Fifty-Fifth Annual Report
of the
National League
of
Nursing Education
1949
Annual Report
of the
National League
of Nursing Education

and Record of Proceedings
of the Fifty-third Convention

1949

NATIONAL LEAGUE OF NURSING EDUCATION
1790 Broadway, New York 19, New York
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Milwaukee 4, Wis.

FRANCES H. CUNNINGHAM
2063 Adelbert Road
Cleveland 6, Ohio

MARSHA JOHNSON
The Johns Hopkins Hospital
Baltimore 5, Md.

*RUTH V. JOHNSTON
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Minneapolis 14, Minn.

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Department of Nursing Education
Philadelphia 4, Pa.

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Los Angeles 35, Calif.

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ELEANOR LEE
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179 Ft. Washington Avenue
New York 32, N. Y.

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*MRS. ELIZABETH K. PORTER
2063 Adelbert Road
Cleveland 6, Ohio

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New York 27, N. Y.

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*MRS. HENRY JAMES
133 East 64th Street
New York 21, N. Y.

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Baltimore 5, Md.

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Bronx 62, N. Y.

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

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School of Nursing
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1790 Broadway
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School of Nursing
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New York 27, N. Y.

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Albany 1, N. Y.

*MARTHA RUTH SMITH
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School of Nursing
Boston 16, Mass.

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5 Maple Avenue
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Division of Nursing
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New York 3, N. Y.

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122 S. 14th Street
Lincoln, Neb.

HEDWIG COHEN
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Public Health Nursing
1790 Broadway
New York 19, N. Y.

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University of Colorado
School of Nursing
Boulder, Colo.

EMILY CREVEY
170 Washington Avenue
Albany 6, N. Y.

VIRGINIA P. CRENshaw
Vanderbilt University
School of Nursing
Nashville 4, Tenn.

M. OLWEN DAVIES, ex officio
National Organization for
Public Health Nursing
1790 Broadway
New York 19, N. Y.

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Syracuse, N. Y.

ANNA FILLMORE, ex officio
National Organization for
Public Health Nursing
1790 Broadway
New York 19, N. Y.

HAZEL A. GOFF, ex officio
National Nursing Accrediting Service
1790 Broadway
New York 19, N. Y.

RENA HAIG
Bureau of Public Health Nursing
Room 509, 760 Market Street
San Francisco 2, Calif.

ELEANOR A. HALL, ex officio
Yale University
School of Nursing
New Haven 10, Conn.

SOPHIA A. JARO
Department of Health
Division of Public Health Nursing
Albany 1, N. Y.

MARTHA JOHNSON
The Johns Hopkins Hospital
Baltimore 3, Md.

IDA M. MACDONALD
State Board of Nurse Examiners
State Education Building
Albany 1, N. Y.

JEAN M. MARTIN
Dillard University
Division of Nursing
New Orleans 19, La.

ELEANOR MOLE
75 gates Avenue
Brooklyn 6, N. Y.

ELISABETH C. PHILLIPS
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Rochester 7, N. Y.

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School of Nursing
Minneapolis 14, Minn.

JOIS OLMSTED
Joint Orthopedic Nursing Advisory Service
1790 Broadway
New York 19, N. Y.

SISTER MARY GERALDINE
St. Louis University School of Nursing
6420 Clayton Road
St. Louis 4, Mo.

MRS. EUGENIA K. SPALDING
University of Indiana
Division of Nursing Education
Bloomington, Ind.

Representing the National Organization for Public Health Nursing

ELLEN L. BUELL
2063 Adelbert Road
Cleveland 6, Ohio

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

LILLIAN A. HUDSON
Teachers College, Columbia University
New York 27, N. Y.

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28 Hardy Avenue
Watertown 72, Mass.

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Grace-New Haven Community Hospital
School of Nursing and Nursing Service
New Haven, Conn.

Mildred I. Lorentz
School of Nursing and Nursing Service
Michael Reese Hospital
Chicago 3, Ill.

Adelaide A. Mayo, ex officio
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

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Teachers College, Columbia University
New York 27, N. Y.

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AGNES GELINAS
Skidmore College School of Nursing
303 East 20th Street
New York 3, N. Y.

MRS. R. LOUISE MCMANUS
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New York 27, N. Y.

ADELAIDE A. MAYO
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

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ELIZABETH S. BIXLER
310 Cedar Street
New Haven 10, Conn.

A. VERONICA LYONS
1320 York Avenue
New York 21, N. Y.

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The Catholic University of America
Washington 17, D. C.

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1790 Broadway
New York 19, N. Y.
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University of Pennsylvania
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New York 19, N. Y.

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1790 Broadway
New York 19, N. Y.

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The Johns Hopkins Hospital
Baltimore 5, Md.

ELIZABETH S. BIXLER, President
Association of Collegiate Schools of Nursing
310 Cedar Street
New Haven, Conn.

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744 Jackson Place
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KATHARINE FAVILLE, Dean
College of Nursing, Wayne University
Detroit 1, Mich.

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New York 19, N. Y.

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American Medical Association
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540 West 148th Street
New York 31, N. Y.

LUCILE PETRY, Assistant Surgeon General
U. S. Public Health Service
Washington 25, D. C.

MARY M. ROBERTS, Editor Emeritus
American Journal of Nursing
1790 Broadway
New York 19, N. Y.

EDWARD S. ROGERS, M.D., Dean
School of Public Health
University of California
Berkeley 4, Calif.

SISTER M. OLIVIA GOWAN, Dean
School of Nursing Education
The Catholic University of America
Washington 17, D. C.

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National Association of Colored Graduate Nurses
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New York 19, N. Y.

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500 East Avenue
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HELEN M. MARCHANT
354 Bellevue Street
Hartford, Conn.

ADELAIDE A. MAYO
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

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American Association of Industrial Nurses
654 Madison Avenue
New York 21, N. Y.

MARGARET SINNOTT
300 West 23rd Street
New York, N. Y.

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ELA BEST
American Nurses’ Association
1790 Broadway
New York 19, N. Y.

LEILA L. GIVEN
American Nurses’ Association
1790 Broadway
New York 19, N. Y.

PEARL MCIVER
U. S. Public Health Service
Office of Public Health Nursing
Washington 25, D. C.

Representing the National Association of Colored Graduate Nurses

MRS. ALIDA C. DAILEY
171 Lincoln Street
Montclair, N. J.

FAULKNER ROBINSON
721 Faile Street
Bronx, N. Y.

ALMA VESSELS
National Association of Colored Graduate Nurses
1790 Broadway
New York 19, N. Y.

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ELIZABETH S. BIXLER
310 Cedar Street
New Haven 10, Conn.

IRENE CARN
Skidmore College School of Nursing
303 East 20th Street
New York 3, N. Y.

MARGENE O. FADDIS
2063 Adelbert Road
Cleveland 6, Ohio

SISTER MARY GERALDINE
St. Louis University
St. Louis, Mo.

MRS. DOROTHY R. WILLIAMS
Association of Collegiate Schools of Nursing
2063 Adelbert Road
Cleveland 6, Ohio

Representing the National League of Nursing Education

AGNES GELINAS
Skidmore College School of Nursing
303 East 20th Street
New York 3, N. Y.

MARGUERITE C. HOLMES
440 East 26th Street
New York 10, N. Y.

A. VERONICA LYONS
1320 York Avenue
New York 21, N. Y.

ADELAIDE A. MAYO
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

LUCILE PETRY
U. S. Public Health Service
Washington 25, D. C.

(Continued on next page)

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Representing the National Organization for Public Health Nursing

MARY C. CONNOR
Teachers College, Columbia University
New York 27, N. Y.

KATHARINE E. FAVILLE
Wayne University, College of Nursing
Detroit 1, Mich.

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

Hazel Higbee
Bureau of Public Health Nursing
State Department of Health
Richmond 19, Va.

RUTH W. HUBBARD
1340 Lombard Street
Philadelphia 47, Pa.

Working group

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

Hazel A. Goff
National Nursing Accrediting Service
1790 Broadway
New York 19, N. Y.

Minnie Pohe
Department of Medicine and Surgery Veterans Administration
Washington 25, D. C.

Mrs. Mary S. Tschudin
University of Washington School of Nursing
Seattle, Wash.

Representatives from the fields of medicine, hospital administration, and general education act as consultants to the Committee on Unification of Accrediting Activities.

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Hortense Hilbert, Chairman
250 West 57th Street
New York 19, N. Y.

Representing the National League of Nursing Education

†MRS. Genevieve K. Bixler
5638 South Waterbury Road
Des Moines 12, Iowa

Stella Goosray
28 Hardy Avenue
Watertown 72, Mass.

Nellie X. Hawkinson
University of Chicago
Department of Nursing Education
Chicago 37, Ill.

Sister Mary Cornile
St. Joseph Hospital
Atlanta, Ga.

(Continued on next page)

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(Continued)

RUTH SLEEPER
Massachusetts General Hospital
School of Nursing
Boston 14, Mass.

ANNA D. WOLF
The Johns Hopkins Hospital
School of Nursing
Baltimore 5, Md.

Ex Officio

AGNES GELINAS
Skidmore College
School of Nursing
303 East 20th Street
New York 3, N. Y.

ADELAIDE A. MAYO
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

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83 Summer Street
Athol, Mass.

DOROTHY E. BAETHKE, P.T.
The Graduate Hospital School of Physical Therapy
University of Pennsylvania
Philadelphia 46, Pa.

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Texas Scottish Rite Hospital
Dallas, Tex.

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Harper Hospital
Detroit, Mich.

JEAN BARRETT, R.N.
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Syracuse 10, N. Y.

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Maternal and Child Hygiene and Crippled Children Section
Department of Health, Smith Tower
Seattle, Wash.

THELMA A. BROWN, R.N., P.T.
Physical Therapy Department
Providence Hospital
Chicago, Ill.

HELEN BRUCK, R.N.
University of Illinois Hospitals
1819 West Polk Street
Chicago, Ill.

ROBERT A. BURCAW
The National Foundation for Infantile Paralysis
120 Broadway
New York 5, N. Y.

M. OLEWEN DAVIES, R.N., ex officio National Organization for Public Health Nursing
1790 Broadway
New York 19, N. Y.

(Continued on next page)
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Durham, N. C.

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Omaha, Neb.

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11 South LaSalle Street
Chicago 3, Ill.

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137 Newbury Street
Boston, Mass.

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American Red Cross
Washington 13, D. C.

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The National Foundation for Infantile Paralysis
120 Broadway
New York 5, N. Y.

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U. S. Children’s Bureau
Washington 25, D. C.

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Vanderbilt University
School of Nursing
Nashville 4, Tenn.

CATHERINE WORTHINGTON, P.T.
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120 Broadway
New York 5, N. Y.

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Visiting Nurse Association
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American Red Cross
Washington 13, D. C.

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School of Nursing
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Valhalla, N. Y.

M. OLWEN DAVIES, R.N.
National Organization for
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1790 Broadway
New York 19, N. Y.

ALTA DINES, R.N.
118 East 54th Street
New York, N. Y.

HERBERT R. EDWARDS, M.D.
New York Tuberculosis
and Health Association
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New York 19, N. Y.

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Boston, Mass.

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Minneapolis, Minn.

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35 Elm Street
New Haven 10, Conn.

KATHARINE G. AMBERSON, R.N., Secretary
Joint Tuberculosis Nursing Advisory Service
1790 Broadway
New York 19, N. Y.

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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
Louise Darche, Secretary
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 Sutliffe; Secretary, Louise Darche; 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 25-27.
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, Laird 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.
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 McClery; 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 McClery; 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 McClery; 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 McClery; 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 McCleery; Treasurer, 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 Goostray; Treasurer, 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 Goostray; Treasurer, 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 Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1931 Atlanta, Ga., May 4-9.
President, Elizabeth C. Burgess; First Vice President, Effie J. Taylor; Second Vice President, Julie C. Tebo; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

President, Effie J. Taylor; First Vice President, Nellie X. Hawkins; Second Vice President, Julie C. Tebo; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1933 Chicago, Ill., June 12-16.
President, Effie J. Taylor; First Vice President, Nellie X. Hawkins; Second Vice President, Julie C. Tebo; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

President, Effie J. Taylor; First Vice President, Nellie X. Hawkins; Second Vice President, Julie C. Tebo; Secretary, Stella Goostray; Treasurer, Marian Rottman Fleming; Executive Secretary, Claribel A. Wheeler.

President, Effie J. Taylor; Vice President, Nellie X. Hawkins; Secretary, Stella Goostray; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

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

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

1938 Kansas City, Mo., April 24-29.
President, Nellie X. Hawkins; Vice President, C. Ruth Bower; Secretary, Stella Goostray; Treasurer, Lucile Petry; Executive Secretary, Claribel A. 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 Goostray; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

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

President, Stella Goostray; 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 Goostray; 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.

President, Agnes Gelinas; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Secretary, Adelaide A. Mayo.

1949 Cleveland, Ohio, May 2-6.
President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Director, Adelaide A. Mayo.

*Biennial meeting with ANA and NOPHN; 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 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.
World Federation for Mental Health, 19 Manchester Street, London W1, England;
c/o World Affairs Division, National Committee for Mental Health, 1790 Broadway, New York 19, N. Y.
PROCEEDINGS OF THE  
FIFTY-THIRD CONVENTION OF THE  
NATIONAL LEAGUE OF NURSING EDUCATION  

Cleveland, Ohio  
May 1–6, 1949  

MEETING OF THE COUNCIL OF STATE LEAGUES  
Sunday, May 1—9:00 a.m.–4:00 p.m.  

An open session of the Council of State Leagues was held in the Grand Ballroom of the Hotel Statler in Cleveland, Ohio, on Sunday, May 1, 1949. The chairman, Agnes Gelines, called the meeting to order at 9:15 a.m.

The secretary, Henrietta A. Loughran, called the roll* to which the presidents or representatives of twenty-six state leagues responded. The presidents or representatives of twelve other state leagues arrived after the roll call, making a total of thirty-eight state leagues represented at the meeting. Also present were the four officer-members of the Council as well as other members of the League.

The president and the executive secretary spoke a few words of welcome, pointing out that the meeting of the Council of State Leagues not only is of value to the state league presidents but also is helpful to the Board of Directors and Headquarters staff of the national organization.

REPORTS OF STATE LEAGUES  

At the invitation of the chairman, some of those present supplemented the state league annual reports as they appeared in the preprints with further information concerning the activities of their state leagues.

The Brown Report  

In the course of these reports, frequent mention was made of Nursing for the Future, by Esther Lucile Brown, Ph.D., the report of the study which Dr. Brown had made under the sponsorship of the National Nursing Council. The Virginia league had had a meeting at which Pearl McIver, president

*Bylaws—Article XI, Sec. 2. A quorum of the Council of State Leagues shall be ten members other than the officers. (Now Article IX, Sec. 3.)
of the American Nurses' Association, discussed the Brown Report and other
speakers told of the hospital construction under way and the needs in mental
disease hospitals, in veterans' hospitals, in public health nursing, and in
schools of nursing. This was followed at a later meeting by a discussion
of the ways in which the Report might be implemented in terms of the
changes needed in the basic curriculum. The president of the New York
state league reported on a meeting sponsored by the Committee on Catholic
Sisters at which Dr. Brown presented her findings in nursing education prac-
tices with special emphasis for the Catholic schools of nursing. A local league
in New York sponsored a joint meeting with other community agencies with
Dr. Brown as guest speaker and, at its next meeting, had a panel discussion
on the report. The Wisconsin league had held an institute on the Report
in February. In Minnesota, where the Minnesota Nursing Council had as-
sumed responsibility for stimulating the study of *Nursing for the Future*,
an institute for this purpose had been held in March and other plans were
being made at the state league's suggestion.

In Indiana a workshop on the Brown Report was held in cooperation with
various agencies and a committee, composed of nurses, doctors, hospital
administrators, and educators, was selected to determine how Indiana could
use and implement the recommendations made at the workshop. The Georgia
league had sponsored a two-day forum discussion, a large part of which was
devoted to a discussion of *Nursing for the Future* including a report of the
Indiana workshop. A panel discussion of the Report was one of the items
on the program of the four-day institute which the North Carolina league
held in March.

Several league presidents reported on the formation of groups to study the
Brown Report. In Hawaii such study groups had been set up in Oahu and
on three other islands. There had been ten study meetings on this subject in
Utah. A program of study sponsored by the Connecticut league and the State
Nurses' Association was being planned for the fall.

The Vermont league reported that it also was planning study groups in
different areas of the state. It was also reported that the Committee to Study
the Brown Report of the California league was sponsoring an institute for
the preparation of leaders to interpret *Nursing for the Future* to all groups
concerned through inservice programs in hospitals and public health agencies.

Several reports mentioned efforts which had been made to publicize and
interpret the Brown Report throughout the community. The Vermont league
had sponsored an institute on the Brown Report at the University of Vermont
which was attended by 230 people including members of the medical pro-
fession, hospital administrators, and others, as well as professional and non-
professional nurses. Two local leagues in Tennessee had held community
meetings designed to interest the public in the Report; one of these meetings
was broadcast over the radio. The New Jersey league reported that its forth-
coming forum on the community's responsibility toward the Brown Report
would also be broadcast. Participating in this forum would be a community representative, an editor, the president of a large state teachers college, a hospital administrator, a physician, and a professional nurse. In preparation for it the league had had 50,000 fliers, giving a thumbnail sketch of the philosophy of the Brown Report, prepared and sent to the schools of nursing for distribution among the lay public. In Maryland it was planned to have lay participation on the committee which was being formed to implement the Report.

Surveys

As one of the steps in implementing the Brown Report, the North Carolina league reported that a study of nursing needs and resources was being sponsored in the state by a committee headed by a physician. At an institute held by this league a preliminary report was made of the study of nursing education in North Carolina. The president of the Alabama league reported that a survey of nursing needs and resources in Alabama had been made by Margaret Carrington working under the auspices of the U. S. Public Health Service. In Tennessee, under an advisory committee mentioned in the Tennessee league’s report in the preprint, a two-month survey of nursing needs, facilities, and resources had been begun in April under the direction of Edyth Barnes, consultant, U. S. Public Health Service. The Washington state league president reported that the U. S. Public Health Service had been requested to make a survey in that state.

It was further reported that a detailed survey of all community resources available for nursing education was being made in Hawaii. The Committee on Curriculum of the Vermont league, with the director of the State Department of Public Health serving in an advisory capacity, was making a survey of community agencies in the state. The president of the Massachusetts league reported that the survey made by the Greater Boston Nursing Council had been discussed at a joint meeting of the league, the Nursing Council and the State Organization for Public Health Nursing, attended by 500 people.

Citizen Cooperation

Following the survey of nursing needs and resources in Alabama, the need was felt for the support and interest of the entire community. Accordingly, the Alabama league organized citizens’ committees throughout the larger centers of the state which, according to the state league president, “are doing a marvelous job promoting our program.” In Tennessee, the advisory committee reported on in the preprint, with representation from industry, general education, and consumer groups, as well as from nursing and other health groups, had evolved into the Tennessee Council of Nursing. At a general membership meeting of the New Jersey league in February
there had been a panel on the "Relationship of the Community to the School of Nursing," participated in by a public health nurse, a member of the community at large, the head of the Bureau of Family Relations, a head nurse in a hospital, and a coordinator of public health nursing from one of the schools. This panel was so effective that a similar program was conducted in another part of the state.

In Utah, it was reported, the state league was represented on the Welfare Council and Community Nursing Council and had cooperated with the State Hospital Association and the Utah State Women's Medical Auxiliary in the recruitment of student nurses. The Hawaii league reported that it had a committee working with medical and other health groups. In California so much interest had been stimulated among lay people that the league president reported that they want to join the League and work on state league committees. The California league had therefore set up joint committees on psychiatric nursing and careers in nursing and was contemplating establishing a joint committee on the Brown Report; through these committees lay persons can participate in the state league activities. The presidents of both the California and Tennessee leagues asked for interpretation of lay membership in the League—whether non-nurses who are participating on nursing councils and committees are eligible.

The Basic Curriculum

The Missouri league had held a curriculum conference during the spring for the directors and educational directors of the schools of nursing in the state and reported plans for another one in the fall. The representative of this league emphasized the need to think of the curriculum in terms of the implications of the Brown Report. She also stressed the need for curriculum guidance. The South Dakota league, also, was reported as planning an institute on curriculum.

The president of the Pennsylvania league reported: "Because of the inherent problems and as deeper study of the Brown Report was made, the Board of Directors of the Pennsylvania league, at its last meeting, thought it necessary to change somewhat its pattern of activity. For instance, one of the projects mentioned in the preprint deals with the study of a possible redistribution of classes throughout the three-year program along with the inclusion of new materials and greater emphasis on others. In view of some of the recommendations in the Brown Report relative to future types of nursing programs it seemed unwise to proceed with this project at a time when we were still studying the implications of the Brown Report and while we had not reached a decision as to the types of programs we would endorse. We would be working without a definite objective and therefore could not assure sound results, nor would we be likely to secure cooperation from the various schools in evaluating and using the suggestions. It was decided, therefore,
to make a survey to ascertain major present reactions to the Report and to ascertain further, in terms of possible acceptable plans, the problem areas in the curricula which require study before curriculum designs could be suggested for tryouts. It seemed wise to be ready to meet future needs rather than to plan for present programs whose patterns may change."

The Utah league, State Board of Nurse Examiners, and Public Health Nursing Section of the State Nurses’ Association, it was reported, had sponsored a series of one-day meetings each month to discuss such curriculum problems as the implications of the Brown Report insofar as the basic curriculum is concerned, the policies of the State Board which might be of assistance to schools of nursing, the integration of the curriculum, the contribution of public health agencies to the curriculum, the education of both professional and practical nurses for teamwork, and job specifications and qualifications for faculty personnel.

The president of the Illinois league reported that that league was working with the University of Illinois on the construction of a basic minimum curriculum for an affiliating program for a four-and-a-half-year degree course and that the university had accepted or would accept for affiliation any League-accredited school.

In Illinois, Iowa, Minnesota, and South Dakota, it was reported, the league was assisting the state boards of nurse examiners with the revision of requirements for state accreditation.

Social and Health Aspects

The president of the Hawaii league reported that an institute on the social and health aspects of nursing had been conducted in Hawaii by Mary J. Dunn of the U. S. Public Health Service and, as a follow-up, a course on the social and health aspects of nursing would be given at the University of Hawaii in June with full university credit. The president of the Kentucky league also reported a visit by Miss Dunn and stated that attempts were being made to include social and health aspects in the curriculum and to utilize public health organization units.

