifest ability. The other is interest. They are like the two wheels of a bicycle—both necessary for advancement along life's competitive highway. It is easy in counseling to consider a student's ability only and to overlook genuine interest. It is easier (and less time-consuming) to take a declared or "tested" or preference interest of the student, and to make this the basis of a curriculum or career. In either case the student has only one wheel on his bike—and is sure to land him on his neck! Set up an objective for which the student has interest, but little ability, and feelings of inferiority and failure will result. Set up a goal for which he has ability, but no real interest, and you remove the possibility of those deeper feelings of satisfaction natural to an individual who enjoys his work. And God intends us to like our work. St. Paul says, "Each one has his proper gift from God." Ability is paramount; interest is necessary. However, interest is fostered by knowledge, is acquired, and, therefore, may wax or wane or completely change within a person's lifetime. Provided an individual has ability, his interests may be guided and directed. Let us never confuse interest and ability.

What about the tools used for discovering aptitude? Scanning the field and using them in practical situations, we ask, "How valid are they?" "And how valid are the interest tests, and the personality tests?" That is the question—to give or not to give—to be a progressive school of nursing or a judiciously conservative one—that is the question! Recent intensive research seems to favor the latter. To quote just one authority in the field, Dr. Sarfari at the South Methodist School of Nursing... In using the Otis Self-Administered Intelligence Test, the McQuarrie Mechanical Aptitude Tests, The Bernreuter Personality Test, the Potts-Bennett Nursing Aptitude Test, the results showed that the battery did not justify the time and energy spent on it. While aptitude tests may be helpful as supplementary devices in the hands
of the expert, they are not safe instruments for the inexperienced. I doubt very much whether they have anything to contribute at present to counseling in nursing education."

Now, guidance aims to aid the student in becoming a stable personality. But stability of personality derives from a proper balance of innate tendencies, the sense of personal worth, and a sharing of a common life with our fellowmen. This balance depends so much on constitutional and hereditary factors, training, habits, emotional patterns, and social and educational opportunities that it seems very vague indeed how one may measure such dynamic organization. This leisurely business of inward growth seems to go on as if it were none of our business. Will there ever be a test equal to probing such deep mental, emotional, moral (to say nothing of the spiritual) entities? Considering the limitations of the pencil-paper tests, what means may we use to evaluate such tremendously personal factors? Make no mistake about it. The personal interview is the answer. This requires a properly qualified counselor—one naturally gifted and properly trained. By naturally gifted I mean a woman who combines a mother-teacher-nurse personality. With itemized application blanks and controlled interview, it is possible to obtain a fairly good estimate of a student nurse's adjustment. Several recent studies in psychological journals support this view.

If native intellectual ability is, then, the important factor in professional fitness (all other personal factors considered), by what tests can we discover it? By those that have more careful controls, so that the variables become less important and the score more precise. The intelligence test must be as valid as possible. Two such tests are recommended by leading psychologists and psychiatrists. They are the Stanford-Binet and the Wechsler-Bellevue. In testing nursing students, general opinion seems to favor the W-B for two good reasons. The W-B standardization on an adult population more clearly defines the mature levels of mental growth. The W-B comprises both verbal and nonverbal items which give a more all-round performance of abilities, and does not penalize the individual who may lack skill in exercising verbal abilities but may deal with things in the most intelligent and pertinent manner. May I mention here that the American Council on Education Test of Intelligence, a recommended group test, is roundly criticized for the great weight given to verbal abilities? Considering this factor, it might be well to check with an individual test any student's score that is in discrepancy with her high school achievement record. Let us realize that a high score alone does not indicate selectability. The whole individual must be selected—not Mary Smith's intelligence!

Of course, any measure of ability is conditioned by the skill of the examiner in interpreting and reporting the findings. To quote Dr. Witmer who opened the first psychological clinic in the U. S., "One cause of the confusion in the interpretation of psychological tests is due to the fact that the majority of mental testers are not expert diagnosticians, but mechanical meas-
urers." A large number of persons who can give tests under standard conditions cannot make proper evaluative interpretations. That is the work of the well-trained specialist.