The Vermont league, it was reported, participated in an educational conference on the integration of social and health aspects of nursing in the basic curriculum, and its Committee on Curriculum, working closely with the State Board of Nurse Examiners, was planning a study of the curriculum content in relation to social and health aspects. One of the local leagues in New York was likewise reported to be preparing a guide which could be used by schools of nursing in the revision of the curriculum to provide for the greater integration of the social and health aspects.

The president of the New York state league also reported on the appointment of a special committee of that league, composed of a group of public health coordinators who had organized to study the problems related to their
own responsibilities and to assist with curriculum planning in all the schools of nursing in the state and who had conducted a three-day institute in the fall of 1948 for public health nurses and other faculty members on the development of social and health aspects of nursing in the basic curriculum. This committee was planning a series of regional institutes, the first of which would be held in Buffalo in May, 1949.

Affiliations

It was reported that the Committee on Curriculum of the New York state league had been studying the types of community agencies used as practice fields for nurse students and that a summary of the findings would be distributed to nursing schools throughout the state.

In Michigan, the Committee on Community Nursing Experience had been organized because so many schools wanted to provide rural affiliations for their students. In Utah affiliations were being established in rural public health.

The president of the Kentucky league reported that all Kentucky schools of nursing were currently offering a three-month affiliation in the nursing care of psychiatric patients and that units of Our Lady of the Oaks Hospital and Veterans Hospital at Lexington were approved for affiliation by the State Board of Nurse Examiners while the units in the Norton Infirmary and St. Agnes Hospital which were nearing completion would be associated, respectively, with the new nursing program at the University of Louisville and the Nazareth College Department of Nursing. The report of the Utah league indicated that during the past year the Committee on Curriculum of that league had outlined the curriculum for psychiatric nursing affiliations and listed the qualifications of personnel; work was then under way to secure funds from the Utah State Welfare Commission for the construction of a nurses' home at the Utah State Mental Hospital in Provo in order that student nurses might have the opportunity for an in-state psychiatric nursing affiliation. In Hawaii, where a survey had been made of affiliating institutions, psychiatric affiliations had been approved for university credit for both graduate and undergraduate nurses.

The Kentucky league president reported that arrangements were being made so that all schools in Kentucky might offer tuberculosis nursing experience as part of the nursing program; meanwhile, two Kentucky schools were providing a six weeks' affiliation in tuberculosis nursing at Dunham Hospital in Cincinnati, Ohio.

University Programs

The president of the Arkansas league reported that the Arkansas legislature had appropriated $1½ million dollars for the establishment of an addition to the medical center of which a new university school of nursing would
be an integral part. The Arkansas league had accordingly held a workshop at which ways and means were discussed by which the league and other state nursing organizations might assist in the establishment of this school. The Iowa league reported that a school of nursing at the State University of Iowa would be in full operation by 1950. In Kentucky, it was reported, the Nazareth College at Louisville was preparing to open a department of nursing and the University of Louisville was establishing a collegiate program in nursing. The president of the Louisiana league reported that a university program at the Northwestern State School had been organized on a three-year plan from which it was expected that a four-year plan would evolve; students for the new school would be drawn from the five schools of nursing in Shreveport which were closing.

The president of the Hawaii league reported that plans for the five-year program leading to a degree in the University of Hawaii as reported in the preprint had, on the advice of Mary J. Dunn of the U. S. Public Health Service, been revised in favor of a four-and-one-half-year integrated program for which all facilities were available.

It was reported that the Alabama league, in cooperation with the State Nurses' Association and the state university, had been working for the establishment of a school of nursing at the university and a bill appropriating funds for such a purpose had been introduced into the legislature.

The Mississippi league, which the previous year had stimulated the appropriation of funds by the legislature for a university school of nursing, had as a topic at the league meeting "The University School of Nursing." The president of the Michigan league reported a meeting at which Dorothy Rogers Williams read a paper on "What Is a Collegiate School of Nursing?"—an important meeting, it was emphasized, in that it would help prevent the development of unsound programs.

**Graduate Nurse Education**

The president of the Connecticut league reported that the Connecticut legislature was considering a bill providing scholarships for graduate and student nurse education. In Alabama, it was reported, a bill in the legislature would, if passed, appropriate $50,000 for advanced nursing education to provide a means for out-of-state training. A local league in New York, in cooperation with the district nurses' association, had promoted an indoor Christmas carnival to raise funds for scholarships for graduate nurses.

The Committee on Curriculum of the Rhode Island league, recognizing the fact that young graduate nurses frequently take courses without much planning, had made arrangements whereby the members of the committee could serve as counselors of young graduate nurses, advising them as to the courses available and helping them plan their selections in an orderly way.

The president of the Kentucky league reported in detail about the activities
of one hospital school of nursing "because it portrays what can be done where a need is recognized and where the administration is truly progressive." In this hospital school, since February 1946, three nurses had been aided in completing their work toward a baccalaureate degree and one toward a master's degree in nursing education, two were given the financial aid necessary for taking a course in personnel administration, and ten were assisted in completing postgraduate work in clinical subjects. It was further reported that this same school was planning to have all its supervisors and head nurses take a two-week specially planned course in tuberculosis nursing and take a longer period of training in the care of the psychiatric patient. The president of the North Carolina league reported that the Education Committee, a joint committee of the league and State Nurses' Association with lay representation, had sent out suggestions for inservice educational programs to all schools in the state.

The Hawaii league reported that the program for graduate nurses in the University of Hawaii had been remodeled and reorganized.

The president of the Alabama league reported that a refresher course was being offered to private duty nurses in Birmingham and Mobile and that 85 were taking advantage of this opportunity in Birmingham. The Colorado league, it was reported, had helped in the organization of classes in new developments in nursing techniques for members of the private duty section. The New Jersey league reported that its Committee on Bedside Nursing had held one institute and was planning another; no admission was being charged for these institutes since, as a general rule, the bedside nurse is not eligible for League membership.

Institutes on Clinical Subjects

It was reported that the Committee on Curriculum of the Louisiana league was encouraging group study of clinical instruction by the different special interests and that the medical and surgical group in New Orleans was planning on having a program at the league meetings during the summer and fall. The Alabama league had conducted two institutes on clinical teaching, one in Birmingham and the other in Mobile, attended by 100 nurses.

In Indiana a two-day workshop on poliomyelitis nursing had been sponsored in April by the league and several other organizations; there had been an attendance of nearly 200 people. An institute on poliomyelitis nursing was being planned by the Alabama league and one on orthopedic nursing by the Maryland league.

An institute on pediatric nursing had been sponsored by one of the local leagues in Texas with state-wide participation, and the South Dakota league reported plans for institutes on pediatric nursing and medical and surgical nursing. The Maryland league had held an institute on rheumatic fever in childhood.
In April a three-day institute on psychosomatic nursing, attended by seventy persons, had been sponsored by the Committee on Curriculum of the Tennessee league. Missouri likewise reported an institute on psychosomatic nursing. One of the local leagues in Texas had held an institute on mental hygiene, and a panel on "Mental Hygiene in the Basic Curriculum" was the topic at a meeting of a local league in Massachusetts.

**Group Dynamics**

The president of the Rhode Island league reported that, after a meeting in the fall with an expert in group dynamics, the league decided that graduate nurses could well profit from education in this field. Accordingly, the league arranged for a 15-hour course to be given at the College of Education, which would be open to all nurses in the state and which would comprise instruction in the methods, procedures, and principles of group dynamics and practical periods demonstrating the techniques of interviews, committee meetings, panel discussions, classes, radio presentations, and business meetings of organizations such as nurses' organizations, the last meeting to be devoted to a discussion of the Brown Report.

**Audio-Visual Aids**

It was reported that a committee of one of the local leagues in New York had worked with the State Department of Health in building a section in the Department's film library that would be of specific interest to all schools of nursing in the state and that the committee was planning to distribute to the schools a report on the films it would recommend for purchase. The Wisconsin league reported that its Committee on Audio-Visual Aids was planning an institute to be held in the latter part of May.

**Student Nurse Recruitment**

In connection with student recruitment activities, the Utah league had prepared counseling kits containing bulletins from the various schools of nursing and the *Handbook for Career Counselors on the Profession of Nursing* and sent them to all high schools and junior colleges in the state. A great deal of help had been obtained from the State Hospital Association which assessed its members 50 cents per bed irrespective of whether they had schools of nursing since all hospitals benefit from additional numbers of graduate nurses. The State Hospital Association also assisted in recruitment efforts by securing scholarships of $150 each for beginning students so that each hospital in the state had at least one scholarship; one hospital board voted ten of these scholarships and one or two individuals gave seven each. The Utah league also participated in Career Week sponsored by the State Board of Education.

The president of the Rhode Island league reported that the recruitment
drive in Rhode Island, reported on in the preprint, was sponsored by the Blue Cross which solicited $100 from each member hospital. As an outcome of this drive a year-round speakers’ bureau had been established. Arrangements had also been made to send bulletins to high school counselors so that they could keep abreast of nursing activities.

One of the local leagues in New York, in conjunction with the district nurses’ association, sponsored an “Open House Week” for high school students and established a speakers’ bureau to supply speakers for high schools, girls’ clubs, and other groups. Another local league in New York assisted with two local conferences with high school principals, counselors and school nurse teachers. The Committee on Careers in Nursing of South Carolina, it was reported, was planning a series of meetings with high school principals and deans of girls in all high schools throughout the state.

The president of the Kentucky league reported that the Handbook for Career Counselors on the Profession of Nursing had been distributed to many counselors in the high schools of Kentucky. Also, she reported that an active recruitment committee had secured a list of all high school graduates in Kentucky who had manifested an interest in nursing and had made mimeographed copies of this list available to the schools of nursing in the state. Considerable help in recruitment efforts had been given by lay persons who had visited high schools and had follow-up interviews with students who showed an interest in nursing; one such volunteer worker had visited thirty-eight schools and talked personally to from four to five hundred young women. The president of the California league also emphasized the assistance that had been rendered by non-nurses through a joint committee with the league’s Committee on Careers in Nursing.

The Committee on Careers in Nursing in North Carolina had helped in plans for the selection of Miss North Carolina Student Nurse of 1949 and had given her a scholarship of $150 for a course in nursing education. The president of the Arkansas league reported that the state university was making plans for a pre-nursing program, participated in by Eleanor Helm, in connection with its annual pre-medical day.

The president of the Washington state league emphasized the importance of consolidating recruitment efforts, stating that high schools in Washington were beginning to object to uncoordinated campaigns by individual hospitals and different agencies.

Measurement and Guidance

The presidents of the Illinois and Mississippi leagues reported that, through the activities of their leagues, their states were participating in the State Board Test Pool. It was also reported that the Committee on Measurement and Guidance of the New York state league, through local league committees, had studied and compiled the advantages of New York State joining the State Board Test Pool.
In Kentucky, it was reported, the State Board of Nurse Examiners favors the use of the Test Pool and had urged schools of nursing to prepare for the participation of that state in the near future. The president of the Kentucky league also stated that many schools of nursing were using the NLNE pre-nursing test and some were using the NLNE achievement tests as comprehensive examinations at the termination of the period of training; this use of the achievement tests, she stated, had resulted in expressions of satisfaction on the part of both faculty and students and had been helpful in estimating the progress of the teaching program because of the school's opportunity to compare its outcomes of instruction with those of other schools throughout the country.

The president of the West Virginia league stated that an institute in March, conducted with help from NLNE Headquarters in two sections of the state, would probably result in the use of the NLNE pre-nursing and achievement tests by more schools in the state. The Vermont league also reported on a successful institute during the spring with participation from the NLNE Department of Measurement and Guidance and at which all Vermont schools of nursing were represented. The Massachusetts, Colorado, and Wisconsin leagues, it was reported, were planning institutes on measurement and guidance for the coming fall.

At a four-day institute in Chapel Hill in March, sponsored by the North Carolina league, there had been consideration of admission procedures in a university and in a school of nursing, a meeting on the evaluation of student progress by the Evaluation Committee of the Duke University School of Nursing, and a paper on evaluation in a public health organization.

The topic at the annual meeting of the Indiana league was "Mental Hygiene as Applied to Schools of Nursing." A personnel counselor from the Veterans Administration discussed personality measurements and how they might be useful in schools of nursing, and there was a panel discussion of the ways in which mental hygiene could be applied to the teaching of student nurses over and beyond the use of mental hygiene principles in classroom instruction.

The president of the New York state league exhibited a pamphlet entitled Outline for Organization of a Counseling Program in Schools of Nursing which had been prepared by a committee of one of the local leagues in New York and which was being made available by the state league at $1.00 per copy. It was further reported that the Catholic Sisters Committee of the New York state league had been making a study of guidance programs in schools of nursing.

The Alabama league had held an institute on "Guidance in Schools of Nursing." The counseling services of the Rhode Island league for graduate nurses have already been described in the section on Graduate Nurse Education.
Administration of Schools

It was reported that the Sisters Committee of the Michigan state league had held a three-day workshop on the organization and administration of schools of nursing for which Claire Favreau of the New York State Department of Education served as consultant. The Galveston-Houston league of Texas had held an institute on the administration of schools of nursing led by Dorothy Rogers Williams and attended by over 100 people.

The Pennsylvania league reported that it was trying to stimulate greater interest in staff and faculty organization and that a panel on this subject was being planned for the next annual joint meeting of the Pennsylvania league, State Nurses' Association, and State Organization for Public Health Nursing.

Personnel Qualifications

Under the leadership of the State Board of Nurse Examiners, the Minnesota league, it was reported, had been one of the co-sponsors of a series of four all-day meetings to devise and set up new standards for faculty qualifications for schools of nursing in the state. These meetings were attended by administrators and instructors in all schools of nursing, hospital directors and nursing administrators, instructors and supervisors in psychiatric hospitals, and faculty in schools of nursing.

The president of the North Carolina league reported that the Education Committee of the league and the State Nurses’ Association had prepared and distributed recommended qualifications for positions in hospital nursing services.

Accrediting

The president of the Kentucky league reported: "The Kentucky league almost unanimously favors a national accrediting body and looks forward to the time when it will be ready to function. The league recognizes this as a great step forward in the progress of nursing."

One of the items in the platform of the Minnesota league read: "The profession of nursing should accept the responsibility for accreditation of schools of nursing."

The Michigan league president reported that Lucile Petry, chairman of the Committee on Unification of Accrediting Activities, had talked to the Michigan league on plans for accrediting.

Practical Nurse Education

The Ohio league president reported that the league's Committee on Practical Nurse Education had formed an advisory committee with the Vocational Education Division of the Department of Education which was working on
recommended curricula for practical nurse programs particularly in vocational schools, and that there were currently three programs functioning in Ohio under the Vocational Education Division—one in Cincinnati, one in Toledo, and one in Cleveland. In Hawaii, it was reported, the league had been active in working with the practical nurse school operated under the Department of Public Instruction as a vocational school. In addition to courses for practical nurse students, refresher courses had been arranged for licensed practical nurses and an evening school was also being contemplated. The Utah league reported that it had assisted with the opening and operation of a practical nurse school offering a day program for beginners and supplemental or refresher courses for practical nurses asking for licensure under waiver. The New Jersey league reported plans for refresher courses for the practical nurses who had already been licensed under waiver. The president of the Louisiana league stated that a vocational state school had been established in Shreveport and that it was hoped that another would be opened in New Orleans.

The Kentucky league president reported that programs for practical nurses were being planned with the Department of Education at Louisville and that the educational director of the State Board of Nurse Examiners was working with a committee of the state league on the preparation of a curriculum for practical nurse training in other areas of the state. The president of the Mississippi league reported that the Committee on Practical Nurse Education of that league had been working with a committee of the State Nurses' Association toward the development of curricula for practical nurse education. The president of the Colorado league reported: "The Committee on Curriculum is doing a survey of the present use of the practical nurse in the hospitals of the state. This should aid in our efforts to assist in planning a curriculum for practical nurses and in the education of nurses to prepare them to assist with state legislation for practical nurses."

In reporting on the formation of a committee on practical nursing of the Pennsylvania league, the president of that league stated: "A twofold purpose was submitted to the committee, one being to implement the education and use of the practical nurse and the other pertaining to control in terms of patient welfare. The latter purpose stems from one of the recommendations in the Brown Report and the Ginzberg Report. Concern was registered about the recommended proportion of professional nurses to practical nurses, that is, one third professional to two thirds practical nurses. If we shall need in the future the predicted 600,000 nurses to nurse the public, such a ratio would indicate that there would be only 200,000 degree nurses to assume the many executive positions and the supervisory positions in nursing and 400,000 practical nurses with one-year courses to carry a great deal of the general nursing load. It was felt that we could not approve releasing such a large proportion of one-year nurses to nurse our patients. Granted that there is a place for the practical nurse, we felt that study of a recommendation
such as this was necessary and that suggested adjustments of the recommendations should be prepared for alternate consideration."

**Professional and Practical Nurse Practice Acts**

It was reported that Iowa had a new Nurse Practice Act mandatory for professional nurse registration and permissive for practical nurse licensure. The Illinois league president reported that progress was being made in that state toward securing a permissive Practical Nurse Act, and the Kentucky league president stated that it was hoped that a bill for licensing practical nurses in that state could be passed in 1950. The Ohio league president reported that a bill for practical nurse licensure, supported by the state league and the Practical Nurse Association of Ohio, had already passed the state Senate and was at the moment coming up for a second hearing before the House committee. In Tennessee and Texas, it was reported, revisions of the nurse practice acts had been defeated, and the president of the Michigan league reported that the same fate was probable for a pending bill for practical nurse licensure in Michigan. The Kansas and Mississippi leagues reported on efforts in their states for securing legislation for the licensure of practical nurses.

In the state of Washington, it was reported, separate acts for practical nurses and for professional nurses had succeeded in passing although the league had been unable to get one combined bill passed. The Washington state league president further reported that the league and State Nurses' Association had been asked to make recommendations for the nurse members of the Professional Nurse Board and the professional nurse members of the Practical Nurse Board, also for the new advisory council which had come into being under the new law.

**Structure Study**

Many references were made to the study of the structure of nursing organizations. The California and Kentucky leagues reported that local study groups had been organized, and in North Carolina a full-day workshop on structure was to be followed with other workshops throughout the state in the hope of reaching every nurse. In Wisconsin five workshops on the structure were to be conducted. In New Jersey and Mississippi the structure of nursing organizations had been the subject of recent league meetings. Colorado reported that the league would participate in an institute to study the structure in May.

**Relationships with Other Nursing Organizations**

There was considerable indication that state leagues and other state nursing organizations were working together on their common problems. The Louisiana, Missouri, and North Carolina leagues reported a growing tendency to
form joint committees with the state nurses' associations, the North Carolina league president pointing out the financial advantage in such an arrangement. The president of the Michigan league reported that the Michigan Nursing Center Association, participated in by all nursing groups within the state, was now in its third year and that the state league, which serves as the Education Committee of the Association, assists in developing plans for educational programs at the request of any nursing group in the state.

The president of the Washington state league reported: "For the coming year all committees of the State Nurses' Association and the state league will be joint committees, with the chairman chosen from the organization that seems to have the greatest responsibility for the function of the committee and the co-chairman from the other organization and the other part of the state. In this way, the twenty-seven committees of the State Nurses' Association and the fifteen league committees have been merged into twenty-two joint committees."

The president of the Utah league reported: "The league is so closely a part of the State Nurses' Association that it is most difficult to separate its activities from the activities carried as the education department of the larger organization. While the state league maintains its identity, structure, and program, it receives, in recognition of its functions as the department of education, support (including financial) from the State Nurses' Association. On a small scale it is a laboratory example of the kind of relationship that might evolve on the national level if a single national nursing organization should be developed."

One of the resolutions adopted by the Georgia league was to: "Recommend to the Georgia State Nurses' Association that we have joint board meetings of the six state nursing organizations and sections—Private Duty Nurse Section, State Board of Nurse Examiners, Georgia Organization for Public Health Nursing, Georgia State Nurses' Association, Georgia League of Nursing Education, and Georgia Association of Industrial Nurses."

The Texas league reported that it and the State Organization for Public Health Nursing were holding joint board meetings and were in other ways strengthening their individual programs by cooperative efforts.

On the other hand, the reports of some of the state leagues indicated a possible trend in the opposite direction, that is, away from a too close identification with other state nursing organizations. The president of the Indiana league reported that formerly, when the league met in conjunction with the State Nurses' Association, the short time allotted to the league meeting had coincided with section meetings; therefore, for the first time, the Indiana league had had a one-day meeting devoted entirely to the league. Similarly, the North Dakota and Vermont leagues reported the holding of separate and distinct league meetings for the first time.
State League Platforms and Resolutions

The president of the Minnesota league presented the following tentative platform for that league which had been drawn up by a special committee for submission to the general assembly at its annual meeting in October:

1. Education of professional nurses should be an integral part of an institution of higher education, either public or private.
2. Education of practical nurses should be an integral part of an educational institution, either public or private.
3. 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.
4. Maximum use of educational programs that meet standards agreed upon by the nursing profession should be made; elimination of duplication of educational offerings through pooling of resources and plans, increased numbers of students in a smaller number of well-staffed schools should follow.
5. Students of nursing should pay a proportionate share of the cost of their education as do other students in the same educational institution.
6. The profession of nursing should accept the responsibility for accreditation of schools of nursing.

The Resolutions Committee of the Georgia league had drawn up the following resolutions which were unanimously adopted by the seventy members attending the two-day forum on March 21-22:

The Georgia League of Nursing Education feels great responsibility to the public to improve the quality and quantity of nursing. Therefore, be it resolved that this organization:

1. Give immediate consideration to the need for studies in nursing service and nursing education in Georgia and that these studies be followed by appropriate action.
2. Undertake responsibility for seeking ways and means for financing these studies.
3. Have an active public relations committee.
4. Encourage nurses to formulate study groups to study nursing and nursing needs in Georgia.
5. Recommend to the Georgia State Nurses' Association that we have joint board meetings of the six state nursing organizations and sections (a) the Private Duty Nurse Section, (b) the State Board of Nurse Examiners, (c) Georgia Organization for Public Health Nursing, (d) Georgia State Nurses' Association, (e) the Georgia League of Nursing Education, and (f) Georgia Association of Industrial Nurses.
6. Support reactivation of the legislative committee of the Georgia State Nurses' Association for determining licensure of the practical nurses.
7. Give authentic and unbiased information on nursing facts to all nurses and to the public.
8. Undertake the responsibility for seeing that these resolutions and results of studies be disseminated and utilized in promoting better understanding of nursing needs.
9. Encourage grass root participation in lay and allied professional groups throughout Georgia.
10. Encourage research in the nursing fields in Georgia.