In the work of counseling in the schools of nursing, the data from tests must be combined with other data. The psychologist and the counselor must work side by side. If wisely used, tests have a contribution to make, and it is the wise counselor who knows it. Statistical data—cold, meaningless, even harsh—become the life blood of the student in the files of the counselor. But this life must be sustained and nourished by the respect and appreciative attitude of the administration and the teaching staff. Let us not be Victorians of 1947!

Granting, then, that we have not the slightest idea of making a fetish of standard tests, nevertheless, that fact does not absolve us from the duty of adopting and applying the very best tests, knowing that they are major, but not magic keys. May these keys open the doors of our nursing schools to many, many more angels of mercy!

Symposium

Tuesday, September 9, 1947—3:45-5:00 p.m.

The Place of Health Statistics in the Basic Nursing Curriculum


Speakers:

Lulu K. Wolf, R.N., Professor of Nursing, Vanderbilt University School of Nursing, Nashville, Tenn.

Ellwynne M. Vreeland, R.N., Nurse Education Consultant, Division of Nursing, U. S. Public Health Service, Washington, D. C.

Viana McCown, R.N., Professor of Nursing, University of South Carolina, Columbia, S. C.

Eva A. Davis, R.N., Public Health Nurse Co-ordinator, Department of Nursing Education, University of Oregon Medical School, Portland, Ore.


Discussants:

Julia Hereford, R.N., Assistant Professor of Nursing, Vanderbilt University, Nashville, Tenn.

Kathleen M. Leahy, R.N., Associate Professor of Nursing, University of Washington, Seattle, Wash.
THE PURPOSE OF HEALTH STATISTICS IN THE
BASIC NURSING CURRICULUM

LULU K. WOLF, R.N.

The changing nature of the nation's health problems and the increasing demand for community-minded nurses have necessitated many changes in the preparation of the nurse. Where, formerly, the energies of the nurse student were centered upon mastering the bedside nursing techniques associated with the sick patient confined in the hospital bed, today her attention is focused upon learning how to rehabilitate the patient in the various environmental settings in which he is found.

Since the student will be expected to participate in this nursing-for-health program, from the very beginning of her study in the basic nursing curriculum she must understand the relation of her work to that of the community as a whole and see the part she can play in preventing illness and defect in the nation's total health program. To do this, she must be informed about the health and sickness data of the community so that she will know to what particular health problem she should direct her efforts.

There are many ways of providing the nurse student with the facts concerning the health and sickness of a given community. Some of these, which were suggested in yesterday's discussions, are: lecture and class discussion; conferences with health officers, public health nurses, dentists, and social workers; and guided visits to homes, outpatient clinics, hospitals, and other community agencies. An additional way—one which strengthens and supplements these other ways—is to teach the student health statistics. The purpose of the health statistics course is to provide the student with techniques for informing herself about the existing health conditions and thus make her self-reliant in interpreting her findings and evaluating her work as a nurse and a health counselor. While no extravagant claims will be made for the inclusion of health statistics in every basic school of nursing at the present time, nevertheless it is desirable for all concerned to think through the purpose of such a course and consider how the content and laboratory activities could contribute to the broadening of the student's health horizon and at the same time provide her with an essential professional tool.

The course in health statistics as it was developed¹ and taught in the basic curriculum of the Vanderbilt University School of Nursing had two major objectives. The first objective was to help the student learn how to utilize facts to evaluate her work as a nurse and a health teacher while the second objective aimed to make her self-reliant about gathering information regarding the existing health picture. The time allotted to the course was thirty

¹The course was created and taught by Paul Densen, statistician in the Department of Preventive Medicine of the Vanderbilt Medical School, to two successive groups of second-year students. It is now being taught by Dr. Densen's successor, Margaret Martin.
hours, ten of which were one-hour lectures followed by ten laboratory periods of two hours each. The data presented for study and problem-solving dealt with statistics (the use of numbers to determine facts) of human mortality, morbidity, natality, and demography. Throughout the course, an attempt was made to show, by concrete example, how the application of modern statistical methods could be of use to the professional nurse in helping her to draw conclusions from available facts and to solve problems which constantly arise in her work.