Dissemination of Information

Several state league presidents told of new channels being used by their leagues to get information to their members. The North Carolina league was distributing to all its members a news letter using material from several of the NLNE League Letters with additional state material. The California league had also started the publication of a news letter; two issues had already been distributed and two more were planned—one on the present convention and one on the forthcoming meeting of the International Council of Nurses in Sweden.

The South Carolina league, it was reported, purchased copies of the NLNE League Letter and distributed them to all its members. The Maryland league, at its last meeting, had distributed leaflets containing a statement from the League Letter regarding the responsibilities of League members toward federal legislation.

The president of the Hawaii league reported that because of the difficulty which League members on the various islands of the Territory of Hawaii have in attending meetings in Honolulu, small nursing information committees were being established on these other islands. The president of the Minnesota league stated that, in order to keep the general assembly better informed, various committees were now reporting each month to the general assembly and reports were made of any special actions taken at board meetings. The Minnesota league also reported that more space had been assigned to the league in the Minnesota Registered Nurse. The South Dakota league was reported to be using space in the news letter of the South Dakota Nurses' Association, and the Pennsylvania league president reported on plans for encouraging League members to contribute to a greater extent to the bulletin of the State Nurses' Association.

Financing State League Activities

The president of the New Jersey league reported on several ways in which that league raises funds for its activities. The several institutes which are held each month more than pay for themselves through the 50 cents admission
fee charged to non-League members, many of whom attend. During the spring $3,000 had been raised through the raffle of an Easter outfit, and a concert was being planned for the fall.

The Massachusetts league reported arrangements to raise funds by selling a block of tickets at “Pops Night” of the Boston Symphony. The Washington state league, it was reported, raised over $600 by raffling off a radio console.

The Utah and North Carolina leagues were reported to have received considerable support for their activities from their state nurses’ associations.

New Local Leagues

The president of the Kansas league stated that a group of League members in Topeka were interested in setting up a local league. The president of the Michigan league also reported that a new local league in that state was in prospect.

Organizational Patterns

Many of the league presidents reported on the increasing membership rolls in their leagues. Several stated that, although their membership was increasing, their leagues were still “small leagues” of under one hundred members. The president of the North Carolina league mentioned ways in which that “small league” had partially resolved some of its difficulties. Instead of trying to “cover the waterfront” it had focused its attention on a selected group of problems. Fewer committees had been appointed, and the president expressed satisfaction that the National League was also making attempts to consolidate its committee activities. Instead of having so many league-sponsored institutes, it was encouraging universities to hold needed institutes.

1951 League Convention

The president of the Massachusetts league announced that that league was serving as hostess to the National League of Nursing Education convention in 1951.

Southern Regional Conference

The president of the North Carolina league, in her capacity as Recorder of the Regional Conference of State League Representatives held in Atlanta in April, reported on this conference which was attended by representatives from the following state leagues: Alabama, Arkansas, Florida, Georgia, Louisiana, North Carolina, South Carolina, Tennessee, Virginia and West Virginia.

“For the last several years studies have been made of the southern states, their assets, and their needs; out of these studies has grown the desire to find
out what can be done to remedy the conditions found in these states. It is believed that many of these remedies will be found in better education. To study this situation and find the method through which education may be made more effective in improving the life of the people of the region, a Regional Council for Education, consisting of the governors of the fourteen states and two other representatives from each state, was set up with headquarters in Atlanta, Georgia.

"Several of the members of the leagues of nursing education in these same states agreed that it would be well for those interested in nursing education to seek some relationship with the Regional Council for Education. As a result of these inquiries sixteen nurses representing leagues in ten of these southern states met in Atlanta on April 1 and 2, 1949. Gladys S. Benz was also present representing the NLNE and Mrs. M. E. L. Carnegie representing the Commission on Human Medicine.

"The group decided to set up an organization on a regional basis to be ready to give suggestions on nursing education to the Regional Council for Education. The facilities of the office in Atlanta were made available to us. This organization is still in the planning stage. To start the work immediately the group made the following recommendations:

"I. Survey of resources and needs

A. Each state league of nursing education be responsible for studying nursing needs and resources according to the pattern of research of the Regional Council for Education.

B. Each state league is urged to make available copies of such surveys for regional planning.

C. Immediate consideration be given to determining:
   1. The number of students in the basic program going out of the region for affiliations
   2. The number of graduate nurses going out of the region for study
   3. The number of graduate nurses going out of the region for graduate study.

"II. Use of facilities now available

A. That state leagues urge their memberships to consider scholarships available in the field of psychiatric nursing and encourage applicants to use these scholarships and return to the region.

B. That state leagues explore the possibility with the state health departments for opportunities to provide educational experiences for faculty and hospital staffs.

"Recommendations to the Regional Council for Education

1. It is requested that the Regional Council for Education might serve as a repository for information of nursing needs and resources in order that
such material may be available for study and planning by this group and by the Council.

2. It was recommended that the director of the Regional Council for Education be requested to explore the possibilities of development of facilities for psychiatric nursing instruction under the Regional Council for Education, since this is one of the greatest needs in this region."

**UNESCO Meeting**

Frances H. Cunningham, the president of the Ohio league who had represented the NLNE at the Second National Conference of the United States National Commission for UNESCO (United Nations Educational, Scientific and Cultural Organization) in Cleveland on March 31-April 2, made a brief report to the group, stating:

"I think every one of you should go and find out whether your state has a State Commission on UNESCO. If so, find out what groups are being organized and how you can help out.

"I think we should also examine our curricula to find out whether or not we are including everything we can to prepare graduates who are working on an international level, whether we are doing all we can to promote international peace and foster a feeling of fellowship with people from other lands, and, particularly in our graduate programs, whether we can accept any more foreign students. Find out about the Fulbright and Smith-Mundt Act for help in the transportation of foreign students.

"In the college and university section we were urged to go to all groups on our campuses such as fraternities and sororities and other clubs, and ask them if they would be responsible for financing a foreign student in this country. There are a number of opportunities for exchange work although not many in nursing.

"So find out what is being done in your own state and maybe on your own campus as far as UNESCO is concerned."

In this connection, the president of the Washington state league reported that there is a State Commission in the state of Washington and that the state league's representative to the Commission meeting participated rather actively at the meeting.
Alabama

New members in 1948: 35

Local leagues: Birmingham—Nina Mae Basham, President
Mobile—Sister Martina, President

Committees: Committee on Arrangements—Ruth Horn, Chairman
Committee on Curriculum—Hazel N. Hurt, Chairman
Committee on Eligibility—Avis M. Brown, Chairman
Committee on Nominations—Sister Vincent, Chairman
Committee on Program—Mrs. George Dennison, Chairman
Committee on Revision—Gertrude Hoerig, Chairman
Committee on State Board Problems—Frances Whitten, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Bertha McEl-
derry, Chairman
Committee on Citizens and Recruitment—Elizabeth Gethin, Chairman

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

Activities: The year 1948 has been an active one for the Alabama league. The theme adopted for the year was "Better Nursing Care for Alabama's Citizens." At the league's annual convention in Mobile, November 5-6, 1948, Ruth Gillon, nurse consultant, Division of Hospital Facilities, U. S. Public Health Service, gave an interesting paper on "Planning Better Nursing Care for Alabama's Citizens."

It was voted at the annual convention to ask each graduate nurse in Alabama voluntarily to contribute $1.00 or more to the nursing education program of the state league for 1949. This money is to be used to hold workshops and institutes.

The league has worked with the University of Alabama and the State Nurses' Association in requesting that a survey be made by the U. S. Public Health Service for the purpose of determining the need for a school of nursing in the University of Alabama.

The league has organized the Alabama Citizens Committee for Nursing Education. This committee is working with the nurses in promoting the establishment of a school of nursing in the University of Alabama and in providing scholarship funds for advanced nursing education.

Loretta E. Heidgerken, Assistant Professor of Nursing Education, The Catholic University of America, conducted an institute on Clinical Teaching, in Birmingham and in Mobile. These institutes were attended by 144 nurses.

Mary J. Dunn, senior nurse officer, U. S. Public Health Service, conducted an institute on The Social and Health Aspects of Nursing. It was attended by 20 institutional and public health nurses.

The league has added a Committee on Recruitment to work with the director of the recruitment program sponsored by the State Nurses' Association.

The Committee on State Board Problems developed a project on "Loss of Students from Schools of Nursing in Alabama."

The monthly programs offered topics of interest and variety:

1. The outpatient department—its usefulness and value to students and schools of nursing.
2. The relation of general education to professional education.
3. Evaluation of Alabama schools of nursing with discussion of points keeping us from obtaining National League recognition. What can we do to eliminate these weaknesses?
4. The hospital public relations department and its aid to the school of nursing.
5. The value of pre-entrance testing and estimates of behavior traits in selecting students for schools of nursing.
6. The mental hygiene program in Alabama.

Arkansas

New members in 1948: 3
No local leagues.

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

Activities: An institute on Ward Management and Ward Teaching was conducted by Eleanor M. Helm, instructor, Graduate Nurse Program, Washington University, St. Louis. Four sessions were held: (1) "The Basic Requirements of a Sound Ward Teaching Program in a School of Nursing"; (2) "The Head Nurse as an Administrator"; (3) "What Is Total Nursing Care," and (4) "A Ward Teaching Program in Action."

As a follow-up of this program, Miss Helm was the guest speaker at the league annual meeting on "Ward Teaching Versus Traditional Classroom Teaching." At the night session of the annual meeting, highlights on Nursing for the Future were presented. The student association of the Arkansas Baptist School of Nursing presented a pageant, "Our Diamond Jubilee."

The program for 1949 will include a study and a discussion of Nursing for the Future by Dr. Esther Lucile Brown. All interested professional and lay people have been invited to participate.

California

New members in 1948: 71

Local leagues: Northern Valley Section (Sacramento)—Mary Somogyi, President
Northern Section (San Francisco)—Belva Olsen, President
Southern Section (Los Angeles)—Zella Nicolas, President

Committees: Committee on Curriculum—Ruth E. Feider, Chairman
Committee on Membership and Eligibility—Mary Cameron, Chairman
Committee on Finance—Lydia DuQuaine, Chairman
Committee on Measurement and Guidance—
Committee on Program and Institute—Maxine Attebury, Chairman
Committee on Publication and National Tests—Sylvia Michal, Chairman
Committee on Revision—Sister M. Baptist, Chairman
Committee on Careers in Nursing—
Committee on Practical Nurse Education—Zella Nicolas, Chairman
Committee on Psychiatric Nursing—Katherine Steele, Chairman
Joint Committee of the California League of Nursing Education and the California State Organization for Public Health Nursing—Rena Haig, Chairman
The California league functions as the department of education of the State Nurses' Association.

Activities: The various standing and special committees of the California league have been active during the year.

The result of the work of the Committee on Membership and Eligibility is shown by the increased membership during the past year.

The three main activities carried on by the Committee on Measurement and Guidance in the realization of its objectives were: (1) the construction of achievement test items in medical and surgical nursing; (2) the compilation of an annotated bibliography on evaluation instruments and techniques; (3) the preparation of a manual of information on evaluative techniques.

One of the most time-consuming pieces of work was carried out by the Committee on Careers in Nursing. Its general plan of activity was: (1) maintenance of a permanent mailing address for the committee; (2) development and maintenance of a speaker's panel; (5) offering the services of the committee in cooperation with the activities of Public Health Nurse Week; (4) requesting the Governor of California to proclaim the week of May 15, 1948, as Student Nurse Recruitment Week; (5) requesting the California Hospital Association to place the major emphasis of Hospital Week on student nurse recruitment; (6) revising and reprinting the bulletin entitled, Information on Accredited Schools of Nursing in California, and its distribution to all recipients on the mailing list; and, (7) printing and distributing a "stuffer" containing information about financial aid available to students.

The chairman of this committee worked with the Public Relations Committee of District 9 of the California State Nurses' Association and the Student Nurses' Association of San Francisco by participating in the recording of a series of talks in which were discussed various aspects of nursing from the point of view of the student nurse. These recordings were broadcast over Station KYA during the month of August.

Definite progress has been made by the Joint Committee of the California League of Nursing Education and the California State Organization for Public Health Nursing on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum. Achievements of this committee are shown by the improved understanding of the meaning of total patient care and the application of this knowledge as evidenced by the expressed desires of some head nurses for observation of public health activities, and also by the development of an effective referral system.

The Committee on Practical Nurse Education has outlined a curriculum in practical nursing which is sponsored and approved by the California League of Nursing Education and is now being offered on an experimental basis by Pasadena City College. Another program for practical nurses, approved by the league, has been established in San Francisco under the auspices of the public school system.

Many interesting meetings have been held by the local leagues. Discussion centered around problems pertinent to such topics as: "What Are We Doing to Improve Schools of Nursing?" and "The Changing Concepts of Nursing."

The annual convention of the California league was held in Long Beach on November 1, 1948. Special programs were planned for Student Nurse Day. The Joint Committee of the California League of Nursing Education and California State Organization for Public Health Nursing sponsored a meeting where the subject, "Incorporation of Social and Health Aspects in the Teaching of Tuberculosis," was presented. This meeting was conducted as a final class in tuberculosis nursing with panel participants acting as guest speakers to provide information regarding social and health aspects of tuberculosis nursing.
COLORADO

New members in 1948: 15
No local leagues.

Committees: Committee on Arrangements and Program—Clara Bain, Chairman
Committee on Curriculum—Elizabeth Harris, Chairman
Committee on Eligibility and Membership—
Committee on Finance—Louise Boyd Taylor, Chairman
Committee on Nominations—Julia Martin, Chairman
Subcommittees of Committee on Curriculum:
  Subcommittee on Measurement and Guidance—Irene Murchison, Chairman
  Subcommittee on Obstetric Nursing and Premature Care—Sister
  Mary Simeon, Chairman
  Subcommittee on Planning Curriculum for Instruction of Practical Nurses—Anna Schwobert, Chairman

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

Activities: The Colorado league has held ten regular meetings and five Board meetings.

The Subcommittee on the Integration of Social and Health Concepts of the Committee on Curriculum studied the recommendations made by nurses who participated in the workshop held in 1947. As a result, the committee recommended to the Board of Directors that the Colorado league ask the University of Colorado School of Nursing to arrange a "Care Course" embodying the subject matter of integration of social and health aspects in the curriculum. It was suggested this be given during the winter quarter of 1948-1949 for the 30 nurses interested.

The Subcommittee for the Training of Practical Nurses of the Committee on Curriculum has devoted much time to the study and planning of a curriculum for practical nurses.

The Subcommittee on Measurement and Guidance arranged for NLNE items and materials to be evaluated by nursing experts in medicine, surgery, obstetrics, psychiatry, and pediatrics, and suggestions were returned to the NLNE Department of Measurement and Guidance. Further studies of this type are needed in the schools of nursing, as well as funds to defray costs involved.

The league cooperated with the Colorado State Nurses' Association in the study of the proposed structure and in planning a series of publicity radio programs for November, December, and January.

Projects planned for next year are: (1) continuing the present work of the Committee on Curriculum with present personnel; (2) emphasizing student recruitment; (3) arranging an institute on the Test Pool; (4) assisting with practical nurse legislation; (5) continuing studies on the proposed structure; (6) launching a membership drive.

CONNECTICUT

New members in 1948: 20
No local leagues.

Committees: Committee on Curriculum—Mrs. David McGaughey, Chairman
  Committee on Eligibility and Membership—Jeanne S. Murphy, Chairman
Committee on Measurement and Guidance—Anne T. Ostopchuk, Chairman
Committee on Nominations—Elizabeth S. Bixler, Chairman
Committee on Administration—Ida M. Meier, Chairman
Committee on Public Information—Carolyn L. Widmer, Chairman
Committee on Liaison with State Board—Martha Jayne, Chairman

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

Activities: At the joint annual meeting of the Connecticut league and the Connecticut State Nurses’ Association, Dr. Esther Lucile Brown reviewed the major aspects of her report on Nursing for the Future. This was taken as the keynote of a panel presented in November on “The Evolving Curriculum in Professional Schools of Nursing.” From this discussion it is expected that plans will develop for a workshop course to assist instructors in meeting the broadening demands of their positions.

In past years, the educational objective of the league has been met mainly by committee work, study projects, and one-day institutes and workshops. This pattern will continue in the 1948-49 year. The next institute under consideration will deal with the applications of psychiatric nursing techniques and mental hygiene to general nursing care.

Connecticut hopes that all professional schools of nursing in the state will be college- or university-directed within the next few years. The league is actively concerned with the implementation of this idea.

Other major outcomes of the year’s work are expected to be:

1. A league membership of 500.
2. An enrollment drive, jointly sponsored by the state league and the State Nurses’ Association, which will seek, for the first time, to interest student trained attendants as well as student nurses.
3. The formulation and publication of personnel policies for faculty members.
4. Participation in a study committee, with the public health nursing section of the Connecticut State Nurses’ Association, in an effort to shed some light on the problems of inter-agency referrals in the community.

DELAWARE

New members in 1948: 8

No local leagues.

Committees: Committee on Bylaws—Anna M. Quay, Chairman
Committee on Curriculum—Mae P. Smith, Chairman
Committee on Nominations—Olive Healy, Chairman
Committee on Program—Emma Ashmore, Chairman
Committee on Ways and Means—Alberta Trunk, Chairman
Committee on Membership—Anne Gladding, Chairman
Committee on Mental Hygiene—Wilda Walker, Chairman
Committee on Public Health—Mary M. Klaes, Chairman
Committee on Publicity—Mrs. R. Blair Myers, Chairman

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

Activities: The Delaware league held monthly meetings during the year, alternating afternoon and evening sessions. Our programs were both educational and recreational. In May, 1948, we made a tour of the Delaware State Hospital (mental
institution), Farnhurst, Delaware. In June, 1948, we had a combined meeting of the Delaware State Nurses’ Association and the Delaware state league for an annual picnic, at which time reports were given on the Biennial Convention in Chicago. On October 14, 1948, we had a one-day institute on Tests and Measurements, conducted by Elizabeth L. Kemble, director, NLNE Department of Measurement and Guidance.

Members of the league participated with the Committee on Student Nurse Recruitment in the presentation of the Cavalcade of Nursing (depicting the history of nursing to modern times) which was held on December 6 in the Playhouse, Wilmington, Delaware. Fifteen hundred people attended the performance.

The Committee on Curriculum, which is currently very active, approached the University of Delaware to ascertain if it would be interested in considering the establishment of an advanced program in nursing education to prepare head nurses, supervisors, and instructors. The president of the University of Delaware appointed a committee to work out the details of the plan with the league’s Committee on Curriculum.

The Committee on Curriculum felt that the immediate problem was a program for graduate nurses, and that after this first need was met, plans could be worked out for establishing a basic course in professional nursing. Sister M. Olivia Gowan, of Catholic University, Washington, D. C., who was invited to act in an advisory capacity to the committee, spent two days in Wilmington in November and met with the Committee on Curriculum and with the Joint Committee of the University and the Delaware state league.

A postal card questionnaire sent to all members of the Delaware State Nurses’ Association showed that 22 persons were interested in a full-time college course and 109 in taking extension and summer courses.

**DISTRICT OF COLUMBIA**

**New members in 1948:** 27

**No local leagues.**

**Committees:** Committee on Curriculum—Ethel Odegard, Chairman  
Committee on Eligibility—Gladys Jorgenson, Chairman  
Committee on Finance—Alice C. Stone, Chairman  
Committee on Nominations—  
Committee on Program—Esther L. Moyer, Chairman  
Committee on Revision—S. Kathryn Witmer, Chairman

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

**Activities:** During the year 1948-1949 there were three meetings of the Board of Directors and six meetings of the District of Columbia league. The Committee on Program sponsored a program with a central theme of “Staff Education,” carrying it through by means of carefully selected speakers who discussed the various phases of staff education from the standpoint of inservice developments for both the professional and nonprofessional individual. The progress made by industry in this area was shared with us.

The Committee on Curriculum has been most active and will carry its work through the year 1949. Subcommittees have made intensive study of a number of the professional and social courses not only as to content but also as to objectives and philosophy. Ethel Odegard, executive secretary of the Nurses Examining Board, who is chairman of the Committee on Curriculum, has contributed much to the promotion of work of the committee through her leadership and untiring efforts.
FLORIDA

New members in 1948: 23
No local leagues.

Committees: Committee on Arrangements—Lydia Clarkson, Chairman
Committee on Curriculum—Elinor Neal, Chairman
Committee on Eligibility—Kathryn R. Gutwald, Chairman
Committee on Finance—Sister Fidelis, Chairman
Committee on Nominations—Dorothy O’Brien, Chairman
Committee on Program—Hazel M. Peeples, Chairman
Committee on Revision—Lila Beans, Chairman
Committee on Mental Hygiene—Etelka W. Young, Chairman

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

Activities: Foremost activity of the Florida league was the work toward the establishment of the University School of Nursing, a project in which the league took the initiative but which was made possible of attainment through the cooperation of the Florida State Nurses’ Association and the State Board of Nurse Examiners.

A group of hospitals and health agencies, selected as to size and general characteristics, were surveyed. The survey was conducted by the president of the Florida league, Mrs. O’Brien, and Ellwynne M. Vreeland, nursing education consultant, U. S. Public Health Service. The report showed assets as well as many deficiencies in the education of student nurses in the particular hospitals surveyed, and also showed that the field of nursing in Florida was ready to receive and ready to make future plans in connection with a university system of education for nurses.

The second important accomplishment was the revision of the constitution and bylaws. A tremendous amount of work was accomplished by Geneva Simmons, Laura Stafford and Mary Brown (deceased) of Miami.

A revision of the curriculum for schools of nursing was made by the State Board of Nurse Examiners and the state league.

A large number of members attended the annual sessions, which convened on the same date as the meeting of the Florida State Nurses’ Association. At this meeting, October 17-20, Hilda Torrop, executive secretary, National Association for Practical Nurse Education, was the guest speaker on the league program. A luncheon was given in her honor. Two meetings of the officers were held during the year 1948 on the same date and at the same place as the meeting of the directors of the State Nurses’ Association.