Lectures consisted of such topics as: records, their design and function; tabulation or the ordering of data collected; graphing and its use in describing, illuminating, or supplementing the data in tables; the calculation of rates and ratios to measure the health and sickness of a community; the value of the life table as a special method of measuring age specific mortality; population counts, the significance of number, age, and composition, methods of estimating growth, and the factors contributing to population growth; birth and death registration and the use of such documents for administrative purposes; and methods of comparing two different measurements or of judging the significance of any given measurement.

The problems were designed to illustrate the lecture content and provide opportunity for the student to gain some facility in the language of number. Examples were chosen from hospital and nursing records and from medical publications to illustrate both the type of problems with which the nurse is faced and the kind of errors she is liable to make. The mathematical presentation of the material was kept at a minimum and, when introduced, was led up to so skillfully as to rob it of most of its traditional horrors.

Broadly speaking, the three ways in which statistical data are collected in the realm of human biology are the census method, the registration method, and the case record method. Since the latter is par-excellence the method of medicine and nursing, it was the method of choice for teaching the student the elementary principles for dealing easily, confidently, and accurately with quantitative data. For example, the laboratory problem dealing with the tumor clinic record was designed to show the student that the answers to questions relating to the evaluation of work she is doing come from records — original case records or published reports — which in turn are dependent upon records analyzed previously. Once the values of good records and the fact that the health worker is completely dependent upon good records as an ultimate source of data have been pointed out, additional questions are posed. These are formulated to show that records are a means to an end, and therefore, when designing a record, one must think beyond the record to that end, that is, how the data will be used when the record is filled out. On the supposition that a number of completed forms are available, other questions and laboratory exercises are devised to teach the student how to classify and arrange the data systematically in tables. Once she understands that, for comprehension of a series of figures, tabulation is essential, the logical next step is to show
her how a diagrammatic representation may be utilized to give a quick summary of the data in the tables. In the other problem, which deals with the occurrence of illness among nurse students, questions again are posed to teach the student how to collect numbers, order, classify, and tabulate them, and, in addition, she is asked to put the numbers against each other to secure rates for analysis. In both of these exercises the student is required to interpret the results, which is the real essence of statistics.

Statistics starts with numbers which are universally not fixed. The numbers are put together (in addition, subtraction, multiplication, and division), and conclusions are drawn. From her study of this course in health statistics it is thought that the student learns to appreciate the need for precision, that is, definition, classification, and order in her observations, which should lead to accuracy in collecting and recording data. It is also thought that those who have completed the course have obtained some self-reliance in evaluating the health work they are doing.

THE USE OF HEALTH STATISTICS IN THE BASIC CURRICULUM

ELLWYNNE M. VREELAND, R.N.

Educators in every field are in the process of re-evaluating their curricula. They have become increasingly aware, in this period of world crisis, of the need for all education to prepare competent thinkers who possess the tools for constructive thought.

Curriculum builders in schools of nursing realize that nursing should at this time be a greater constructive force than ever before and that their efforts must be directed toward preparing more effective nurse citizens. Consideration of the basic curricula in schools of nursing is constantly revealing areas where new emphasis is needed. Improvements in clinical instruction, integration of social and health and psychosomatic concepts of nursing, addition of mental hygiene and psychiatric nursing experience—these are constructive changes in curriculum emphasis with which we are all familiar and toward which we are working.

It appears fitting at this time and at this meeting which has as its keynote, "Education of the Nurse for Public Service," to point out the educational possibilities in wider and better use of health statistics in the basic curriculum.