GEORGIA

New members in 1948: 45

Local league: Fifth District League (Atlanta)—Frances Sanchez, President

Committees: Committee on Curriculum—Gladys Currin, Chairman
Committee on Eligibility and Revision—Jane Van de Vrede, Chairman
Committee on Finance—Mae Jones, Chairman
Committee on Measurement and Educational Guidance—Mabel Korsell, Chairman
Committee on Nominations—Ada Fort, Chairman
Committee on Program—Theodora A. Floyd, Chairman
Committee on Aid Training in Vocational Schools—A. Myra Thomas, Chairman
Committee on Educational Administration—Dana Hudson, Chairman
Committee on Graduate Courses—Lillian M. Bischoff, Chairman
Committee on Membership—Annie Lou Overton, Chairman
Committee on Pediatric Nursing—Frances Sanchez, Chairman
Committee on Public Relations—Mildred Pryse, Chairman
Committee on State Board Problems—Ruth A. Babin, Chairman
Committee on Vocational Guidance—Gladys Garland, Chairman
Joint Committee of the Georgia League of Nursing Education and the Georgia State Nurses’ Association on Psychiatric Nursing—Laura W. Fitzsimmons, 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 8, 1948. The topic “The Present or Possible Affiliated Programs in Georgia” was discussed with reference to psychiatric nursing, tuberculosis nursing, and public health nursing. Laura W. Fitzsimmons, chief, Nursing Service, Veterans Administration Hospital, Augusta, Georgia, discussed the psychiatric nursing affiliation. Tuberculosis nursing was discussed by Helen Buzan, tuberculosis consultant nurse of the Georgia State Department of Public Health. Public health nursing was discussed by Lillian Bischoff, associate director, Public Health Nursing Division, Georgia State Health Department. Capitola Mattingly, educational director, City of New Orleans Health Department, who was Chairman of the Program Committee, presided at this panel.

The Committee on Measurement and Educational Guidance has made a survey of the schools of nursing in relation to the need for further educational opportunities for members of the supervisory and instructional staff. A total of 65 nurses from seventeen schools of nursing expressed a desire for such advanced study and a plan is now under way to obtain scholarships to aid in preparing teachers for schools of nursing and supervisors for the various clinical fields.

The Committee on Aid Training in Vocational Schools prepared a suggested curriculum and syllabus for a hospital aid nursing course for vocational schools in Georgia. The suggested course is based upon the recommendations of the curriculum and accrediting committees of the National Association for Practical Nurse Education and approved by the NLNE Committee which works with the NAPNE.

The Georgia League of Nursing Education, the Georgia State Nurses’ Association, and the State Organization for Public Health Nursing sponsored an institute on Integration of Social and Health Aspects in the School of Nursing attended by institutional and public health nurses and conducted by Mary J. Dunn, nursing consultant, U. S. Public Health Service.

On December 6-10, the Georgia League of Nursing Education and the State Department of Public Health, Crawford Long Hospital and the U. S. Children’s Bureau sponsored an institute on Pediatric Nursing which was held at Crawford Long Hospital. Margaret Adams, assistant professor of nursing education, Teachers College, Columbia University, New York, and Dr. Mary Elizabeth Mercer, associate professor of pediatrics, Payne-Whitney Psychiatric Institute, New York, jointly conducted this institute which was well attended by institutional and public health nurses as well as local health officers and pediatricians.

Hawaii

New members in 1948: 29
No local leagues.

Committees: Committee on Curriculum—Annetta Bilger, Chairman
Executive and Finance Committee—Jeanette Katsuyo Seo, Chairman
Committee on Membership and Eligibility—Rae Kelleher, Chairman
Committee on Program and Publications—Elsie Kon Yin Ho, Chairman
Committee on Revision—Sister Walter Damien, Chairman
Committee on Recruitment, Guidance and Measurement—Sister Mary Albert, Chairman

The Territory of Hawaii league functions as the department of education of the Territory of Hawaii Nurses' Association.

Activities: The Hawaii League of Nursing Education has just passed its second birthday. The membership is small in comparison to the state leagues but we have gone a long way in setting the pace for future work in Hawaii. One of the first projects was to set up a combined recruitment and guidance program for the three schools of nursing in Honolulu. All applicants to schools of nursing were given the NLNE Aptitude Tests by a representative of the League. This same project will be carried on even more extensively this year.

Two programs in cooperation with the University of Hawaii were started and are now almost in full action. One is the five-year program leading to a diploma and degree in basic nursing. The other is the program for the graduate nurse who wishes to work for a degree.

The league has taken the lead in consolidating programs of various nursing organizations so that the maximum benefit may be obtained by all nurses in various fields. We plan to have panel discussions on "Nursing in the Future," based on the study by Esther Lucile Brown.

During the latter part of February, Mary J. Dunn, senior nurse officer, U. S. Public Health Service will conduct a two-week institute on "The Social and Health Concept of Nursing." The participants will be head nurses, supervisors, instructors, directors of schools and of hospital nursing services.

ILLINOIS

New members in 1948: 95

Local leagues: South Central Illinois (Springfield)—Amalia L. Metzker, President
Eastern Illinois (Champaign)—Gertrude M. Stier, President
Western Illinois (Peoria)—Mary Frey, President
Chicago—L. Bernice Chapman, President

Committees: Committee on Curriculum—Clara L. Smith, Chairman
Committee on Eligibility—Cassie E. Kost, Chairman
Committee on Finance—Grace Maushak, Chairman
Committee on Nominations—Edna S. Newman, Chairman
Committee on Mental Hygiene—Claudia S. Naranick, Chairman
Committee on University Relations—Nellie X. Hawkkinson, Chairman
Committee on State Board Problems—Elizabeth W. Odell, Chairman

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

Activities: The Illinois league held its annual meeting in Rockford, Illinois, in October 1948. This meeting was preceded by an all-day institute on "Evaluation in Schools of Nursing." Elizabeth L. Kemble of the NLNE Department of Measurement and Guidance and Ida Sommers of Western Reserve University contributed to the institute.

Much constructive work has been done by committees during the past year. Of especial significance are the recommendations of the Committee on Mental Hygiene,
which were referred to the State Board of Nurse Examiners and the Committee on Curriculum for implementation.

Emphasis is being given this year to the league's greater participation in educational leadership. For this reason, a Committee on University Relationships has been set up to function in an advisory capacity to schools of nursing wishing to secure university affiliations.

The state league continues to work cooperatively with the State Board of Nurse Examiners, in an attempt to improve the standards of nursing education within the state.

The state league is planning a more active participation in the recruitment of student nurses. It is hoped that this program can be a community project, with the participation of other organizations. During the fall months the state league sponsored a booth at the National Farm Show, supplied speakers for six high school "Career Days," and participated in a Chicago-area career conference for high school students.

The state league is anticipating the possibility of securing part-time headquarters space and the employment of secretarial help. We believe that this step will, by relieving the officers of many administrative duties, make it possible for us to meet more adequately the needs of our membership and of educational leadership in the state of Illinois.

INDIANA

New members in 1948: 27

Local league: Indianapolis—Ethel R. Jacobs, President

Committees: Committee on Arrangements—Anna M. Murphy, Chairman
Committee on Curriculum—Sister Maria Amodeo, Chairman
Committee on Eligibility—Catherine E. Parkes, Chairman
Executive Committee—Marian C. Roberts, Chairman
Committee on Finance—Thelma Jordan, Chairman
Committee on Measurement and Educational Guidance—Caroline Hauserstein, Chairman
Committee on Nominations—Ann E. Poorman, Chairman
Committee on Program—Marie D'Andrea, Chairman
Committee on Revision—Anne M. Dugan, Chairman
Committee on Membership—Mabel McCracken, Chairman
Committee on Public Relations—Sister Delphine, Chairman

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

Activities: The Indiana league has sponsored a series of institutes throughout the state at which the topics "Records as Teaching Tools" and "Evaluation of Student Performance in Various Professional Fields of the Basic Nursing Curriculum" were discussed. Participants were members of the faculty of the Division of Nursing Education, Indiana University. This was an activity of the Committee on Curriculum.

The league also was co-sponsor, with the Division of Nursing Education of Indiana University and other groups, of a workshop at which the question "What Should Indiana Plan in Relation to Recommendations on Nursing for the Future, commonly called the Brown Report on the National Nursing School Study?" was considered. Attendance was limited to 75, and the quota was filled.

This year, the league is planning an annual meeting separate from the meeting of the State Nurses' Association. Tentative plans include combining this meeting with an institute, the topic of which has not been determined.
New members in 1948: 20

Local leagues: Des Moines—Alice C. Coppess, President
Sioux City—Augusta Hefner, President

Committees: Committee on Arrangements—Etau Rasmussen, Chairman
Committee on Curriculum—Sister M. Barbara Ann, Chairman
Committee on Eligibility—Sister M. Philip, Chairman
Committee on Finance—Alice C. Coppess, Chairman
Committee on Nominations—Blanche McGurk, Chairman
Committee on Program—Marian Roberts, Chairman
Committee on State Board Problems—Louise Alfsen, Chairman

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

Activities: The annual meeting of the Iowa league was held October 15, 1948 in connection with the State Nurses' Association meeting at Ft. Dodge, Iowa. Deborah Jensen gave us inspiration and food for thought in her message entitled "Contemporary Curriculum Problems With Some Suggested Solutions." Mrs. Helena Render spoke on "Psychiatry as Taught in Hospitals Today," and Dean Hutchinson of Drake University, Des Moines, Iowa, spoke on "The Place of General Education in the Professional Program."

On November 5, 1948, the Iowa league was represented at a meeting of the Iowa Nurses' Association, the Des Moines League of Nursing Education, the State Organization for Public Health Nursing, the Iowa Department of Public Health and Hospital Services Division with a purpose of reviewing conference topics suggested by the schools of nursing.

The tentative program of conferences and institutes for the spring of 1949 is as follows:

January 25-28—Cost Analysis Institute sponsored by Iowa Board of Nurse Examiners.

February 28—Development, Establishment and Enforcement of Basic Standards for the Care and Treatment of Individuals in Hospitals sponsored by the Iowa State Department of Health.

March 21-23—Institute on Cancer Nursing sponsored by the Iowa Division of the American Cancer Society and the Iowa State Department of Health.

April—Integration of Social and Health Aspects in the Basic Curriculum sponsored by the Iowa League of Nursing Education.

April—Testing and Guidance (Elizabeth L. Kemble, guest speaker) sponsored by the Iowa League of Nursing Education.

A credit course on Ward Administration will be offered by Drake University, Des Moines, Iowa, beginning early in February.

Several schools are improving their programs by affiliating with institutions of higher learning or by lengthening the courses and offering degree programs.

One school for practical nurses has been opened in the state.

Studying the Brown Report, building up our membership, and making our state league more vital and worth while to the nurses of the state are the important objectives for the coming year.
Kansas

New members in 1948: 24
No local leagues

Committees: Committee on Convention Arrangements—Esther Forney, Chairman
Committee on Curriculum—Orah A. McCormick, Chairman
Committee on Eligibility and Membership—Elva Jung, Chairman
Committee on Finance—Sister M. Carmel, Chairman
Committee on Nominations—Aleta L. Steck, Chairman
Committee on Program—Sister Mary Eileen Durnell, Chairman
Committee on Revision—Grace H. Sutton, Chairman
Committee on Careers in Nursing—Aurelia Gessler, Chairman

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

Activities: The annual meeting of the Kansas league was held in Topeka, October 21, 1948 in conjunction with the meetings of the Kansas State Nurses' Association. A symposium on selected aspects of nursing was presented.

The Committee on Education prepared a manual, Kansas Plans for Integrating the Social and Health Aspects of Nursing in the Basic Curriculum, with these objectives: (1) to enable the student nurse best to care for the sick individual, most fully to assist the patient and his family, and effectively to participate in the program for maintenance of health in the community, thus encouraging and giving intelligent direction to her initial desire to be of service, and (2) to help the student nurse foster and express her desire for giving sympathetic service to people by (a) assisting her to acquire a correct understanding and appreciation of the nature of man and his needs which grow out of his environment and his nature and (b) helping her to learn how man's ultimate and immediate needs can be met and the part she can play in meeting them.

A three-day institute will be held on Social and Health Aspects of Nursing, February 24, 25, and 26 at the University of Kansas Medical Center, Kansas City, Kansas. Amy Viglione, hospital consultant, U. S. Public Health Service, will conduct the institute.

The Committee on the Selection of Nurses, in collaboration with the State Department of Education and the School of Education at the University of Kansas, made a survey of high school students' interest in careers in nursing. Questionnaires were sent to rural and urban high schools in the state. Of the 910 students reporting, 18 per cent were interested in nursing, 64 per cent not interested, and 18 per cent undecided. Of the 64 per cent not interested in nursing, 48 per cent were interested in other professions, 44 per cent reported that a nursing career had no appeal, and 6 per cent gave various other reasons.

Kentucky

New members in 1948: 23
No local leagues.

Committees: Committee on Arrangement—Jessie Greathouse, Chairman
Committee on Curriculum—Anne D. Taylor, Chairman
Committee on Finance—Margaret Z. Gamble, Chairman
Committee on Membership and Eligibility—Jeannette M. Stroube, Chairman
Committee on Nominations—Carrie Tucker, Chairman
Committee on Program—Louree Pottinger, Chairman
Committee on Revision—Sister Mary Leonis, Chairman
The Kentucky league functions as the department of education of the State Nurses' Association.

Activities: The program of the Kentucky league during the year 1948-49 consists of:

1. The revision of state board questions, with League members participating, with a view to eventual participation in the Test Pool.
2. The preparation of a curriculum for the training of practical nurses or nurse technicians in Kentucky.
3. A public relations program to promote recruitment of nurses in Kentucky.
4. A study of the Brown Report, with a view to its special implications for the nurses of Kentucky.
5. Committee study of and planning toward better inclusion of social and health aspects of nursing in the whole curriculum. Mary Dunn has already surveyed one school, following which an all-day meeting will be held for the directors of Kentucky schools, to promote health teaching in all the schools.
6. The inclusion of tuberculosis affiliation into the school program is being started January 23, 1949 as a result of a study made last year—November 1947 to November 1948. Psychiatric nursing affiliation is now established in all Kentucky schools for all students, as a result of league study and planning.
7. A committee is active now to promote the strengthening and supplementing of present basic nursing programs in Kentucky and the provision of advanced study for graduate nurses. The first step toward this latter objective is the establishment of an inservice program whereby all head nurses and assistant head nurses are being given courses in tuberculosis nursing while they are on salary at the home school.

LOUISIANA

New members in 1948: 17

Local leagues: New Orleans—Rose H. Lindauer, President
                Shreveport—Lennie V. McGinty, President

Committees: Committee on Curriculum—Sister Henrietta Guyot, Chairman
                Committee on Eligibility—Anne Nichols, Chairman
                Committee on Measurement and Guidance—Mary R. Shields, Chairman
                Committee on Program—Laurence Bernard, Chairman
                Committee on Revision—Rose Lee Landry, Chairman
                Committee on Auxiliary or Subsidiary Workers—Mrs. Willie B. Mask, Chairman
                Committee on Integration of Social and Health Aspects—Capitola Mattingly, Chairman
                Committee on Membership Campaign—Lillian K. Arthur, Chairman
                Committee on Practical Nurse Education—Sada F. Haynes, Chairman

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

Activities: The Louisiana league and the Louisiana State Board of Nurse Examiners held a three-day conference in April. Julia M. Miller, dean of Emory University School of Nursing, presented "The Problems of Administration of the School of Nursing." Other subjects presented and discussed were: (1) "The General Arrangement of the Manual of Policies, Recommendations and Requirements of the Nurses' Examiners Board"; (2) "Faculty Qualifications"; (3) "Faculty Organizations and

In September, the Committee on Curriculum held a three-day institute in Alexandria, on “The Teaching of Medical and Surgical Nursing.” Emphasis pointed toward giving total nursing care to the patient through a more thorough education of the student nurse in general medical and surgical nursing. Each step of the program was presented in a panel form with discussion from those in attendance. The steps were: (1) “How to Develop and Build a Course in General Medical and Surgical Nursing”; (2) “Correlation, Integration and Placement of Subject Matter in Medical and Surgical Nursing”; (3) “Evaluation of Teaching Through Tests”; (4) “Content of the Course in General Medical and Surgical Nursing Including Theory, Clinical Teaching, and Clinical Experience”; (5) “Method, Clinical-Classroom Relationships”; (6) “Psychosomatic Concepts of Medical and Surgical Nursing.” Participants on the program included Lois Olmsted, NLNE consultant, Joint Orthopedic Nursing Advisory Service, and instructors in the schools in the state. Sixty-four persons attended this institute, 41 of whom attended all sessions. These were classified as: directors, 9; assistant directors, 3; educational directors and assistants, 3; Nursing Arts instructors, 5; clinical instructors, 9; other instructors, 5; clinical coordinators, 2; supervisors, 9; head nurses, 6; general duty nurses, 1; others, 11. There were 14 schools of nursing represented.

The twenty-fourth annual meeting of the league was held in conjunction with the Louisiana State Nurses’ Association. The convention theme, “The Role of the Professional Nurse in the Total Health Program of the Community,” was followed by the league’s subject “Developing the Nursing Team.” Lucile Petry, chief, Division of Nursing, U. S. Public Health Service, was leader in this panel discussion. Other interesting and helpful features were discussions and demonstrations of the effective use of audio-visual aids in schools of nursing and a review of Dr. Esther Lucile Brown’s study of schools of nursing, Nursing for the Future.

The constitution and bylaws were revised. Election of officers took place.

The Louisiana state legislature passed the act for licensing practical nurses. The board consists of two practical nurses, two graduate registered nurses, and five physicians.

The Shreveport league has worked diligently on the organization of a school for the training of practical nurses in the vocational school of the public school system. The Shreveport league joined in sponsoring a survey in the northern part of the state pursuant to a plan to establish a collegiate school of nursing at Northwestern State College. All health resources in the area were surveyed in April by Julia M. Miller, dean of Emory University School of Nursing. The committee is at present being guided by Miss Miller’s recommendations and going forward with the plans.

MAINE

New members in 1948: 6

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

Activities: At the June meeting, the representative of the Maine league reported on the proceedings of the Biennial Convention at Chicago. The league’s annual meeting in October was held in conjunction with that of the Maine State Nurses’ Association in Bangor.
In November, a symposium on "Nursing for the Future," based on the study conducted by Esther Lucile Brown, was held at Sisters' Hospital, Waterville.

The league plans to join with the various public health nurse groups in the western area in attending the institute on cancer control to be given at Portland in January. It is also hoped that a representative from the NLINE Department of Measurement and Guidance will attend the spring meeting when the theme, "The Use of Test Results in the Guidance of Students," will be the topic of the discussion.

MARYLAND

New members in 1948: 41

No local leagues.

Committees: Committee on Curriculum—Sister M. Florence Garner, Chairman
Committee on Measurement and Educational Guidance—Ilean Moore, Chairman
Committee on Membership and Eligibility—Trude R. Aufhauser, Chairman
Committee on Nominations—Winnie A. Coxe, Chairman
Committee on Program—Virginia Pruitt, Chairman
Committee on Revision—Mildred Struve, Chairman
Committee on Catholic Sisters—Sister M. Agnesine Monaghan, 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: During the past year three regular meetings and two one-day institutes have been held. The annual meeting was held jointly with the State Nurses' Association and the State Organization for Public Health Nursing.

The programs have been diversified and interesting. The two institutes were on the subjects, "The Preparation of Tests in the Clinical Fields" and "Nursing in Tuberculosis," conducted in cooperation with the Maryland Tuberculosis Association. The attendance at both was excellent. Plans are now being made for more concentrated programs in certain areas as recommended by the Committee on Curriculum.

MASSACHUSETTS

New members in 1948: 59

Local leagues: Eastern Massachusetts (Boston)—Mary E. Gilmore, Acting President
Worcester—Madeline J. Army, President
Western Massachusetts (Springfield)—Margaret Busche, President

Committees: Committee on Curriculum—Eleanor P. Bowen, Chairman
Committee on Finance—Marguerite Hastings, Chairman
Committee on Nominations—
Committee on Nursing Tests—Sister Madeleine Clemence, Chairman
Committee on Program—Anna L. MacLean, Chairman
Committee on Revision—Marjorie A. Johnson, Chairman
Committee on Membership—Margaret T. Madden, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Esther D. Dufford, Chairman
Committee on Nursing for the Future in Massachusetts—
Committee on Nursing School Libraries—Charlotte D. Howard, Chairman
Committee on Sisters—Sister Rita Quinan, Chairman
Committee on State Board Problems—Sister Mary Alma, Chairman
The Massachusetts league functions as the department of education of the State Nurses’ Association.

Activities: The year 1948 has been a busy and, we think, profitable one for the Massachusetts League of Nursing Education. Our program was planned toward promoting closer cooperation between the league and other professional nursing organizations; to bring more League members into active participation; and to promote interschool relationship among the students of our Massachusetts schools of nursing.

An institute on mental hygiene was sponsored jointly by the Department of Mental Health, the State Organization for Public Health Nursing and the state league.

A successful bazaar was held in November which added $1,100 to our treasury.

A workshop on Cost Analysis was held at Simmons College under the direction of Dr. Louis Bloch, U. S. Public Health Service. Eleven directors of schools of nursing attended with their fiscal officers. They received the necessary help in methods of determining the cost of their schools. Dr. Bloch is expected for a follow-up visit on the studies in April.

At the annual meeting at the Hotel Statler in November Dr. William H. Burton of Harvard University spoke on “The Philosophy and Principles of Supervision,” Helen Latham of the Massachusetts General Hospital spoke on “From Philosophy and Principle to Practice,” and there were round-table discussions on “The Role of the Attendant Nurse in Nursing Service,” “Planning Maximum Patient Care by Improving Interprofessional Relationships,” and “Nursing in the Second Half of the Twentieth Century.” A “student’s night” was also a feature of the meeting.

A special committee for future nursing in Massachusetts is being formed. We hope to have representatives from other Massachusetts professional organizations.

MICHIGAN

New members in 1948: 64

Local leaguers: Northwestern Michigan (Muskegon-Grand Rapids)—Elizabeth A. Buckley, President
Northeastern Michigan (Saginaw-Flint)—Lucille E. Lee, President
Southeastern Michigan (Detroit-Ann Arbor)—Harriett Bates Russell, President
Southwestern Michigan (Kalamazoo-Lansing)—Sister Mary Leonard Sage, President

Committees:
Committee on Arrangements and Program—Mary B. Anderson, Chairman
Committee on Curriculum—Jane Rogers, Chairman
Committee on Finance—Esther M. Hedegard, Chairman
Committee on Measurement and Educational Guidance—Beatrice Fisk, Chairman
Committee on Nominations—Mabel L. McNeel, Chairman
Committee on Revision—Gertrude Spalding, Chairman
Committee on Membership—Mary M. Anderson, Chairman
Committee on Publicity and Information—Rita Radzialowski, Chairman
Committee on Sisters’ Problems—Sister Lucille Braga, Chairman

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

Activities: The Education Committee of the Michigan Nursing Center Association is composed of the league president as chairman and representatives from the three state organizations. All requests for educational programs are referred to this committee.
League members have participated in the revision of the pamphlet Requirements and Recommendations of the State Board for Schools of Nursing in Michigan, and have served on the Legislative Committee to revise the Nurse Practice Act to provide for licensing of practical nurses.