Knowledge and understanding of the story of progress in health revealed by trends in our national health statistics will help to prepare the student nurse for further changes. Let us look at some of the ways we may enrich our curricula by use of these statistics.

We know that the student nurse early in her career should realize her importance in relation to the total health picture. In nursing arts she learns, among numerous other things, that she is responsible for the accurate recording of much important information. She should learn also that whether they pertain to routine admission data, symptoms, treatments, or reactions, her re-
cordings are a contribution to knowledge—in many instances to national health statistics. On the basis of this knowledge new procedures are validated and adopted. She should be taught early that an intelligent approach to health and other problems is made possible only through such accurate recordings.

Statistics showing incidence and death from drug addiction and alcoholism may be effectively used in teaching Materia Medica and Pharmacology. Study of the discovery and use of the sulfa drugs and penicillin may be highlighted by statistics showing changes in death rate for pneumonia and streptococcc infections as well as changes in the incidence of venereal disease. Here, too, is an opportunity to illustrate changes in the incidence of such diseases as malaria and typhus through improved insecticides.

Medical, communicable disease, and psychiatric nursing instructors will find much stimulating material for their students in the statistics comparing illness and deaths from selected causes by age, race, sex, and geographic distribution. A comparison of these tables over a period of years may be used to illustrate improvements since the advent of chemotherapy, antibiotics, vaccines, and vitamin therapy, or to point out the regular upward trend in the diabetes mellitus death rate despite the use of insulin since 1922.

The strand of sociology and its implications for health extends throughout the curriculum. Statistical data show population trends, the urban and rural distribution of families, housing, income, and rate of employment. More specifically, they show the number of wage earners, the average family income, the size of families, the number of individuals in any age group, and trends in marriage and divorce rates.

The significance of this information for the student nurse is apparent when we consider the increasing age of our population with the new health and economic problems involved, the obvious reflection of the high rate of divorce in the national incidence of mental illness and juvenile delinquency, the variety of industrial diseases and other problems peculiar to highly industrialized or rural areas. Such figures as the number of marriages, the number of live births, and the changes in maternal and infant death rates provide a means for estimating needs for hospitals and health facilities.

On the basis of health statistics, national needs are estimated in establishing such legislation as the Mental Hygiene Act or the Hill-Burton Act which makes possible during the fiscal year 1948 the construction of 255 million dollars worth of hospital and health facilities, health centers, laboratories, clinics, and other medical facilities. The student should learn about health legislation, and her learning will be more meaningful if she knows the reasons behind such legislation. As a prospective taxpayer as well as a nurse she will be interested in statistics showing cost of illness and medical care. She should be ever on the alert to discover differences between costs of prevention as compared to custodial care.

The senior year provides opportunities to pull together all the implications of health statistics—for the student to consider how well present and pro-
posed legislation meets the health needs of the nation and of her own community. She may investigate for herself, through a study of *Facts About Nursing*, changes in nurse production and hospital admissions in recent years. Such investigation will increase her insight into present nursing needs.

Introduction to and better use of health statistics should be considered a part of the interpretation of nursing continuing throughout the curriculum. Selection of the material to be used and the decision as to the point in the curriculum at which it may be used most effectively should be cooperatively planned by the instructional personnel. In a course such as Miss Wolf has already mentioned, co-ordination of its content with the content of all other courses should be considered. Figures can be very interesting or very dull. If they are related to the patient the nurse is caring for, they become alive and interesting and increase her understanding of the patient and his illness and facilitate co-operation of the patient with the nurse. However, if figures are presented as cold facts, valuable implications may be entirely lost.

These are but a few suggestions for the use of health statistics. There are possibilities for interesting use throughout the entire basic curriculum. Health statistics present the changing picture of our society, its resources and problems. The student nurse needs to understand and be able to interpret this picture for herself, and to reflect her awareness of health needs in more understanding care of her patients. She will need some orientation to the use and sources of statistical data. How much or how little and at what point in her experience she should receive this orientation should, of course, depend upon the extent to which she can and will be called upon to use such material.

Nurses should be able to comprehend the health status of an individual community or area and the relationship to the nation as a whole. This is a step in the direction of a more responsible nurse citizen.

**HOW A UNIVERSITY SCHOOL OF NURSING CAN INTEGRATE HEALTH STATISTICS INTO THE CURRICULUM**

**VIANA MCCOWN, R.N.**

As a background for the work I shall present, I should like to mention several trends that I believe are destined to influence, very substantially, our teaching of health statistics. The first of these is the very distinct trend for more and more of our schools of nursing to become university schools. The probability is that in a short time all schools will demand a period of background study in the university as a prerequisite to nursing. To say the least, at this point, more time can be devoted to the development of the study of health statistics and its integration in the curriculum. The very nature of the subjects the student pursues in her pre-nursing work in the university will direct her thought and her learning to people as they are, before that thought and that learning are restricted to the four walls of the hospital.
The second of these trends is that, whereas our thoughts and aims have been directed so far in the direction of case study, the natural reaction in due time has set in, namely that the wealth of material accumulated on great numbers of case studies now cries out for organization and broader usage in the care of patients and a knowledge of what we might expect in patient care.

The third great trend stems from the realization that not all nursing is sick nursing—that health nursing has become a very vital part of the students' teaching and experience if she is to go out from her school as a well-rounded, symmetrically educated professional nurse. This health teaching is now becoming integrated into all branches of nursing.

The fourth trend is a trend within a trend. It is well expressed in an editorial in the American Journal of Public Health, June, 1947. I quote: "Health Education is the newest of the professional specialties to be developed as a basic and essential element in the health program." Health education has been defined as a "means of persuading people to understand, accept, and apply that which will help them to live joyously and productively, and to keep free from mental and physical deterrents as long as possible." To that end we have a health program in most of our communities. That program presumably has been built around the needs of the individual community. The needs of these communities have been largely determined through a system of social and health accounting that takes the form of statistics. By careful accounting the problems of a community are discovered, located, and defined. By the same careful accounting, progress in solving of those problems is measured. Therefore health statistics becomes a very important and meaningful instrument in the larger program of health education. No program of health education is complete today without the health nurse. Hospitals are not institutions sufficient within themselves, but are a part of that health education program. All nurses who are a part of that hospital likewise become a part of that program. So little has been done in our teaching to make the student cognizant of that larger overhead program of which she became a part on entering the school of nursing. As a part of that program, she must know her community as well as her hospital. Her hospital must also know the community and, by a system of accounting, locate trouble spots in the community, basing many of its policies on facts ascertained therefrom.

The university school of nursing should offer both time and opportunity for the student to carry both physical and social sciences to the point of greater usefulness, and also to where simple statistics may be incorporated. Simple tabulation and graphs are introduced into biology, microbiology, and physiology, especially in laboratory work. The same is true of chemistry, and in greater measure, of sociology and psychology. Granted that the university part of the program is long enough to include at least a year of each of these social sciences, sociology in particular, the student will see her community through the eyes of the social agencies and organizations that are active in the
community and which she will be privileged to visit while they are in action. She learns that these organizations and agencies are operating on strict accountancy items. She further sees how vital these statistics are in the efficient interactions of these organizations. Likewise, in psychology courses, she develops an interest in and a wholesome attitude toward the normal and the abnormal. Some statistics are always available here and are always sure of arousing interest. In these subjects she need not have formal instruction in statistics but she develops the ability to read and interpret tabulations intelligently and to construct simple tables and graphs from her own studies. Recently a state organization for public health nursing undertook the project of surveying the nurseries, day nurseries, and kindergartens throughout the state. The sociology department of the state university was directly interested in the project and co-operated in it. Questionnaires were worked out jointly between the two groups and sent to the schools with the statement that the county health nurse would be glad to aid in answering the questions, or in any other way possible. Many of the nurses were called upon for help. A class in second semester sociology in which twelve pre-nursing students were registered was selected to tabulate the results of the returned questionnaires. Great interest was developed. Many of the students visited the schools in their county. They were learning some elementary principles of social statistics and were being introduced to community programs and in some cases saw some health nursing.