The Northeastern, Northwestern, Southeastern, and Southwestern leagues are discussing the Brown Report and in the spring will have an institute in Detroit. The Murdock, Ewing, and Ginzberg reports are also being studied in their relation to Nursing for the Future.

State-wide educational programs include institutes for private duty nurses and general duty staff nurses on new methods in drug therapy and nursing techniques. The first institute was held in Ann Arbor, December 1, 1948 with an attendance of 300 from all sections of the state. Plans are under way for similar institutes in other areas.

Extension courses have been arranged for League members. Wayne University is offering a course in Ward Administration at Flint, Michigan, for nurses from the Southeastern league. Additional credit and non-credit courses are being offered at Wayne University during the year. Catholic University is offering two 2-credit courses, Ward Administration and Principles of Nursing Education, which are being given at Muskegon, Michigan for nurses from the Northwestern league. Plans are being discussed as to ways and means of providing an extension course or institutes in the Upper Peninsula at Marquette, Michigan, in the spring.

MINNESOTA

New members in 1948: 48

Local league: Rochester—Sister M. Ancina, President

Committees: Committee on Curriculum—Eleanor C. Sheldon, Chairman
Committee on Membership and Eligibility—Dorothy M. Severson, Chairman
Committee on Finance—Sister M. Corita, Chairman
Committee on Measurement and Guidance—Katherine Inez McKean, Chairman
Committee on Program and Arrangements—Leonora Collatz, Chairman
Committee on Revision—
Committee on Affiliations—Henrietta Davis, Chairman
Committee on Headquarters—Ragna Gynild, Chairman
Committee on Lay Participation—Lettie A. Christenson, Chairman
Committee on Medical and Surgical Nursing—Harriet Bestul, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Cecelia R. Lediger, Chairman
Committee on Obstetric Nursing—
Committee on Operating Room—
Committee on Public Information—

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

Activities: The Minnesota league sponsored a meeting for the purpose of discussing the educational program of the psychiatric affiliations with all agencies concerned. Hazel A. Goff, secretary of the NLNE Committee on the Administration of the Accrediting Program, addressed the group of nurse educators emphasizing the educational aspects necessary for a worthwhile experience for students in this field.

The Committee on Curriculum sponsored a survey of rural nursing affiliations and as a result a rural nursing coordinator has been secured for Minnesota. The
program is financed by the Kellogg Foundation under the direction of the University of Minnesota.

The Minnesota league is represented on the Minnesota State Nursing Council by Dorothea I. Glasoe, president of the league, Elsie Krug, and Sister Agnes Leon. The purpose of the State Council is to coordinate all nursing activities in the state.

The Committee on Curriculum sponsored an institute on curriculum planning during the week of October 11-18, which was well attended by nursing educators of the state. Amy Viglione of the U. S. Public Health Service served as moderator.

A one-day institute on November 5, 1948, sponsored by the Committee on Measurement and Guidance, was attended by 275 nurse educators. A stimulating program on use of efficiency ratings was presented.

The state league convention, October 1 and 2, 1948, was held with the Minnesota Nurses’ Association and the State Organization for Public Health Nursing. The league was honored by having Agnes Gelinas, NLNE president, as our guest. She addressed a joint meeting of the organizations on October 1, on the subject, "Nursing Needs of the Future."

MISSISSIPPI

New members in 1948: 24

No local leagues.

Committees: Committee on Curriculum—
Committee on Membership—
Committee on Practical Nurses—

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

Activities: The Mississippi league is cooperating with the State Nurses’ Association, the State Board of Health, and other organizations in a study of the practical nurse program. These organizations have also worked together in student nurse recruitment and in the improvement of nursing education within the state.

Monthly meetings are held. There have been programs on child welfare and cancer control and a two-day institute on tuberculosis.

MISSOURI

New members in 1948: 49

Local leagues: St. Louis—Elizabeth C. McIntosh, President
Kansas City—M. Alicia Sayre, President
Central Missouri (Jefferson City)—Virginia H. Harrison, President

Committees: Committee on Curriculum and Guidance—Ruby M. Potter, Chairman
Committee on Finance—Marie L. Harriman, Chairman
Committee on Tests and Measurements—Irene Heilman, Chairman
Committee on Constitution and Bylaws—Phyllis M. Dacey, Chairman
Committee on Coordination—Catherine Ziegenbusch, Chairman
Committee on Psychiatric Nursing—Dorris O. Stewart, Chairman
Joint Committee on Integration of Public Health and Social Aspects—
Helen E. Kinney, Chairman
Joint Committee on Nursing Needs and Resources in Missouri—Laura R. Logan, Chairman
Joint Committee on Practical Nurses and Auxiliary Workers—Dora B. Ford, Chairman
Joint Committee on Public Relations—Lucille Whitesides, Chairman
Joint Committee on the Structure Study—Clara M. Miller, Chairman
The Missouri league functions as the department of education of the State Nurses' Association.

Activities: The Missouri league has not increased its membership to any great extent during 1948 although one new local league has been established to meet the needs of nurses in the central part of the state.

However, the league, through its various committees, has been very active. The joint committees have brought the state league and the State Nurses' Association into very close working association and it is felt that each is benefiting the other by the close cooperation.

As reported last year, the activities of the Joint Committee to Study Nursing Needs and Resources in Missouri is being published jointly with the State University. Dr. Jennett Gruener of the Department of Sociology of the University of Missouri was lent to make the study of nursing needs and resources in Missouri, and this study in its complete form will soon be available. This committee is now working closely with the Legislative Committee of the State Nurses' Association in considering the whole field of recruitment and the provision of scholarships for the basic and graduate nurse programs from state funds.

The first phase of the work of the Joint Committee on Public Relations is described in its book, Moving Forward with the Missouri Nurse. This yearbook is being sent to individuals in key positions in nursing, hospital, medical, and community organizations as well as to all registered nurses in the state.

One of the activities of the Committee to Study Nursing Needs and Resources in Missouri was that of developing institutes in cooperation with the Extension Division of the State University. This activity is now being taken over by the Committee on Curriculum of the Missouri league.

Three institutes on Geriatric Nursing will be held during February in St. Louis, Columbia, and Kansas City, respectively, and will be conducted by representatives from the fields of nursing, medicine, and sociology. These institutes are open not only to professional nurses and students but to other professional workers such as teachers, social workers, and dietitians.

The Committee on Curriculum has planned to sponsor workshops on "Cost Analysis in Schools of Nursing" in Kansas City and St. Louis. The U. S. Public Health Service will conduct the workshop. Another institute on "Guidance in Schools of Nursing" will be planned for the fall of 1949.

The editor of The Missouri Nurse, the official magazine of the Missouri State Nurses' Association, is giving us space for information about league activities every month.

MONTANA

New members in 1948: 2

No local leagues.

Committees: Committee on Curriculum—Sister Frances Maureen, Chairman
Committee on Eligibility—Helen O. Haegel, Chairman
Committee on Finance—O'Connor George, Chairman
Committee on Measurement and Guidance—Sister Providence Doyon, Chairman
Committee on Nominations—Fay H. Florman, Chairman
Committee on Program—Katherine McDonald, Chairman
Committee on Revision—Anna T. Beckwith, Chairman
Committee on Implementation of The Brown Report—Sister Mary Bede, Chairman
Committee on Sisters—Sister Frances Edward Bauman, Chairman
Committee on Psychiatric Nursing—
The Montana league functions as the department of education of the State Nurses' Association.

*Activities:* Eight members represented the Montana league at the NLNE Convention in Chicago in June 1948.

During the year the Committee on Curriculum continued the study of the curricula of the nursing schools of the state. It is the plan of the committee to continue this study through 1949.

The Montana league plans to hold a special meeting or institute this spring, most probably on "Implementation of the Brown Report." To date the guest speaker has not been selected.

**NEBRASKA**

*New members in 1948: 54*

*Local leagues:* Grand Island—Hastings—Ruth E. Thomas, President
Lincoln—Carrie Wilkinson, President
Omaha—Sister M. Kevin Corcoran, President

*Committees:* Committee on Constitution and Bylaws—Blanche Graves, Chairman
Committee on Curriculum—Blanche Graves, Chairman
Committee on Finance—Rose Baker, Chairman
Committee on Membership and Eligibility—Lola E. Williams, Chairman
Committee on Nominations—Lillian Holmes, Chairman
Committee on Integration of Social and Health Aspects in the Basic Curriculum in Nursing Schools of Nebraska—Sister Mary Louis, Chairman
Committee on Nursing Information—Mercedes M. Breen, Chairman

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

**NEW HAMPSHIRE**

*New members in 1948: 7*

*No local leagues.*

*Committees:* Committee on Curriculum—Sister Marie Rose Larivee, Chairman
Committee on Revision—Lillian Lessard, Chairman
Committee on In-Staff Education—Dorothy M. Breene, Chairman
Committee on Legislation—Marie V. Dowler, Chairman
Committee on Membership—Sister Mary Virginia, Chairman
Committee on Personnel—Ruth Bagley, Chairman

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

*Activities:* At the annual meeting of the New Hampshire league held in June 1948, a fourfold program of activity was decided on: namely, to revise the constitution and bylaws in accordance with all changes made by the NLNE, to increase membership so that all eligible nurses should be members, to arrange for opportunities for in-staff education for graduate nurses, and to improve public relations in relation to the nursing profession.

Plans for 1949 include working toward our four objectives.
New Jersey

New members in 1948: 110
No local leagues.

Committees: Committee on Curriculum—Grace Marie Howard, Chairman
Committee on Eligibility—Jean F. Hogg, Chairman
Committee on Finance—Mabel M. Keller, Chairman
Committee on Measurement and Guidance—Frances J. Billings, Chairman
Committee on Nominations—Rose A. Coyle, Chairman
Committee on Program and Arrangements—Margretta N. Fortuin, Chairman
Committee on Revision—Verna May Halbasch, Chairman
Committee on Education Planning in Nursing—Catherine F. Conboy, Chairman
Committee on Educational Program for Bedside Nurses—Daisy L. Grunau, Chairman
Committee on Interests in Nursing Service—Edith J. Holden, Chairman
Committee on Legislation—Caroline di Donato, Chairman
Committee on Nursing Information—Ruth Weinstein, Chairman
Committee on Practical Nurse Education—Ruth V. Bien, Chairman
Committee on Professional Relations—Margaret B. Allen, Chairman
Committee on Student Personnel Program—Margaret M. Larkin, Chairman

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

Activities: Two meetings of the general membership were held by the New Jersey league during the year. At the first of these meetings, a panel discussion on "Student Personnel Policies" was held. An interesting feature of this panel was the fact that the discussants were composed of students from the schools of the state. This is the first time that students of nursing have taken an active part in a program of the league. From the interest and enthusiasm displayed by both students and graduate nurses, the league hopes to have such meetings with further student participation in the future.

The second meeting was divided into three parts. An afternoon session was held during which a panel group, composed of lay persons and nurses, discussed the problems of nursing school committees. This meeting was open to interested lay persons. Following the afternoon meeting, a dinner meeting was held at which the president gave an address on "The Future of Lay Membership in the League." After the dinner an evening meeting was held with a panel group discussing pertinent problems in the improvement of bedside nursing. The leader of the panel was a nurse administrator and the participants were graduate general duty nurses. The New Jersey league is particularly interested in helping the bedside nurse and has organized a committee to study ways and means of implementing helpful programs for this group.

All standing committees of the league have carried on active programs during the year. The Ways and Means Committee sponsored the third annual Spring Festival of Music that was participated in by nine schools, each taking an active part in the various musical groupings. The objectives of the festival were twofold, one being to offer cultural and recreational opportunities for the participating students and the other objective being to raise funds for the league. These music festivals have been greatly successful from all angles.
One of the most valuable programs of the league continues to be that of the Committee on Curriculum. This committee has sponsored a total of sixteen institutes during the year throughout the schools of the state. Of these institutes, six were held in pediatric nursing, eight in obstetric nursing, and two in medical-surgical nursing. The pediatric institutes were held in the form of workshops to develop a student record for use in pediatric services that would combine the record of clinical instruction with the procedure record. The largest attendance at the institutes was at the obstetric meetings, where an average of 106 persons attended each meeting.

The Committee on the Administration of Schools of Nursing has had a very active year. Among studies held by this group have been a study of the duties of the auxiliary nursing personnel, a study of recruitment procedures for schools of nursing, a study of student promotion policies and evaluation of clinical assignments of nursing students, a study of the needs and advantages of student-faculty participation, and a study of student records. In addition, this committee held a discussion on the report Nursing for the Future by Dr. Esther Lucile Brown. This group has felt it helpful to organize two subcommittees, one on the administration of affiliation programs and one for the educational directors of the state.

The Committee on Student Personnel Programs has continued its active work in the interests of better personnel policies for students of nursing. An important conclusion of this group in relation to improved student personnel policies has been that satisfactory personnel programs for students are based upon a real democratic expression on all levels of interrelationships. A total of 145 copies of the comprehensive study conducted by this group last year have been distributed with many requests coming in for copies from outside states.

A special committee appointed for the purpose made a study of the type of educational planning that is being done in the schools of the state. Unidentified questionnaires were sent out to all 42 schools of nursing, to which all but one school replied. The results of this study indicated, among other things, that there is a wide variance in faculty planning in the schools, with a variety of titles in use for the same jobs among the various schools. It indicated also that the planning of clinical assignments in the average school is being done by persons who are responsible for nursing service, rather than by the educational people of the faculty. Copies of the study have been distributed to all schools in the state and are available to interested groups or persons at a small cost.

The New Jersey league last year offered a scholarship of $200 to a League member of the state who was interested in participating in the workshop on Human Relations offered at Rutgers University during July and August, 1948. It was the hope of the league that the nurse who participated in the workshop would be willing to bring back to her group the philosophies and techniques of group living that she had absorbed from the experiences of the workshop. The selection of the scholarship recipient, therefore, was based upon maturity, education, and experience. The scholarship was awarded to Grace Marie Howard, R.N., M.S., of Orange, New Jersey. Miss Howard had a very interesting experience as a member of the workshop and has found it possible to adapt some of the techniques of the studies to the nursing school situation. At present Miss Howard is working on the use of sociograms in both student clinical assignments and in planning affiliation groups.

The league hopes to carry on during the next year in the same spirit of service and activity in the interests of better nursing care through better nursing education that has always characterized the work of the New Jersey League of Nursing Education.
New York

New members in 1948: 144

Local leagues: New York City—Dorothy D. McLaughlin, President
Hudson Valley (Albany)—Beatrice C. Kinney, President
Central New York (Syracuse)—Catherine MacLay, President
Genesee Valley (Rochester)—Grace L. Reid, President
Linda Richards (Watertown)—Bessie Merrill, President
Western New York (Buffalo)—Stella L. Brodie, President

Committees: Committee on Convention Arrangements—Tessa M. Klein, Chairman
Committee on Curriculum—Catherine MacLay, Chairman
Committee on Eligibility—
Committee on Finance—Marguerite C. Holmes, Chairman
Committee on Measurement and Guidance—Mary X. Rogan, Chairman
Committee on Nominations—Edna L. Fritz, Chairman
Committee on Convention Program—Ellen G. Quinn, Chairman
Committee on Revision—Ruth M. Miller, Chairman
Committee on Care of Child—Eleanor Gochanour, Chairman
Committee on Catholic Sisters—Sister Mary Eucharista, Chairman
Committee on Graduate Nurse Education—Esther Thompson, Chairman
Committee on Mental Hygiene—Edith Morgan, Chairman
Committee on Nursing Information—Clare M. Casey, Chairman
Committee on Practical Nurse Education—
Committee on Problems of Affiliation—Dorothy Weddige, Chairman
Committee on Tuberculosis Nursing—

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

Activities: Since the annual meeting of the New York State League of Nursing Education in October 1947, the Board of Directors has held six meetings, and the membership met in annual convention in Syracuse on October 11 and 12, 1948.

The project work of the league carried on through the various committees has included:

1. A study of community agencies in local areas to determine the degree to which these agencies can contribute to the programs in schools of nursing.
2. A study of the problems of affiliation for schools of nursing and the formulation of recommendations for solving these problems.
3. The consideration of the advantages to the schools of nursing in this state of the use of the State Board Test Pool sponsored by the National League of Nursing Education.
4. The preparation of a "Suggested Plan for Basic Tuberculosis Nursing."
5. The collection of information relative to scholarships and loan funds offered in this state to graduate professional nurses who wish to obtain advanced professional and academic preparation.
6. The printing of the revised constitution and bylaws of the association.
7. The preparation of a program for the annual convention held recently.

In addition to the activities of the state league committees each of the six local leagues has had interesting and stimulating programs.

As a means of providing for exchange of ideas and information on the projects carried by various local leagues, the Board of Directors recommended that the reports of presidents of local leagues and the chairmen of state committees be submitted in numbers of copies adequate for circulation to each local league.
In order that the annual meeting of all local leagues and the period of service for their officers be consistent, it has been recommended by the Board of Directors that May or June be made the period for annual meetings in all local league areas.

The appointment of a committee to consider plans and policies relating to the practical nurse has been recommended by the Board of Directors and it is hoped this committee, when organized, may work in cooperation with the New York State Nurses’ Association on a definition of policy relating to the use of the practical nurse and to educational programs designed for her preparation.

One of the most serious issues faced by the Board of Directors during the past year was the need for funds. An appeal for assistance from local leagues was made and the response was immediate and exceedingly generous.

Registration at the recent league convention was 479. Approximately 120 of this number were student nurses. The theme of the convention was "Nursing—A Community Service." Panel discussions, round tables, and speakers brought many thought-provoking ideas and suggestions to those in attendance.

**North Carolina**

*New members in 1948:* 7

*Local leagues:* Western Division—Sadie T. Whitley, President
Eastern Division—Bessie Burgess, President

*Committees:* Committee on Arrangements—
Committee on Curriculum—Mildred D. Harrison, Chairman
Committee on Eligibility—Effie Parker, Chairman
Committee on Finance—Eleanor M. Stephens, Chairman
Committee on Nominations—Effie Parker, Chairman
Committee on Program—Edna L. Heinzlering, Chairman
Committee on Revision—Mary Belle May, Chairman
Committee on Tests and Measurements—Helen E. Peeler, Chairman
Committee on Enrollment of Student Nurses—H. Mildred Crawley, Chairman
Committee on Membership and Lay Participation—Lou Alice Arbogast, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—
Committee on State Board Problems—Miriam Daughtry, Chairman
Joint Committee on Education—Helen Nahm, Chairman
Joint Committee on Student Enrollment—Mildred Crawley, Chairman
Nursing Information Bureau—Josephine Kerr, Chairman
Joint Orthopedic Advisory Service—Ruth C. Council, Chairman

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

*Activities:* The North Carolina league is preparing to make a determined effort to increase the membership in 1949. Plans include a letter to the director of each school in the state enclosing two application blanks, an article in the *Tar Heel Nurse* explaining membership, and a strong effort for lay membership. There will also be a united drive for enrollment of students by a number of organizations interested in health working cooperatively with the Enrollment Committee of the league.

In North Carolina the Medical Care Commission interested in carrying out the provisions of the Hill-Burton Act has asked the University of North Carolina to sponsor a study of the needs for nursing service and nursing education in the state. The league will help in any way possible to carry out recommendations suggested by this study. We also expect to help implement the recommendations of the Brown Report in North Carolina.
NORTH DAKOTA

New members in 1948: 6
No local leagues.

Committees: Committee on Curriculum—Sister Angele Tufts, Chairman
           Committee on Finance—Clara G. Lewis, Chairman
           Committee on Membership and Eligibility—Selma L. Tiller, Chairman
           Committee on Nominations—Lucille Paulson, Chairman
           Committee on Program—Jean A. Reid, Chairman
           Committee on Revision—Florence E. Kindig, Chairman
           Committee on Studies—Sister Mary Scholastica Kellogg, Chairman

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

Activities: The annual meeting of the North Dakota league was held in March, 1949, at Minot, North Dakota. In conjunction with our annual meeting Mary Dunn, U. S. Public Health Service, conducted a very helpful two-day institute on the "Social and Health Concepts in the Basic Curriculum."

Chairmen and members of the Committees on Curriculum, Program, and Studies met with Board members in July 1948 to plan and discuss work for the coming year. The Committee on Studies made a survey of the films found useful in the teaching programs of various schools of nursing. This list of films with sources has been sent to all schools of nursing for reference and use. The North Dakota Agricultural College film library acts as the clearing agency for the film actually purchased by the league. It also welcomes suggestions as to what type of film pertaining to nursing it should purchase. "This Way to Nursing" has recently been recommended; the film library has purchased it for use in high school vocational guidance.

The Committee on Tests and Measurements conducted a study of the standing of schools of nursing in North Dakota as to outcome on the State Pool Test for Licensing. We are attempting to compare these findings with results in other states, hoping to find this comparison a guide as to what might be useful in our curriculum.

Educators in high schools and colleges have been asked by the Committee on Curriculum to assist in a study of the possibility of making chemistry and physics prerequisites for entrance to schools of nursing. We are ever aware of the necessity of integrating body mechanics into the entire curriculum; perhaps high school physics might be the proper place to begin to acquire an insight into the mechanism of levers and balance.

A small booklet on the aims and functions of the North Dakota league has been prepared for distribution to schools of nursing and hospitals by the Committee on Membership and Eligibility. The committee not only hopes to sell the league to the nurse but also hopes to awaken an appreciation of the obligation of the nurse to the league.

At the time of the State Nurses' Association's annual convention the league sponsored a communicable disease setup as used in a general hospital. Samples of paper plates and dishes to be used as well as samples of Kardex procedure for limited and close contact care of patients with various diseases were helpful to instructors and supervisors.

A nurse member on the Governor's Committee for Mental Hygiene is one of the aims the league has not been able to accomplish to date. The present committee is composed entirely of doctors.

The North Dakota league has enjoyed the privilege of working closely with the State Nurses' Association on joint committees for Nurse Enrollment and the Nurses' Memorial Loan Fund.
Ohio

New members in 1948: 74

Local leagues: Akron—Hazel M. Hawk, President
                Cincinnati—Clara E. Gestel, President
                Cleveland—Margene O. Faddis, President
                Columbus—Ruth Frances Lea, President
                Dayton—Margaret Hoelscher, President
                Toledo—Anne Madaras, President

Committees: Committee on Curriculum—Ruth M. Smith, Chairman
            Committee on Eligibility—Julia B. Fishbaugh, Chairman
            Committee on Measurement and Guidance—Evelyn Tovey, Chairman
            Committee on Revision—Dorothy Brinker, Chairman
            Committee on Practical Nursing—Marion Fluent, 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 Hotel Sinton, Cincinnati, November 3-5, 1948. At this time a one-day institute was held on “The Use of Objective Tests in a Selective Admissions and Guidance Program.” One and one-half days were devoted to the subject, “Integration of Body Mechanics in the Basic Curriculum.” The constitution and bylaws were revised to conform with the National League bylaws.