There are many social and health trends that the student meets in her study of sociology that are destined to affect her nursing work very greatly. These are urbanization, extension of life, restriction of foreign born, and the retirement of older or even middle-aged workers. These studies are made only through statistical reports which the student should be able to interpret.

Whether in biological or social science in the pre-nursing program, the implications must be grasped by the student, and the awareness of both the trend and the method of arriving at it should be presented at the time the subject is being presented, else: "the opportunity, the incentive and the application are lost. These cannot readily be recaptured in later courses set up for formal study of statistics. Then there will be neither time, nor equipment, nor state of student’s mind."

So the student is entering nursing school with a photographic view of the society in which she lives and is to work. The interest in and attitude toward statistics she has acquired must be given ample exercise and practice in her nursing subjects and must be channeled into proper lines if they are to fulfill their ultimate purpose. Her clinical lecturers and nursing instructors must be able to breathe the breath of life into statistics, using them to show the student the vital relationship of her work in nursing to the way her patients live, the kind of jobs they have, and the social and health problems they face.

Within the school of nursing practically every subject in the curriculum lends itself to the further use of health statistics. Classmates begin to miss
class because of illness and to be introduced to personal nursing care on their first exciting experience as a hospital patient. Diagnoses become interesting and personal. Hence class and school health statistics can be introduced into nursing arts. Admissions to the hospital can be studied with relation to area. In a way, good charting is good statistics. Perhaps at this point some instruction in the calculation of rates can be introduced, as well as the pointing out of common misconceptions. Pharmacology and Therapeutics offer opportunity for the use of statistics. For example, the student is giving insulin to a diabetic patient. In her study of the particular patient and the particular drug further questions should be brought to her mind and answered: the extent of immediate help insulin brings to patients; the effect on length of hospitalization; the economic consideration in restoring patients to their jobs and in the prolongation of life.

The teaching of case study has undergone many changes from a certain number of hours of formal teaching to complete integration into all clinical branches of nursing. Whereas case study is a consideration of all traits in a given case, statistics considers a single trait in many cases. The one is necessary to the student in seeing her patient as a complete entity, while the other is essential to her in seeing this entity in its place in a total health picture or unit of study.

Education rather than training in the clinical subjects in nursing will include a much broader study of each branch than simply a training in the hospital care of patients grouped therein. In each branch the lecturer, clinical instructor, and public health nursing instructor widen the students’ vision to include an over-all picture of the whole problem involved in each major condition. Thus medical nursing, for example, will not only include a study of nursing the heart patient, but, more than that, the prevalence of heart disease, its place in the cause of death, its economic implications, what might have been done to avoid it, and the health program now being carried on. Orthopedics will include, among other things, at least an introduction to a crippled children’s camp and the statistical figures that show these camps to be necessary and prove their efficiency as well. Obstetrics will open up the study of maternal and infant death rates and the health program that is accomplishing a decrease in these rates.

And so we could continue on through the entire curriculum—so that when the student arrives at the time for her study of Nursing and Health Service in the Family she brings to it a rich background of interest and preparation. This course will then become a place and time when all previous learning and interest can be consummated into the possibilities for better health teaching and better living.
THE PREPARATION OF INSTRUCTORS FOR THE INTEGRATION OF HEALTH STATISTICS IN THE BASIC CURRICULUM

EVA A. DAVIS, R.N.

The preparation of instructors for the integration of health statistics seems to me to be part of a much greater responsibility—that of preparing instructors and teachers to meet the new demands and responsibilities of nursing today. Nurses who are capable of adjusting and meeting these demands should be carefully recruited and selected for faculty positions if we, as a profession, are to keep pace with the changing social and educational trends.

Out of the conflicting theories of general education are emerging new beliefs that have definite significance in the field of nursing education. One of these, according to Dean Tyler,1 is an "Emphasis on greater unification of subjects or organization into larger units of learning which disregard subject limits." In nursing education we have been hearing this trend referred to as the integration of social and health aspects throughout the basic curriculum or perhaps, with broader implication, comprehensive nursing care. Another trend is placing learning by experiencing in its important place. All human experience is interrelated, all learning is interrelated, and it is the teacher’s job to make this evident to the student through her own learning processes.

The major objective of the nursing curriculum is the preparation of a qualified community nurse who may practice essential nursing in the hospital, in the home, or in the community. And if we accept the basic concept of nursing as including prevention of illness, promotion of health, and care and rehabilitation of the sick, then the present goal of nursing service is to provide an adequate amount of this type of nursing care to all individuals, and nursing education is responsible for preparing students to function in accordance with this broader concept.

Since the integration of this concept is comparatively new in most of our schools of nursing curricula and since many faculty members today have had little or no background in certain aspects of nursing in the community, our first objective should be the meeting of a faculty need.

In the preliminary report of the Joint Committee of the National League of Nursing Education and the National Organization for Public Health Nursing on Integration of Social and Health Aspects of Nursing in the Basic Curriculum, it is recommended:2 "For all nurse members of the school of nursing faculty and those participating in the education of the student

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2Joint Committee of the National League of Nursing Education and the National Organization for Public Health Nursing on Integration of Social and Health Aspects of Nursing in the Basic Curriculum. Faculty Preparation in the Health and Social Components of Nursing. AJN, 45:564-567, 1945.
nurse . . . their preparation should include, as soon as possible, university courses in: (1) introduction to community organization and welfare; (2) orientation to public health and public health nursing, including field observation and experience.". It is further suggested that "Such a program of nursing education calls for utilization of the educational facilities within the hospital, and careful supplementation within the rest of the community. The selection and use of such facilities devolves primarily upon the teaching and administration staffs working jointly with the staffs of hospital and other community agencies. It is essential, therefore, that the entire instructional and administrative staff should have had satisfactory orientation to public health and public health nursing and community welfare programs."

Now the question arises how best, from a practical point of view, to supply this experience for instructors whose schedules are already full to overflowing and who cannot be relieved for extended periods of study. The answer seems to lie in workshops—in short courses well planned to meet specific needs and in inservice programs of continuing experience and learning.

Such workshops as Mary Dunn has been conducting throughout the country have brought this newer concept to small groups of leading nurse educators. From these is developing the recognition of a need for courses and classes planned to meet the needs of instructors in their particular areas. These classes have as an objective the review of course content and the integration of specific material that has previously been presented in an isolated course, such as, for example, "Nursing and Health Service in the Family," in better relationship toward building an attitude of total patient care. Health statistics becomes a part of the presentation of various aspects of disease control and should be presented in proper continuity within the whole course.

However, the greatest opportunity for faculty groups to develop an appreciation for this newer emphasis of nursing and to make it a dynamic part of each continuing course is to set up a committee or committees consisting of faculty members and certain resource individuals from within the faculty or from staffs of community agencies who can sit down and review the curriculum course by course. Out of this will likely come several suggestions which will undoubtedly include recommendations to do away with duplications and for integration of much material. This will make for "greater unification of subjects which disregard subject limits."

To provide faculty members with an understanding of health statistics, a course or a unit in a course should be provided that would include material necessary to present the mechanics and cover such subjects as the history and definition of vital statistics, laws pertaining to registration of births and deaths, morbidity reporting, mortality rates, graphs, birth certificates, and the interpretation of public health statistics in planning health programs. Besides the presentation of factual material, the objective would be to develop
an appreciation of the aliveness and useful application of statistics to the
everyday functions of a hospital.¹

A field trip to the state board of health for faculty members should be
planned to include a visit to the office of vital statistics. Collection, tabula-
tion, and analysis of vital statistics and trends in disease control can be
demonstrated with their effect on the hospital picture.