The Committees on Program and Arrangements have been very active since early fall planning for the convention of the National League to be held in Cleveland, May 2-6, 1949.

Following the annual meeting in 1947, at which time a resolution was passed to promote a program for practical nurse education, a Special Committee on Practical Nursing was appointed. This committee has been very active during the past year. It has worked with the State Department of Education, Vocational Education Division, to create a state advisory committee on practical nursing. Representatives of the following groups are serving on this committee: Ohio Medical Association, Ohio Hospital Association, Ohio Commission on Hospital Care, State Department of Health, the Federated Women’s Clubs, the Parent-Teachers Association, the Grange, a sociologist from Ohio State University, the Ohio Practical Nurse Association, the State Nurses Board, and the State Nurses’ Association. This advisory committee is working on recommendations for standards for programs of practical nurse education. Each local league has organized a committee on practical nursing and is actively promoting practical nurse education in the local area.

The Ohio Practical Nurse Association is planning to have an amendment to the Nurse Practice Act introduced into the legislature in January. The practical nurses have been very anxious to have the cooperation and support of the professional nurses. The Ohio league has been represented on all of their legislative committees and will lobby for the bill in the legislature. We are anxiously awaiting the outcome.

The Committee on Curriculum has been reorganized so that all nursing specialties have representation on it. Thus far this has not been as successful in promoting the interests in special areas as the old arrangement of special committees. However, one year is far too short a length of time to give this plan a thorough trial.

One local league committee on curriculum made a careful study of the circumstances under which night experience for students is truly educational. Another local league studied what the schools were including in the courses in Professional Adjustments I and II. The local leagues are continuing their work in recruitment of students for nursing schools.
The Boards of Directors of the Ohio State Nurses’ Association and the Ohio league, and the members of the State Nurses Board held three joint meetings the past year. Thus far most of the discussion has related to practical nurse education and licensure. Future meetings will be devoted to consideration of the Brown Report and how state-wide planning can be promoted.

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

OKLAHOMA

New members in 1948: 5

No local leagues.

Committees: Committee on Arrangements—Goldia Slief, Chairman
    Committee on Curriculum—Mary R. Caron, Chairman
    Committee on Eligibility—Josephine L. Daniel, Chairman
    Committee on Finance—Priscilla Halpert, Chairman
    Committee on Nominations—Sister M. Pancratia, Chairman
    Committee on Program—Goldia Slief, Chairman

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

Activities: The major projects for this year were to be to study and encourage:
1. The development of psychiatric affiliations for the schools of nursing in Oklahoma.
2. The development of a school of nursing for colored nurses.
3. Recruitment of students.
4. Increased membership in the Oklahoma State League of Nursing Education.

So far the Board of Directors has had four meetings. Besides the regular business of the league, the Board members have made studies of the curriculum and physical requirements for an acceptable psychiatric affiliation. At one meeting all schools of nursing were invited to attend, and mutual problems were discussed and information was exchanged as to openings for affiliate students.

Plans are under consideration at present for a two-day institute on psychiatric nursing in conjunction with one of the districts of the State Nurses’ Association.

Individual members are making recruitment talks where openings occur. The president has spoken on nursing at one high school and has plans for speaking at four others.

It is planned to send a representative to the national meeting in Cleveland in May, 1949.

The Board of Directors hopes to have a very active and fruitful year.

PENNSYLVANIA

New members in 1948: 173

Local leagues: District No. 1 (Philadelphia)—Eleanor Cleves Rothrock, President
    District No. 2 (Allentown)—Adele Miller, President
    District No. 3 (Wilkes-Barre)—Sister Cor Mariae, President
    District No. 4 (Harrisburg)—Mary E. Spare, President
    District No. 5 (Johnstown)—Mary Dumm, President
    District No. 6 (Pittsburgh)—Marcella M. Link, President
    Districts No. 7 and 8 (Erie)—Sara Jean Clark, President
Committees: Committee on Curriculum—Edith D. Payne, Chairman
Committee on Eligibility and Membership—Ethel M. Hyde, Chairman
Committee on Finance—Katherine Childs, Chairman
Committee on Measurement and Guidance—
Committee on Nominations—
Committee on Program Arrangements—
Committee on Revision and Bylaws—Edna Davis Bailey, Chairman
Committee on Lay Membership—Frances I. Purdy, Chairman
Committee on Psychiatric Nursing and Mental Hygiene—

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

Activities: The Pennsylvania league, working closely with its seven local leagues of nursing education, has, in addition to the routine business of the league, been working on six major problems in nursing and nursing education. Much time has been spent by the state league Board of Directors, by the local leagues, and by committees on these problems with the hope that definite conclusions and recommendations could be submitted. However, the very nature of these problems makes continued study necessary. For instance, the problem concerned with the distribution of classes in the basic program is not easy of solution. When a change in distribution is contemplated, integration of that theory with practice must be considered. When we are attempting to show how we can overcome an already overcrowded curriculum in the preliminary period, we must at the same time make provision for the early incorporation of the public health nursing aspects with a plan for an integrated experience. And, in the question of distribution, we must be mindful of the hours to be added in the fields of geriatrics and the chronically ill. But classes or hours cannot be added until experienced teachers can be found or until the corresponding experiences can be visualized. For instance, should we plan to integrate the teaching of the care of the chronically ill patient and the geriatric patient within the content of medical and surgical nursing, where will we find the experience field for the integrated practice in care of the chronically ill? How many hospitals with schools of nursing have under their care this type of patient? These factors pose problems which call for further study before recommendations as to placement and teaching personnel can be made.

We have also been studying the possibility of bringing into conformity the hours of duty of the student nurse with those accepted for the graduate nurse. The problem will take more thought, time, and experiment. A forty-hour week including classes has been suggested. But before we can be sure this is sound, we must determine the amount of clinical practice necessary to make effective the theory learned and to assure the best outcomes. Our Curriculum Guide has indicated a certain number of hours in theory and clinical practice. But if we follow this in the preliminary period we would find it very difficult to place the student hours at forty. There is no dispute as to the fact that the student hours should be less than they are at present in most schools, but the objective of effective nursing must be assured. We hope that problems one and two will be worked out hand in hand in order that sound solutions and recommendations will be realized.

Our league has not yet reached conclusions on the problem of incorporating early in the three-year curriculum the theory and practice in the principles and use of mental hygiene. It means more than planning an early experience in psychiatric nursing. The student should learn very early in her course these mental hygiene principles and should use this knowledge long before she goes on her psychiatric affiliation. Our state Committee on Mental Hygiene and Psychiatric Nursing has been asked to continue the work on this problem with the state Committee on Curriculum
in order to determine the most effective placement, teaching, and experience in this area. It is obvious that current planning and joint solution of these problems must take place and, therefore, final recommendations have not been reached in this area, and study will continue.

In reference to the problem of incorporating the public health aspects in the basic course as mentioned above it will be of interest to know that the Pennsylvania Organization for Public Health Nursing has consented to assist in this study and two members of that organization's Education Committee have been appointed to assist the state league Committee on Curriculum. We anticipate many helpful suggestions. But there are problems. Even after a plan has materialized which can be incorporated into our programs, securing personnel to implement the program will be difficult. A long view, but let us hope not a too long view, must be taken for the realization of this factor in nursing.

The state league Board believes that it and the membership should consider in more detail its stand on the practical nurse and the problems associated with her employment, and much time has been given by the Board and by the local leagues to determine this stand.

A committee is being established to promote study of the Brown Report and its recommendations. We anticipate that this committee will be instrumental in influencing the local leagues to establish such committees and that it will design plans for bringing the study before lay as well as nursing groups.

It seems that there is need for better and more effective planning for faculty organization and activity. Inservice education is another activity which should be better understood and more effectively used. It is hoped that a committee or committees will be appointed by the Board at its January meeting so that action along these lines may be implemented.

The Pennsylvania League of Nursing Education hopes that during the coming year the studies in the above areas will result in definite recommendations and that trial use of some of the recommendations can be effected.

The routine considerations of recruitment, membership, and public relations are ever present and will merit the attention of the Board, local leagues, and committees.

**Puerto Rico**

*New members in 1948: 4*

*No local leagues.*

*Committees:* Committee on Curriculum—Ana Falcon, Chairman
Committee on Eligibility and Membership—Marjorie Hibbard, Chairman
Committee on Measurement and Educational Guidance—Carmen Marrero, Chairman
Committee on Program and Arrangements—Eva L. R. de Lopez, Chairman
Committee on Revision and Nominations—Gloria Rojas, Chairman

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

*Activities:* During the past year, the Puerto Rico league cooperated and worked with the University of Puerto Rico and the School of Tropical Medicine for the re-establishment of postgraduate courses in nursing. To accomplish this, several interviews have been held with the staffs of the two agencies, and last year a course in supervision was given to public health and institutional nurses during the summer. We are looking forward to having other courses given during this year.
In order to obtain accurate information about the nursing resources available for future needs, the league gave full cooperation to the Department of Health in a nurse census carried on during the past year. The Committee on Program, as well as the Board of Directors, assumed the responsibility of publicity for this project. Radio talks, articles in the daily press, and posters were prepared and used for this campaign.

All through the year we have been carrying out a public relations campaign among the nurses and general public; we feel that is one of our greatest and most urgent needs. The league, with the cooperation of the Puerto Rico Nurses' Association, sponsored all the activities carried on during Nursing Progress Week, November 14-20, proclaimed by the Governor of Puerto Rico, Jesus T. Pinero. The following are some of the activities carried out:

Mass in the Puerto Rico Cathedral, San Juan, in honor of all the nurses.

Radio programs: The president of the league, Elena Bonilla, spoke on the life of Linda Richards and "The Development of Nursing Education in Puerto Rico During the Years 1903-1948." The following day a radio program on "Trends in Nursing Education" was presented by the City Hospital School of Nursing. On another day the following topics were discussed on the radio: "The Need for More and Better Professional Nurses," by Mrs. Matilde Lopez del Valle, Lady Auxiliary from a district hospital; "What Should Be the Attitude of the Community Toward Nursing and Nurses?" discussed by Ruth Latimer, professor at the University of Puerto Rico; "What Should Be the Attitude of the Nurse Toward the Community?" discussed by Mrs. D. Le Caro, Director of Medico-Social Service, Department of Health; "The Attitude of the Medical Profession Toward the Nursing Profession," presented by Dr. Rodriguez Molina, Chief of Medical Service, San Patricio Hospital, Veterans Administration Center. This round table was presided over by the president of the Puerto Rico Medical Association, Dr. Manuel Guzman Rodriguez.

Other functions during Puerto Rico Nursing Progress Week were a banquet at which Judge Emilio Belaval from the District Court of San Juan spoke on "Nursing and its Contribution to the Prevention of Illness and Care of the Sick," a tea in honor of all nurses, given by Miss Ana Gonzalez, and an "open house" in the Presbyterian Hospital School of Nursing in honor of the first graduate nurse from this school.

Articles and pictures of the various activities appeared in the newspapers and local magazines.

A campaign among nurses for League membership has been carried on during the year. We are glad to record that seven new members have joined the League and we hope that some more will join before the annual meeting to be held in February.

Upon request from the Puerto Rico Nurses' Association, there was a round table on Public Relations and Nursing at the annual convention of the association. Two papers prepared by two of the members were presented and discussed in the league meeting: "The Integration of Social and Health Concepts of Nursing in the Basic Nursing Curriculum," by Alice Fay, nurse consultant, U. S. Public Health Service; and "How Can We Insure Democratic Personnel Administration in the School of Nursing?" by Elisa Carpena, director, Bayamon's District Hospital Nursing School.

The Committee on Curriculum of the Puerto Rico league has been particularly active this year. Two meetings were held by this committee with the directors of nursing schools and nursing services of Puerto Rico for the purpose of studying and comparing the nursing curricula of their respective schools. After a thorough evaluation of the various programs as carried out in the schools represented, the committee made the following recommendations:
1. To work closely with the Puerto Rico Board of Nurse Examiners.
2. To request the Board of Nurse Examiners to send to every nursing school a sample curriculum and to include the minimum time of instruction assigned to each subject in the curriculum.
3. That suggestions or specific recommendations be included in this curriculum as to the time that each student nurse should be in the clinical services in order to get the best experience.
4. That the following be recommended as minimum experience: major operations—15; minor operations—10; delivery—24.
5. That the enrollment of students be made according to physical and teaching resources of the school and hospital. Those schools that do not meet the set requirements must provide their students with affiliations in institutions where they can get the required formal teaching and clinical experience.
6. That the social and health aspects of nursing be integrated all through the nursing curriculum and not given as an isolated subject.

RHODE ISLAND

New members in 1948: 28

No local leagues.

Committees: Committee on Curriculum—Florence E. Dunn, Chairman
Committee on Eligibility—Sylvia Pigeon, Chairman
Committee on Finance—Anna K. McGibbon, Chairman
Committee on Measurement and Guidance—Florence M. Weigner, Chairman
Committee on Nominations—Nellie R. Dillon, Chairman
Committee on Program—Doris B. Dittmar, Chairman
Committee on Revision—Hazel Walker, Chairman
Committee on Institute—Florence M. Weigner, Chairman
Committee on Recruitment—Emily K. Johnson, Chairman

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

Activities: This year the Rhode Island league again planned a Student Recruitment Drive for a two weeks’ period. (This Recruitment Drive was held in conjunction with a program to better inform the public of the duties of the public health nurse.) The students in junior and senior high school had an opportunity to visit the schools of nursing of their choice to observe the student nurses in a few of their day’s activities. A tea at St. Joseph’s Hospital highlighted the activities of the recruitment period. School counselors and nursing leaders discussed requirements for entering a school of nursing. It has been felt that the drive was unusually successful in interesting well-qualified young girls to enter the schools of nursing in this area and elsewhere. We have changed somewhat our recruitment plans this year and are making the program an all year ‘round one. An active Speakers’ Bureau has been organized and publicized. The State Department of Education (as well as other interested groups) has been informed of its existence. To emphasize the continuing need of recruitment we are setting a date when newspaper publicity can be given to this matter. We will try in a limited way the plan of having selected high school students shadow a student nurse for a day.

Our whole program in the league this year has had for a central theme, Human Relations in Nursing. A two-day institute, held October 27-28, 1948, emphasized this idea. We had an attendance of over 500.
We have sponsored several nursing courses on such subjects as Ward Teaching, Principles of Teaching, Educational Psychology and Ward Administration, the instruction being given at local colleges and hospitals.

Adelaide Mayo, executive secretary of the National League of Nursing Education, visited the Rhode Island league's Board of Directors September 30, 1948. She helped us to understand the functions of the Committee on Curriculum as well as those of the state Committee on Nursing Education under the State Board of Health.

We are now planning for an institute on Group Dynamics to be held this spring. We feel that as individuals interested in nursing education we need to know more of this method of teaching which seems to be far more successful than some others we have used.

The Committee on Curriculum is now engaged in reviewing the study guides for the Brown Report. We hope to be able through this most effective educational tool to be able to help improve the standards of nursing education in the state of Rhode Island.

**South Carolina**

*New members in 1948: 6*

*No local leagues.*

**Committees:**

Committee on Arrangements—Allie Green, Chairman  
Committee on Curriculum—Ruth C. Chamberlin, Chairman  
Committee on Eligibility—W. Mary Bearden, Chairman  
Committee on Finance—Helen K. DeYoung, Chairman  
Committee on Measurement and Guidance—Marie A. Warncke, Chairman  
Committee on Nominations—Ada Snyder, Chairman  
Committee on Program—Laura Blackburn, Chairman  
Committee on Revision—Nina Graham, Chairman  
Committee on Lay Membership—Laura Ebaugh, Chairman  
Committee on Membership Campaign—Ruth M. Puehler, Chairman  
Committee on Mental Hygiene and Psychiatric Nursing—Wessie L. Hicks, Chairman  
Committee on Nursing Information—Florence Zeigler, Chairman  
Committee on Nursing School Library—Virginia T. Holcombe, Chairman

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

**Activities:** During the year 1948-49, four all-day meetings of the South Carolina league will be held. Programs will center around cooperative activities with the State Board of Nurse Examiners. For the current year the Committee on Curriculum and the Committee on State Board Problems have been combined. This combined committee is working very closely with the Committee on Program in order to build the programs around the creation of optimum educational standards for schools of nursing.

The league will sponsor two courses in nursing in the University of South Carolina summer school. They will probably be Management and Teaching in the Hospital Nursing Unit and Integration of Social and Health Aspects of Nursing.

**South Dakota**

*New members in 1948: 4*

*No local leagues.*
Committees: Committee on Arrangements—
Committee on Curriculum—Sister Marie Therese, Chairman
Committee on Eligibility and Membership—R. Esther Erickson, Chairman
Committee on Finance—Sister Mary Harriet, Chairman
Committee on Measurement and Educational Guidance—Sister Marie Therese, Chairman
Committee on Nominations—Sister Mary Rosalie, Chairman
Committee on Revision—Anna H. Berdahl, Chairman
Committee on Affiliations—Carrie A. Benham, Chairman
Committee on Exhibits—
Committee on Mental Hygiene—Sister M. Desideria, Chairman
Committee on Public Relations—Olga Ulberg, Chairman
Committee on Special Eligibility—Sister M. Richard, Chairman
Committee on State Board Problems—Sister Mary Rosalie, Chairman

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

Activities: The South Dakota league held its annual convention in September 1948 in conjunction with that of the State Nurses’ Association, and planned its program with the Public Health Section. Amy Viglione of the U. S. Public Health Service was the guest speaker.

During the past year the league has been active in encouraging schools of nursing to secure university instructors for teaching college courses to head nurses and supervisors so that hospital personnel could retain their positions and at the same time take university courses.

Plans for 1949 include a membership drive and regional institutes on the Brown Report and such clinical areas in the curriculum as pediatric nursing and medical and surgical nursing.

TENNESSEE

New members in 1948: 57

Local leagues: Knoxville—Hazel Lee Goff, President
Memphis—Leora Ann Simpson, President
Nashville—Helen M. Howell, President

Committees: Committee on Arrangements—Elizabeth Wheelock, Chairman
Committee on Curriculum—Virginia Crenshaw, Chairman
Committee on Finance—Dorothy Johnson, Chairman
Committee on Nominations—Dorothy L. Hocker, Chairman
Committee on Program—Mary Lee Brown, Chairman
Committee on Careers in Nursing—Mary Williams, Chairman
Committee on Implementation of the School Study—Julia Hereford, Chairman
Committee on Personnel Policies and Practices—Muriel Kragh, Chairman

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

Activities: The objectives of the Tennessee League of Nursing Education for the year 1948-49 are:

1. To make progress toward the implementation of the Brown Report in Tennessee.
2. To assist in the development of independent schools of nursing in the University of Tennessee.

3. To assist in the implementation of sound personnel policies and practices in schools of nursing and hospitals in Tennessee.

4. To bring to the public, including educators and legislators, the needs of nursing to have necessary legislation passed for the development of nursing education in Tennessee.

5. To strengthen curricula of schools of nursing, especially in the area of psychiatric and tuberculosis nursing.

6. To assist the Tennessee State Nurses’ Association in its efforts to have a better Nurse Practice Act.

7. To have a membership drive and to urge participation on the part of each member.

8. To emphasize that every member should recruit a student and to assist the Committee on Careers in Nursing.

Committees are actively at work at the present time to bring about the fulfillment of these objectives.

A special committee for the implementation of the School Study has been appointed. This committee is working.

A special committee was appointed for the year 1947-48 to set up personnel policies and practices in schools of nursing in Tennessee. The committee submitted a detailed report at the annual meeting in October. Action on the report was deferred to a later date. A special committee is continuing the study of the various problems involved and of the practices within the state.

Still another committee is being set up jointly with the Tennessee State Nurses’ Association. It is an advisory committee, state-wide in scope, with representation as follows: Tennessee State Nurses’ Association, Tennessee League of Nursing Education, Committee on Nursing Education and Nursing Practice, Tennessee State Health Department, Tennessee Hospital Association, industry, consumer and general education groups, and an expert on communications.

**Texas**

New members in 1948: 88

Local Leaguer: Austin—Bernice Johnson, President
Central Texas (Waco and Temple)—LaVerne Gallman, President
Dallas-Fort Worth—Edith E. Miller, President
Galveston-Houston—Mrs. Willie Sass, President
Kasmeier (Lubbock and Amarillo)—Lillie Deimler, President
San Antonio—Lois Weimer, President

Committees:
Committee on Curriculum—Dorothy Blair, Chairman
Committee on Measurement and Guidance—J. Katherine Bratton, Chairman
Committee on Membership and Eligibility—Frances Brush, Chairman
Committee on Nominations—Ruth Binder, Chairman
Committee on Program—Edith Turner, Chairman
Committee on Revision—Gesive Franke, Chairman
Committee on Evaluation—Julia Kasmeier, Chairman
Governor’s Committee—Merle Mayo, Chairman
Committee on Library—Sister Catherine Elizabeth, Chairman
Committee on Local Arrangements—Zazle Kirkpatrick, Chairman
Committee on Practical Nurse Training—Mildred McGonagle, Chair-
man
Committee on Recruitment—Lillie Deimler, Chairman
Committee on Visual Education—Marguerite F. Ruffing, Chairman
Joint Committee on Legislation—Maurine Bridwell, Chairman

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

Activities: The Texas league has been very interested in evaluating the schools of
nursing in the state. This has been under the Committee on Evaluation of the state
league. There is nothing to report on this activity as yet, but we are doing con-
siderable study in this area.

Two new local leagues have been formally accepted as parts of the organization
with constitutions formally approved.

Utah

New members in 1948: 34
No local leagues.

Committees: Committee on Program and Arrangements—Edith Erickson, Chairman
Committee on Curriculum—Marie Manning, Chairman
Committee on Eligibility and Finance—Luella Hyatt, Chairman
Committee on Nominations—Cathryn Mainwaring, Chairman
Committee on Revision and Bylaws—Ethel Eatchell, Chairman
Committee on Membership—Joy S. Mays, Chairman
Committee on Recruitment—Hazelle B. Macquin, Chairman

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

Activities: The first activity of the year 1948-49 was a meeting held in Ogden,
Utah, at which members who had attended the Biennial Convention in Chicago in
May-June 1948 reported to the membership on the convention. This meeting was
held jointly with the membership of District No. 2 of the State Nurses’ Association.
Following the fall annual meeting, a special study group met weekly for eight
weeks to analyze and discuss the report Nursing for the Future. Attendance was
open to members and non-members and averaged about 30 at each meeting.