This question of integration is not an intellectual process of acquiring
knowledge, but is a day by day process of adjustment to the mental, emo-
tional, and social aspects of living. One can be concrete, definite and perhaps
practical, but woven throughout must be the acceptance of a philosophy, a
way of thinking. Many nurses find after acquiring an understanding of this
concept that they have been doing a job of integration without calling it
such. To do a good job requires a realization that you can do it and a
wholehearted acceptance of what really goes into nursing the whole patient,
plus a better understanding of what other agencies and professional groups
have to offer.

And if learning is to take place under any of the situations where social
and health components are interwoven, we must provide every opportunity
for both instructor and student to broaden their philosophic concepts of
total patient care, to increase their social knowledge, and to practice nursing
techniques in the light of this renewed emphasis.

When this is accomplished we will find that health statistics have found
their proper emphasis and integration has taken place.

A Course in Health Statistics for Public Health Nurses

Irvin R. Vaughn

I am a state registrar and head of a public health statistics section whose
section’s work is entirely dependent on data received on forms completed
by others. The worthwhileness of the tabulations prepared reflect the accu-
City of nursing school curricula as they exist for I do not feel capable
or competent to enter into a discussion of this highly specialized field.
Therefore, should any of the statements in the following discourse seem
to imply criticism, I am speaking as a state registrar whose statistical data
are derived from record forms, over 95 per cent of which are completed
within hospitals by nurses or record clerks.

There has long been a need for a course in the training program of
public health nurses which would acquaint them with the forms used in
gathering health data, processes used in gathering the data, and methods
of preparing and interpreting statistically the data gathered. The public

health nurse is the main contact between the local health department and the public which it serves. She is, therefore, in the best position to assist in the education of the public and persons who must furnish and report the information to be used in statistical tabulations. She must also be acquainted with the interpretation of the data collected and a knowledge of how they may be used in the finding of health problems within the area which she serves as public health nurse. She must also have a knowledge of statistics so that she may more intelligently read and study the various theses and studies which are published in the professional journals to which she subscribes.

With these thoughts in mind, a course syllabus and lectures were outlined for presentation to a class of public health nursing students at the University of Washington. The educational background of the group varied from persons with R.N. degrees to students working on master's degrees who, with few exceptions, had only high school mathematics as a background for statistical study. It was therefore necessary to make the course as elementary as possible and at the same time teach the basic facts for which the course was designed. Many of the students entered the course, no doubt, with a misgiving as to the need for them to take such a course and a fear of its becoming too technical for their comprehension. However, all starting the course completed it.

The course was composed of four main parts, namely, historical; laws and forms used in collecting the information required by the law; statistical procedures; and the analysis and presentation of the statistical tabulations.

The class assembled two hours a week. This short time made it necessary, time and again, to limit class discussions and questions in order to complete the outlined work.

The lack of mathematical background of the students showed that a short refresher course of such procedures should have been undertaken prior to the presentation of statistical procedures. Lack of a text was also a handicap in that insufficient references of the same types made it impossible for the students to study kindred assignments for the same day. More time should have been allotted for actual problem work and the relating of statistics to common nursing problems.

It did, however, give the nurse an insight into the collection of statistical data and into the means by which she, as a public health nurse, could assist in getting correct information. It gave her some knowledge as to procedures for preparing statistical studies and as to what constitutes good and bad interpretations. It pointed out the way in which health problems vary from area to area and the necessity of proper program planning. It assisted the nurse in developing checks on the execution of the plans to see if the proper goals were being accomplished.

The consensus of the class was that the course should be continued in the curriculum but that more time should be allotted to it. Those who took the