A second study group on the structure of the nursing organizations is planned
for February. The January meeting will be devoted to recruitment in cooperation
with medical, hospital, and lay groups.

The Committee on Curriculum is meeting regularly with representatives of the
State Board of Nurse Examiners to work on mutual problems. Improvement of affilia-
tions in public health nursing and psychiatric nursing and the launching of an affiliation
in tuberculosis nursing are first on the agenda.

The greatest problem facing the Utah League of Nursing Education and other
state nursing organizations is the acute shortage of qualified nurse personnel in edu-
cational and service positions.

Vermont

New members in 1948: 8
No local leagues.
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Committees: Committee on Curriculum—Lena R. Oakley, Chairman
Committee on Membership and Eligibility—Eleanor M. Dyke, Chairman
Committee on Nominations—Sister St. Margaret Mary, Chairman
Committee on State Board Problems—

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

Activities: The year 1948 was not a very active one for the Vermont league, primarily due to low membership. However, the Board of Directors met several times and in the early spring Adelaide A. Mayo, executive secretary of the National League of Nursing Education, came to Burlington for a meeting of the state league and discussed the activities at National Headquarters. This meeting was fairly well attended.

The Committee on Measurement and Guidance has been active in interesting schools of this state in the examinations offered by the National League of Nursing Education. All schools in the state are now using the pre-nursing and guidance examination, several have started to use the clinical achievement examinations, and we are now using the State Board Test Pool examinations.

The annual meeting was held in connection with the annual one-day meeting of the Vermont State Nurses' Association at Bellows Falls in September. The president of the Vermont league represented the state of Vermont at the meeting of the Connecticut State Nurses' Association at which Dr. Esther Lucile Brown was the speaker.

Plans for the coming year include: a drive for membership—we are seeking 100 per cent membership of each school faculty; study groups concerned with the implications found in Dr. Brown's report for the schools of the state; and the one-day annual meeting of the state league to be held on the day before the annual meeting of the State Nurses' Association.

VIRGINIA

New members in 1948: 19
No local leagues.

Committees: Committee on Arrangements—Cecile E. Authier, Chairman
Committee on Curriculum—Mabel Montgomery, Chairman
Committee on Eligibility—Anna Ersel Orendor, Chairman
Committee on Finance—Marie W. Schmidt, Chairman
Committee on Measurement and Guidance—Mary W. Randolph, Chairman
Committee on Nominations—
Committee on Program—Hazel Higbee, Chairman
Committee on Revision—Marguerite Nicholson, Chairman

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

Activities: The activities of the Virginia league have thus far been limited to the annual meeting which was held April 23, 1948 at Roanoke, Virginia. A very delightful luncheon meeting was the highlight of our program. As guest speaker, Myrtle Hollo, former president of the Virginia league, spoke of her experiences in Korea. A panel discussion, "How May We Provide for Quality and Quantity in the Education of the Nurse Today?" was the league's contribution to the program of the state meeting. The participants were, Dr. Trout, Jefferson Hospital, Roanoke; Mr. Popper, Administrator, Roanoke Hospital, Roanoke; Mary Louise Habel, Director of Nurses, Lakeview Hospital, Suffolk; Hazel Higbee, Medical College, Rich-
mond; Mary W. Randolph, Associate Professor of Nursing, Cabaniss Memorial School of Nursing Education, University of Virginia; Lois M. Austin, president, Virginia League of Nursing Education, as coordinator.

The Virginia league will sponsor an institute early in the year 1949 prior to the annual meeting in April. This is to be followed by regional meetings in the state. The topic at the present is, "Implementing the Brown Study in Virginia."

WASHINGTON

New members in 1948: 41
No local leagues.

Committees: Committee on Curriculum—Helen Anderson, Chairman
Committee on Eligibility and Membership—Irja Feek, Chairman
Committee on Finance—Virginia Maclvor, Chairman
Committee on Measurement and Guidance—Harriet Cross, Chairman
Committee on Nominations—Harriet Cross, Chairman
Committee on Program—Evelyn A. Burke, Chairman
Committee on Nursing Education—Elizabeth S. Soule, Chairman
Committee on Psychiatry and Mental Hygiene—Helen B. Leavitt, Chairman
Committee on State Board Problems—Dorothy Glynn, Chairman
Committee on Student Enrollment—Sister Miriam, Chairman
Committee on Tuberculosis Nursing—Edna Brandt, Chairman
Joint Committee on Auxiliary Workers—Grace D. Cameron, Chairman
Joint Committee on Legislation—Gladys Jones, Chairman
Joint Committee on Publicity and Public Relations—Kathleen Leahy, Chairman
Joint Committee on Structure Study—Katherine Baker, Chairman

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

Activities: The Eastern and Western branches of the state league each had eight monthly meetings and met together for the annual convention in May and the mid-year meeting in the central part of the state in October.

Membership has maintained a constant level, but concerted effort is being placed on a membership drive to interest head nurses, assistant supervisors in hospitals, and eligible hospital administrators in becoming active members. The supervisors in local public health organizations constitute another group where membership emphasis is being placed successfully. The 1948 publication The National League of Nursing Education: Its Aims and Activities is being widely used in this drive as is also the state league's annual mimeographed Year Book which contains the names of officers and committee members as well as the themes for programs for the entire year.

The Washington state league has in the past functioned as the department of education of the Washington State Nurses' Association, and continues to do so. In recent months there has been a growing recognition of duplication in nursing committee activities to the point where the boards of each organization decided that greater strength would come from joint committees. This action has been taken and at present joint committees exist for structure study, legislation, auxiliary workers, and public relations. When joint committees are formed the chairman is chosen in light of the particular objectives of the committee, that is: if it is mainly nursing education, the chairman is a league member; if the main emphasis is not nursing
education, the chairman is not necessarily a league member. An interesting side light to this action is the recognition of the part education plays in all committee activities. Problems in relation to transportation for committee members have been temporarily worked out but it is anticipated that a practical, smooth working plan will be formulated at the 1949 annual meeting of the Washington State League of Nursing Education and the Washington State Nurses' Association.

The Committee on State Board Problems which was appointed in October 1947 to act in an advisory capacity to the supervisor of nursing in the office of the State Department of Licenses has, after careful study and many hours of work, prepared Proposed Requirements and Recommendations for Accrediting Schools of Nursing in Washington State. This study included a two-day conference with representatives from all schools of nursing in the state. When the material in tentative form was acceptable to the league membership it was presented by the league president and the committee chairman to the State Hospital Administrators Association for consideration and suggestions. This association appointed a committee to work with the league committee on preparation of the final form. The State Director of Licenses who was in accord with the league's recommendations made copies of the tentative material available to all hospital administrators, and the joint committee of administrators and league members is now working to complete a final draft before the annual meeting of the league in 1949.

The joint league and Washington State Nurses' Association Committee on Public Relations accepted available help from the American Nurses' Association in personnel and materials for state institutes on publicity and public relations. Meetings were held in both the eastern and western areas of the state. The institutes were two days in length and were considered to be very successful. Follow-up from these institutes is taking the form of a sustained program for the future with the assistance of American Nurses' Association personnel and the probability of purchasing services from a local public relations specialist.

The Joint Committee on Legislation held an institute on legislation for all district presidents December 30, in order to acquaint them with all of the points of the new professional nurses' bill and to show how each district can help by working in the local areas.

In order to assist in student enrollment the league produced, printed, and distributed widely a pamphlet, Do You Know Your Nurse? This pamphlet gives information on all types of nursing services and may be purchased for use in other states if desired. Sample copies have been requested from many places and some states have found the pamphlet useful.

The Structure Study Committee did an intensive piece of work before and during the annual state meeting. It is now planning another intensive program in early 1949 as soon as the direction is indicated by the National Structure Committee.

The Committee on Auxiliary Workers continues to work with the Vocational Education Department of the State Department of Public Instruction, advising and in other ways assisting with the curriculum and training of practical nurses.

During 1948 the State Medical Association has had an active nursing education committee. This committee sent 1,700 questionnaires to physicians in the state in an effort to determine whether or not they are satisfied with the type of nursing service they are now getting. Responses were received from 58 per cent of the doctors, and, according to the committee, the consensus was that the doctors were not satisfied with nursing service at present.

The Medical Association's committee read the 1937 edition of the National League of Nursing Education's Curriculum Guide and then published a critical report for all members of the State Medical Association. Copies were also mailed to various states and other organizations. The Board of the Washington league was invited to
meet with the Board of the State Medical Association and its Nursing Education Committee for discussion of the report. This meeting resulted in the formation of a joint committee, of which the Washington State League of Nursing Education was to assume leadership. This committee is to be composed of three members from each association, the State Medical Association, the State Hospital Administrators Association, and the state league. This committee has had one meeting at which it was decided that the league would invite doctors engaged in teaching and in the practice of medicine as well as two representatives from general education to join the league Committee on Curriculum in the study of, and, if necessary, revision of the curriculum in schools of nursing in the state of Washington. Details of the work of this group are being prepared, and subcommittees will be selected from one geographic location to work on one area of the curriculum and to select the doctor who has been teaching and practicing that specialty in that area. It is anticipated that the study will soon be well under way.

A committee has been appointed for implementation of the Brown Report, Nursing for the Future. This committee will work intensively as soon as guidance has been received from the national committee.

The Committee on Program is emphasizing Nursing for the Future and the Structure Study. The economic security program of the State Nurses' Association is of equal interest to the members of the league, and one program has been devoted to it.

Since the travel costs for committee members and Board members have increased the Committee on Finance is developing ways and means of increasing the league funds. A competition is now on between the western branch and the eastern branch, which issued the challenge, to see which group would be most successful. The membership drive is, of course, part of this effort.

Perhaps the most far-reaching accomplishment of this year is the working together on committees with the State Medical Association and the State Hospital Administrators Association and general education. The Committee on Curriculum is the nucleus around which this nursing education activity revolves, and we anticipate valuable accomplishments in the coming year.

WEST VIRGINIA

New members in 1948: 3
No local leaguers.

Committees: Committee on Curriculum—Sister Mary Frances, Chairman
Committee on Eligibility—Sister Mary Ellen, Chairman

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

Activities: Due to lack of funds to carry on appropriate activities, action and accomplishments are limited. Two very profitable institutes were held in April of 1948 on "The Integration of Social and Health Aspects of Nursing into the Basic Curriculum." Under the careful direction and leadership of Mary Dunn, U. S. Public Health Service, much helpful information was secured and full realization of the many opportunities and available material for teaching "Comprehensive Nursing" was achieved. The meeting in the southern section of the state was held in Charleston with about one hundred in attendance. Graduate nurses of all fields of nursing and all levels as well as students participated. In Clarksburg, where the northern group gathered with about fifty present, full participation was again experienced.

Further discussion of the subject was carried on at the fall meeting at which time Donna Pierce of the U. S. Public Health Service conducted a panel discussion. Participants included special U. S. Public Health Service consultants, state public health leaders, a nursing school director, and the league members.
The league hopes to arouse more interest and participation by conducting several institutes in the coming spring. Subjects for consideration are the integration of psychiatry into the basic curriculum, the uses of a testing and measurement program, and ward teaching.

The league strongly supports the State Nurses' Association in its move to establish a university school of nursing at the state university at Morgantown.

The officers expect to fulfill the requirements of our tentatively accepted bylaws and have an active functioning committee on Curriculum and Arrangements during the coming year.

**WISCONSIN**

*New members in 1948: 33*

*Local league: Milwaukee—Margaret Averill, President*

*Committees:*
- Committee on Curriculum—Sister M. Ethelreda Ebel, Chairman
- Committee on Finance—Ida A. Collings, Chairman
- Committee on Measurement and Guidance—Shirley Watson, Chairman
- Committee on Membership and Eligibility—Mary O'Keefe, Chairman
- Committee on Nominations—Frances M. Avery, Chairman
- Committee on Revision—Agnes M. Newbold, Chairman
- Committee on Audio-Visual Aids—Agnes Taylor, Chairman
- Committee on Psychiatric Nursing and Mental Hygiene—Clara Brauer, Chairman
- Committee on Sisters—Sister Adelinda, Chairman
- Committee on Student-Faculty Organization—Alice Campbell, Chairman
- Committee on Tuberculosis Nursing—Alvin B. Kern, Chairman

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

NO REPORT

The meeting adjourned for lunch at 12:00 m. and reconvened at 1:45 p.m.

**NATIONAL NURSING ACCREDITING SERVICE**

Lucile Petry, chairman of the Committee on Unification of Accrediting Activities, reported that that committee, a committee of the Joint Board of the Six National Nursing Organizations, was in the process of effecting a unification of all the accrediting activities of the professional nursing organizations into one service. This new unified accrediting service, known as the National Nursing Accrediting Service, had really come into being when it had been approved by the Joint Board of the Six National Nursing Organizations in January 1949.

In order for the new National Nursing Accrediting Service to begin functioning it would be necessary for it to have a staff of accrediting representatives, of whom some would be full-time personnel but the majority of
whom would be persons who could serve on a part-time basis—members of faculties of schools of nursing and other persons qualified to visit schools of nursing as accrediting representatives. Miss Petry pointed out that by utilizing the services of part-time personnel who could spare a week or so from their regular positions the National Nursing Accrediting Service would be able to get accrediting representatives from all over the country, thus guaranteeing regional representation.

In addition to the accrediting representatives, Miss Petry stated, the members of the boards of review which would pass upon the approval of programs in the light of the various accrediting criteria would also serve on a part-time basis and be selected from various parts of the country.

Miss Petry then asked the presidents of the state leagues to cooperate by sending to the National Nursing Accrediting Service the names of persons who would be suitable for serving either as accrediting representatives or on boards of review. She stated that requests for suggestions had already been sent to secretaries of state leagues, state nurses’ associations, and state boards of nurse examiners but that more names were needed, particularly for the roster of accrediting representatives.

Miss Petry then told of the regional work conferences which were being planned to acquaint accrediting representatives and members of the boards of review with the mechanisms and processes of accrediting and asked the presidents of state leagues to do all they could to assist persons to attend these conferences. She also asked for suggestions as to the best times for holding these conferences.

**FEDERAL LEGISLATION ON NURSING EDUCATION**

In the absence of Eugenia K. Spalding, chairman of the Committee to Consider Federal Legislation on Nursing Education, Frances C. Thielbar, a member of the committee, reviewed the new developments in the field of the committee's activity.

The main part of the presentation centered around S. 1453, the bill which had been introduced into the U.S. Senate, and which, if passed, would provide financial assistance to professional and practical nurse programs of education as well as to those of medicine, dentistry, sanitary engineering, and public health. Miss Thielbar explained that since the preparation of the report on this bill, similar provisions had been incorporated as a section in the National Health Insurance Bill, S. 1679, which also included provisions for compulsory health insurance and funds for hospital construction and for the establishment of local health units. For a full description of the contents of these two bills, insofar as they apply to nursing education, the reader is referred to the paper on the subject by Eugenia K. Spalding in this Annual Report.
Miss Thielbar also mentioned the interest which the American Nurses’ Association had been taking in the possibility of extending Social Security legislation to include nurses, and stated that League members should give consideration to the following two questions:

1. Are they interested in securing, for all types of employed nurse educators, coverage through the Social Security Act for federal old-age and survivors’ insurance and for disability insurance?
2. Are they also interested in securing coverage for periods of nonemployment?

**STRUCTURE STUDY**

Ruth Sleeper, a representative of the League on the Joint Committee on the Structure of National Nursing Organizations, reviewed briefly the plans which had been made for discussing the Structure Study at the opening business meeting and asked for the cooperation of the members of the Council of State Leagues in this presentation. She explained that since the last convention at Chicago in 1948, where progress toward the formation of one organization had been made, the outcomes of several investigations and conferences had led the Committee on Structure to believe that careful consideration should be given to the possibility of a two-organization structure. The Committee on Structure had accordingly distributed to state nursing organizations a handbook describing a one-organization plan and a two-organization plan, in addition to which a workshop had been held in Chicago at which the two plans were discussed.

In order to assist the League membership at its opening business meeting in the consideration as to which of the two plans would be preferred by it, Miss Sleeper had asked several members of the Committee on Structure—representing the other organizations as well as the League—to participate in a panel discussion of questions which the League members might wish to ask from the floor. Miss Sleeper requested the members of the Council of State Leagues to assist in these plans by asking questions which had been prepared to stimulate discussion as well as any which might have arisen in their own minds.

**REVISION OF THE BYLAWS**

The president stated that many of the proposed Bylaws revisions which had been submitted by mail to the membership and which would be voted upon at the opening business meeting had been recommended by the Committee on Revision as a result of a study of the Headquarters organization which had been made by the firm of Booz, Allen & Hamilton and were designed primarily to increase the efficiency of the Headquarters office. As a result of this study it had been recommended that the over-all responsibility of the Headquarters activity should be placed in the hands of an executive director who would be a member of the Board of Directors and that the
pattern of committee organization should be changed. While formerly the Bylaws had provided for certain specific standing committees by name and function, it was proposed that the Bylaws should make provision for the appointment of committees but should specify only a few of them by name and responsibility—the Committee on Nominations, the Committee on Finance, and the Executive Committee of the Board of Directors. The Committee on Nominations would be, as formerly, composed of members of the League; there would also be many other committees of the membership-at-large but their names and duties would not be spelled out in the Bylaws. The Committee on Finance and the Executive Committee of the Board would be advisory to the Board of Directors and would be composed of Board members; again, there would be other such advisory committees appointed but these would not be specified in the Bylaws. In this way, the pattern of committee activity could be kept more flexible.

Membership Qualifications

Deborah M. Jensen, chairman of the Committee on Revision, pointed out that state league bylaws would be less affected by the adoption of the proposed changes than would those of the national organization because their organizational pattern is different—in general, state leagues have no headquarters staffs and no departmental activities comparable to those of the Department of Measurement and Guidance. The state league bylaws would be affected, however, if the proposed amendment with regard to membership qualifications were adopted. This proposed amendment would extend eligibility for League membership to all those who carry administrative or teaching responsibilities in nursing education regardless of their titles and thus would permit a staff nurse who participates in nursing education to join the League. Questions as to the eligibility of individuals would have to be answered on an individual basis.

Beatrice C. Kinney, president of the New York State League of Nursing Education, stated that the Board of Directors of the New York state league had been discussing two points with regard to the qualifications for League members: (1) the possibility of dispensing with the requirement that a person joining the League as a nurse member must be a member of the American Nurses' Association, and (2) the possibility of allowing young head nurses and assistant head nurses to become nurses in local leagues where they would pay local league dues without joining the state and national organization and paying the dues of these two bodies.

With regard to the requirement that a candidate for nurse membership in the League must be a member of the ANA, Mrs. Jensen pointed out that it is a matter of professional responsibility for nurses to belong to their professional organization. In this connection, the president of the Rhode Island league stated that a check in that league had showed that while new
league members were by necessity members of the ANA, they sometimes did not continue their ANA membership. Mrs. Kinney (New York) suggested that a frequent check might be made on whether League members were paying their ANA dues, but the executive secretary warned against letting such a procedure delay the state league treasurer from sending in the dues of League members to Headquarters beyond the time when ballots are sent out to paid-up members.

With regard to the possibility of permitting a person to join a local league without becoming a member of the state and national organization, Agnes E. Salisbury (Connecticut) stated: "I don’t see how you can keep a person barricaded off in a local league and prevent her from participating in state and national activities in which that league must necessarily participate."

Ruth D. Johnson (Pennsylvania) said: "She should start as a complete League member in the beginning when she needs the service of the League as a complete member. It is wrong to start anyone out by allowing her to accept less than full responsibility."

Committees

Mrs. Jensen then outlined in what ways the functions of the standing committees would be taken care of in the national organization: the accrediting activities would be handled by a joint committee, the duties of committees on program and convention arrangements by special committees, measurement and guidance activities by a committee advisory to the Board since, as far as the national organization is concerned, they are taken care of by a department, and so on. She pointed out that insofar as state leagues are concerned, some of these activities, such as accrediting, were national in scope and had never been taken care of by state league committees, but that the others would continue to be responsibilities of committees. Thus, there would be little need to change the bylaws of state leagues in this respect, except that it might be wise for the state leagues to note that the treasurer of the NLNE under the proposed new Bylaws would serve as chairman of the Committee on Finance.

Functions of Officers

The executive secretary called attention to the fact that the proposed amendments to the Bylaws would also streamline the functions of the officers of the national organization. Many of the changes had in reality been in effect for a long time; with the advent of a Headquarters staff the treasurer no longer collects and receives all funds, deposits them in a bank, or pays all bills, nor does the secretary hold the corporate seal. However, since state leagues, in general, do not have headquarters staffs, their current bylaws would probably not be anachronistic with regard to the functions of officers and would not need to be changed.
THE LEAGUE LETTER

The secretary then read a recommendation from the Board of Directors of the New York state league to the effect that all the League Letters be distributed to every League member. The executive secretary explained that although the Board would like to accede to this request, the cost of such a wide distribution would be too high for consideration at that time. She stated, however, that the League Letter was currently being distributed to about 2,500 key people, and it was hoped that they in turn would see to it that the information in it was disseminated still further. She pointed out that the League Letter was not copyrighted and could therefore be reprinted in whole or in part by anyone.

Miss Mayo also explained that the fact that there is no stated publication date for League Letters, coupled with the lack of space at Headquarters in which to put even one more worker, made it impossible to accept subscriptions for the League Letter.

MEMBERSHIP DUES

The president of the New York state league also inquired if there were any possibility of redistributing the dues paid in by a League member so that more might be allotted to state and local leagues. The executive secretary pointed out that the national organization does not establish the amount of dues which are collected by the state and local leagues; these state and local bodies can set the amount of dues which they charge at the point necessary to maintain their programs.

STATE LEAGUE PUBLICATIONS

Gladys S. Benz, Director of the Department of Advisory Service to State Leagues of Nursing Education, asked that state leagues send to National Headquarters copies of any materials which they publish so that Headquarters could draw upon this material in rendering assistance to other state leagues.

ADDITIONAL MEETING OF COUNCIL OF STATE LEAGUES

The president stated that the Board of Directors of the National League of Nursing Education had suggested the possibility of having a meeting of the Council of State Leagues and the NLNE Board at the close of the convention in order that the two groups might plan jointly with regard to the program of the League for the coming year in the light of any business which might transpire at the convention. By a show of hands the presidents of the state leagues indicated approval of this suggestion.
League Membership

In her closing remarks, the executive secretary commended the state leagues on the splendid increase in League membership which, she stated, would probably reach 10,000 during the year and which already included 1,411 new members. She attributed this increase to the stimulating programs being instigated in the states.

She noted, however, that there had been a decrease in the number of sustaining members and explained what this type of membership denoted. "Sustaining member," she said, was really a misnomer; the term should be "Contributing member." It represents a category of membership created in order that heads of schools and those who are financially able to do so could support the League program to an extent beyond their active membership dues. As a "bonus" to sustaining members, they are supplied with publications to the amount of $2.50 per year.

Miss Mayo also urged the state league presidents to send reminders to those who had let their dues lapse, stating that frequently dues were allowed to lapse through an oversight rather than by intent.

Miss Mayo reminded the state league presidents that, as a result of action taken at the 1947 convention, the transfer of membership from one state league to another is now taken care of at Headquarters and can be effected by the simple procedure of having the member who wishes to transfer write of her desire to Headquarters.

In closing, Miss Mayo reminded the state league presidents that National Headquarters should be informed of any new local leagues which are formed since, at the request of the state league presidents, materials are now sent directly from Headquarters to the local leagues.

The meeting adjourned at 3:45 p.m.
OPENING BUSINESS SESSION

Monday, May 2—9:00 a.m.—5:30 p.m.

The opening business session, held in the Ballroom of the Hotel Statler, Cleveland, Ohio, on Monday, May 2, 1949, was called to order by Agnes Gelinas, the president, at 9:10 a.m. Members from forty-two state leagues responded to the roll call and a quorum was declared present.*

The president spoke a few words of welcome and introduced the parliamentarian, Mrs. Gilbert Dean Nelson of Cleveland.

APPOINTMENT OF THE COMMITTEE ON RESOLUTIONS

The president appointed as the Committee on Resolutions Marjorie Bartholf (Texas), chairman; Carol Randall (Ohio), and Margaret B. Allen (New Jersey).

REPORT OF THE SECRETARY

The Board of Directors of the National League of Nursing Education held business meetings on May 26-29 immediately preceding, and on June 4, immediately following, the 1948 Biennial Convention in Chicago.

The Board met a third time in the year prior to this Convention in New York City, January 23-29, 1949. Dates of this meeting included a day’s session on January 27 when the League Board met as one of the six national nursing organization boards to hear the report and recommendations of the Committee on Structure. It also included the meeting of the Joint Board of the American Nurses’ Association, National League of Nursing Education and National Organization for Public Health Nursing, held the morning of January 29 to conduct current business and to dissolve that body for the purpose of forming a new joint board of the six national nursing organizations.

The afternoon session January 29, 1949, reconvened to form and adopt rules for the new Joint Board of the Six National Nursing Organizations, the American Association of Industrial Nurses, American Nurses’ Association, Association of Collegiate Schools of Nursing, National Association of Colored Graduate Nurses, National League of Nursing Education, and National Organization for Public Health Nursing. The new joint board represents an interim procedure until permanent national structure is determined.

The Executive Committee of the Board of Directors has met immediately following Board meetings and as needed in interim periods between Board

*Bylaws—Article XI, Sec. 3. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention. (Now Article IX, Sec. 4)
meetings to carry forward functions of management and to supervise the affairs of the League.

The minutes of the 1948 Convention and of the Council of State Leagues, as well as the minutes of meetings of the Board of Directors and Executive Committee, have been prepared and filed in the National League of Nursing Education Headquarters office.

Notice of the 1949 League Convention, in session May 2-6 with headquarters at the Statler Hotel in Cleveland, Ohio, was sent to all members the month in advance required in our Bylaws.

The Board has considered reports and recommendations of the Headquarters staff, of standing and special League committees, and of the joint committees under its aegis including the Committee on Careers in Nursing, the Committee on Unification of Accrediting Activities, and the Committee on Implementing The Brown Report. It has met with the Committee on Structure.

The Board has considered problems of administrative organization at League Headquarters, space, finance, personnel, and other ways and means involved in the conduct of its business. A Headquarters study by Booz, Allen and Hamilton, authorized by the Board, has been conducted.

The report of the executive secretary will give the details involved in the administration of Headquarters during the year.

The 9,352 NLNE members form the 1948 body of this organization. The Board recognizes its responsibility to carry forward the purpose and program as determined by this body.

It was with sorrow that the Board learned of the death of M. Adelaide Nutting on October 3, 1948. An outstanding leader in nursing education, Miss Nutting was president of our organization in 1896 and 1909.

The Board of Directors records with deep regret the deaths of members of the NLNE whose names follow:

AUSTIN, Ida F. .......................................................... December 16, 1948
BLOOD, MRS. MARY E. (Lay) ................................. March 5, 1948
BROWN, MRS. MARY CONOLEY ..................................
CLERKIN, PATRICK .................................................. August 16, 1948
GILBERT, VIVIAN C. .................................................. December, 1947
HARDIN, Eva Mae ...................................................... July 2, 1948
McCRAE, ANNABELLA .................................................. February 1, 1948
MCLEOD, Josephine .................................................. October 4, 1948
MURRAY, CHRISTINA CAMERON .................................. December 4, 1948
NOVAK, MARGARET A. ............................................... August, 1948
NUTTING, MARY ADELAIDE (Honorary) ...................... October 3, 1948
OLSON, ESTHER J. ...................................................... November 3, 1948
SELL, FRANCES DORSEY .............................................. July 24, 1948
STEVenson, BEATRICE V. .......................................... March 12, 1948
STIMSON, COL. JULIA C. ........................................ September 29, 1948

Respectfully submitted,

HENRIETTA A. LOUGHRAN, Secretary
Miss Henrietta Doltz, R.N., Treasurer  
National League of Nursing Education  
1790 Broadway  
New York 19, New York

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, 1948, and present herewith the following described two exhibits and eight schedules:

Exhibit A—Schedule 3—Statement of Receipts from Sales of Vocational Materials and Disposition Thereof for the Year Ended December 31, 1948.

In connection with the foregoing we examined or tested accounting records and other supporting evidence including confirmation of cash and securities by inspection and certification obtained from the depositories. 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 eight schedules fairly present the financial condition of the
National League of Nursing Education at December 31, 1948, and the results of the operations for the year ended on that date.

Very truly yours,

**BERNER AND DERRY**
[Certified Public Accountants]

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**EXHIBIT A**

**Statement of Financial Condition December 31, 1948**

**Assets:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
<td>$ 79,930.75</td>
</tr>
<tr>
<td>Checking Account</td>
<td></td>
</tr>
<tr>
<td>Savings Accounts</td>
<td>35,360.56</td>
</tr>
<tr>
<td>Savings Account—M. Adelaide Nutting Award Fund</td>
<td>100.90</td>
</tr>
<tr>
<td>Petty Cash Fund</td>
<td></td>
</tr>
<tr>
<td>President's Revolving Fund</td>
<td>500.00</td>
</tr>
<tr>
<td>Securities—$20,000 U. S. Savings Bonds, Series &quot;G,&quot; 2 1/2%, Due 1960</td>
<td>100.00</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
</tr>
<tr>
<td>Prepaid Expenses—Travel, Conventions and Room Rental</td>
<td>848.00</td>
</tr>
</tbody>
</table>

**Total Assets**                                                               | $163,658.21 |

**Liabilities:**

Unexpended Balances December 31, 1948, of Following Projects:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee on Postgraduate Clinical Nursing Courses, per Schedule 1</td>
<td>$ 1,571.62</td>
</tr>
<tr>
<td>Michigan Practical Nurse Project, per Schedule 2</td>
<td>377.95</td>
</tr>
<tr>
<td>Sales of Vocational Materials (to be reallocated to contributing organizations) per Schedule 3</td>
<td>1,867.84</td>
</tr>
<tr>
<td>Committee on Careers in Nursing, per Schedule 4</td>
<td>7,995.81</td>
</tr>
<tr>
<td>Joint Committee on Unification of Accrediting Activities, per Schedule 5</td>
<td>1,938.56</td>
</tr>
<tr>
<td>United States Public Health Service Grant (C-206.4) for Psychiatric Nursing Training, per Schedule 6</td>
<td>10,224.11</td>
</tr>
<tr>
<td>Committee on Implementing The Brown Report, per Schedule 7</td>
<td>2,296.98</td>
</tr>
<tr>
<td>New York State Nurses’ Association Contribution (Purpose to be designated)</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Net Assets**                                                               | $137,283.34 |

**The Net Assets Comprise the Following Funds:**

General Fund—Balance December 31, 1948 per Exhibit B                         | $137,184.44 |
M. Adelaide Nutting Award Fund
| Balance December 31, 1947                                                   | $100.00     |
| **Add:** Interest on Savings Account                                        | .90         |
| **Balance December 31, 1948**                                              | 100.90      |

**$137,285.34**
## EXHIBIT A—SCHEDULE 1

Committee on Postgraduate Clinical Nursing Courses
Statement of Receipts and Expenditures for the Year Ended December 31, 1948

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance—December 31, 1947</td>
<td>$4,239.44</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$46.83</td>
</tr>
<tr>
<td>Subcommittee on Maternity Nursing—Printing</td>
<td>354.25</td>
</tr>
<tr>
<td>Subcommittee on Orthopedic Nursing—Printing</td>
<td>2,266.74</td>
</tr>
<tr>
<td></td>
<td>2,667.82</td>
</tr>
<tr>
<td><strong>Balance December 31, 1948, per Exhibit A</strong></td>
<td>$1,571.62</td>
</tr>
</tbody>
</table>

## EXHIBIT A—SCHEDULE 2

Michigan Practical Nurse Project
Statement of Receipts and Expenditures for the Year Ended December 31, 1948

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts:</td>
<td></td>
</tr>
<tr>
<td>Grant—Michigan State Board of Education Trust Funds</td>
<td>$5,000.00</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Postage and Express</td>
<td>$365.44</td>
</tr>
<tr>
<td>Technical Consultants</td>
<td>275.00</td>
</tr>
<tr>
<td>Travel</td>
<td>304.22</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>11.61</td>
</tr>
<tr>
<td>Fees to Item Writers</td>
<td>150.00</td>
</tr>
<tr>
<td>Mimeograph Supplies</td>
<td>162.62</td>
</tr>
<tr>
<td>Supplies</td>
<td>54.60</td>
</tr>
<tr>
<td>Testing Materials</td>
<td>52.89</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>35.20</td>
</tr>
<tr>
<td>Examiners’ and Proctors’ Fees</td>
<td>35.00</td>
</tr>
<tr>
<td>Test Construction</td>
<td>340.36</td>
</tr>
<tr>
<td>Room Rental</td>
<td>94.00</td>
</tr>
<tr>
<td>Salaries</td>
<td>2,265.08</td>
</tr>
<tr>
<td>Expenses Incurred in Michigan</td>
<td></td>
</tr>
<tr>
<td>Committee Meeting</td>
<td>74.35</td>
</tr>
<tr>
<td>Express</td>
<td>1.79</td>
</tr>
<tr>
<td>Distribution of Materials</td>
<td>64.76</td>
</tr>
<tr>
<td>Luncheon for Test Writers</td>
<td>188.10</td>
</tr>
<tr>
<td>Administration of the Test</td>
<td>22.05</td>
</tr>
<tr>
<td>Postage</td>
<td>47.45</td>
</tr>
<tr>
<td>Printing</td>
<td>59.75</td>
</tr>
<tr>
<td>Michigan Press Association</td>
<td>9.00</td>
</tr>
<tr>
<td>Extra Clerical</td>
<td>7.88</td>
</tr>
<tr>
<td></td>
<td>4,622.05</td>
</tr>
<tr>
<td><strong>Balance December 31, 1948, per Exhibit A</strong></td>
<td>$377.95</td>
</tr>
</tbody>
</table>
EXHIBIT A—SCHEDULE 3

Statement of Receipts from Sales of Vocational Materials and Disposition Thereof for the Year Ended December 31, 1948

Receipts:
Sales of Vocational Materials ........................................... $4,474.56

Deductions:
Transferred to Committee on Careers in Nursing ................... 2,606.72

Balance December 31, 1948, per Exhibit A ................................ $1,867.84

EXHIBIT A—SCHEDULE 4

Committee on Careers in Nursing
Statement of Receipts and Expenditures for the Year Ended December 31, 1948

Receipts:
Contributions—Cash
American Nurses’ Association ........................................... $10,000.00
National League of Nursing Education ................................. 3,000.00
National Organization for Public Health Nursing .................. 500.00
National Association of Colored Graduate Nurses .................. 25.00

Contributions—Allocation of Proceeds from Sale of Vocational Material
American Nurses’ Association ........................................... $1,811.67
National League of Nursing Education ................................. 677.75
National Organization for Public Health Nursing .................. 112.09
National Association of Colored Graduate Nurses .................. 5.21

Total Receipts .................................................................... $16,131.72

Expenditures:
Salaries ........................................................................ $4,565.10
Postage ........................................................................ 594.46
Materials, etc., Printing .................................................... 1,947.28
Supplies and Incidentals .................................................... 117.90
Travel ........................................................................... 417.77
Equipment ...................................................................... 259.36
Rent ............................................................................... 139.76
Miscellaneous .................................................................. 8.33
Telephone and Telegraph .................................................. 55.71
Mimeographing ................................................................. 30.24

Balance December 31, 1948, per Exhibit A ............................ $7,995.81
EXHIBIT A—SCHEDULE 5

Joint Committee on Unification of Accrediting Activities
Statement of Receipts and Expenditures for the Year Ended
December 31, 1948

Receipts:
Contributions
American Nurses' Association $2,500.00
National League of Nursing Education 1,000.00
American Association of Industrial Nurses, Inc. 300.00
National Association of Colored Graduate Nurses 200.00
Individual 5.00 $4,005.00

Disbursements:
Salaries $ 86.40
Rent 375.95
Travel—Committee Meetings 470.51
Miscellaneous (Meeting Room, Typewriter Repair) 23.43
Postage 162.50
Supplies, Mimeographing, etc. 457.28
Reporting Meetings 243.21
Telephone and Telegraph 17.36
Consultation Fees 230.00 2,066.44

Balance December 31, 1948, per Exhibit A $1,938.56

EXHIBIT A—SCHEDULE 6

United States Public Health Service Grants for Psychiatric Nursing Training
Statement of Receipts and Expenditures for the Year Ended
December 31, 1948

Grant MHT-97.4

Receipts:
Received from United States Public Health Service $10,000.00

Expenditures:
Salaries—Nurse Director $2,203.90
Assistant Director 2,223.33
Secretary 1,194.74
Consumable Supplies, etc. 363.47
Travel—Director and Assistant Director 1,246.23
Committee 593.26
Administrative Overhead 496.00 8,320.95

Balance Forwarded to Grant MHT-C-206.4 $ 1,679.05

Grant MHT-C-206.4

Receipts:
Received from United States Public Health Service $13,320.95
Balance Forwarded from Grant MHT-97.4 1,679.05 $15,000.00
### Expenditures:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tr>
<td>Salaries—Professional</td>
<td>$3,453.59</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>759.61</td>
</tr>
<tr>
<td>Consumable Supplies, etc.</td>
<td>245.67</td>
</tr>
<tr>
<td>Travel</td>
<td>153.33</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>183.69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,775.89</strong></td>
</tr>
<tr>
<td><strong>Balance December 31, 1948, per Exhibit A</strong></td>
<td><strong>$10,224.11</strong></td>
</tr>
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</table>

### Exhibit A—Schedule 7

Committee on Implementing The Brown Report

Statement of Receipts and Expenditures for the Year Ended December 31, 1948

<table>
<thead>
<tr>
<th>Receipts:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions—American Nurses’ Association</td>
<td>$1,800.00</td>
</tr>
<tr>
<td>National League of Nursing Education</td>
<td>$1,800.00</td>
</tr>
<tr>
<td>National Organization for Public Health Nursing</td>
<td>$1,800.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$5,400.00</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Disbursements:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$2,244.33</td>
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<tr>
<td>Rent</td>
<td>107.60</td>
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<tr>
<td>Travel</td>
<td>534.96</td>
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<tr>
<td>Supplies</td>
<td>52.02</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>56.76</td>
</tr>
<tr>
<td>Postage</td>
<td>74.17</td>
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<tr>
<td>Mimeograph</td>
<td>28.90</td>
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<tr>
<td>Miscellaneous</td>
<td>4.28</td>
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<td><strong>Total</strong></td>
<td><strong>3,103.02</strong></td>
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| **Balance December 31, 1948, per Exhibit A** | **$2,296.98** |

### Exhibit B


#### Income

<table>
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<tr>
<th>Category</th>
<th>Amount</th>
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<tr>
<td>General:</td>
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<tr>
<td>Membership Dues</td>
<td>$50,334.50</td>
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<td>Contributions</td>
<td>603.00</td>
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<tr>
<td>Sales</td>
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<tr>
<td>Publications—Curriculum</td>
<td>3,469.60</td>
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<tr>
<td>Records</td>
<td>28,633.95</td>
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<tr>
<td>Other</td>
<td>16,064.37</td>
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<tr>
<td>Photographs</td>
<td>83.75</td>
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<tr>
<td>Slides</td>
<td>358.50</td>
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<tr>
<td>Rental of Films</td>
<td>66.00</td>
</tr>
<tr>
<td>Convention Exhibits, Registration Fees, etc.</td>
<td>6,675.48</td>
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<tr>
<td>Interest (Savings Accounts and Securities)</td>
<td>610.56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$106,899.71</strong></td>
</tr>
</tbody>
</table>
Committee on Administration of Accrediting Program:
- Applications: $300.00
- Annual Fees: 5,550.00
- Survey Fees: 3,550.00
- Resurvey Fees: 2,500.00
- Total Income: 11,900.00

Department of Measurement and Guidance:
- Pre-Nursing and Guidance Test Service: $62,446.94
- Achievement Test Service: 43,178.76
- State Board Test Pool Service: 104,881.45
- Graduate Nurse Test Service: 8,046.00
- Total Income: 218,553.15

Total Income: $337,352.86

Expenses
General:
- Travel
  - Board of Directors: $3,485.84
  - President: 553.43
  - Executive Secretary: 1,047.39
  - Associate Executive Secretary: 178.07
  - Appointed Representatives and League Representatives (School Study): 185.07
  - Joint Commission for Improvement of Care of the Patient: 154.06
  - Contingent Expenses for Committees: 381.26
- Printing and Mailing Annual Report: 11,392.73
- Stationery: 484.21
- Exhibit Space (American Hospital Association Convention): 67.45
- Legal Fees: 152.54
- Dues—American Council on Education: 100.00
- Films—Storing and Handling: 53.22
- Surety Bond Premiums: 46.97
- Auditing Fee: 375.00
- Joint Board of Directors Report—Reporting Meetings: 98.19
- Conference Room Rental: 54.16
- State League Supplies: 262.00
- Photographs: 48.65
- Slides: 145.83
- Balloting Expenses: 340.57
- Miscellaneous: 122.24
- Mimeograph Machine—Equipment: 554.39
- Audograph Machine—Equipment: 904.64
- Total Expenses: $21,167.91
<table>
<thead>
<tr>
<th>Standing Committees:</th>
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<tbody>
<tr>
<td>Curriculum</td>
<td>$ 265.49</td>
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<tr>
<td>Finance</td>
<td>$ 355.46</td>
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<td>Nominations</td>
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<td>Revision</td>
<td>$ 10.00</td>
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<td><strong>Total</strong></td>
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<td>$ 648.28</td>
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<tr>
<td>Special Committees:</td>
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<tr>
<td>Audio-Visual Aids</td>
<td>$ 18.00</td>
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<tr>
<td>Psychiatric Nursing</td>
<td>$ 258.68</td>
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<tr>
<td>Public Relations</td>
<td>$ 2,262.03</td>
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<tr>
<td>Sisters</td>
<td>$ 15.00</td>
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<tr>
<td>Vocational Guidance</td>
<td>$ 228.41</td>
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</tr>
<tr>
<td>Committee on Practical Nurse Education</td>
<td>$ 150.00</td>
<td></td>
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<tr>
<td>Committee on Revision of Manual</td>
<td>$ 206.87</td>
<td>$ 3,138.99</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$ 3,138.99</td>
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<tr>
<td>Joint Committees:</td>
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<tr>
<td>Auxiliary Nursing Service</td>
<td>$ 150.00</td>
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<tr>
<td>Integration</td>
<td>$ 79.86</td>
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<tr>
<td>Postgraduate Nursing Education</td>
<td>$ 51.73</td>
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<tr>
<td>To Prepare Material for Bill</td>
<td>$ 148.98</td>
<td></td>
</tr>
<tr>
<td>Committee on Careers in Nursing—Contribution</td>
<td>$ 3,000.00</td>
<td></td>
</tr>
<tr>
<td>Committee on Structure of the National Nursing Organizations—Contribution</td>
<td>$ 3,170.00</td>
<td></td>
</tr>
<tr>
<td>Joint Committee on the Unification of Accrediting Activities—Contribution</td>
<td>$ 1,000.00</td>
<td></td>
</tr>
<tr>
<td>Committee on Implementing The Brown Report—Contribution</td>
<td>$ 1,800.00</td>
<td>$ 9,400.57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$ 9,400.57</td>
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<tr>
<td>Publications:</td>
<td></td>
<td></td>
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<tr>
<td>General</td>
<td>$ 9,971.82</td>
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<tr>
<td>Records</td>
<td>$ 12,576.00</td>
<td>$ 22,547.82</td>
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<td><strong>Total</strong></td>
<td></td>
<td>$ 22,547.82</td>
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<td>Convention:</td>
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<tr>
<td>Staff Travel</td>
<td>$ 546.51</td>
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<tr>
<td>Miscellaneous</td>
<td>$ 686.33</td>
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<tr>
<td>Preprints</td>
<td>$ 411.60</td>
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<tr>
<td>Honoraria and Travel—Program</td>
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<tr>
<td>Reporting</td>
<td>$ 175.75</td>
<td>$ 2,122.49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$ 2,122.49</td>
</tr>
<tr>
<td>Committee on Administration of Accrediting Program:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$ 7,749.22</td>
<td></td>
</tr>
<tr>
<td>Reproduction of Reports</td>
<td>$ 426.35</td>
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<tr>
<td>Printing</td>
<td>$ 128.39</td>
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</tr>
<tr>
<td>Supplies, Postage, etc.</td>
<td>$ 269.29</td>
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</tr>
<tr>
<td>Travel—Secretary Committee</td>
<td>$ 1,888.09</td>
<td></td>
</tr>
<tr>
<td>Extra Visitors</td>
<td>$ 212.42</td>
<td>$ 11,029.04</td>
</tr>
</tbody>
</table>

**Total**                                  |       | $ 11,029.04 |
Department of Measurement and Guidance:
Salaries .................................................. $ 85,527.27
Advisory and Consultants' Fees ...................... 378.15
Fees to Item Writers .................................. 1,095.00
Traveling Expenses for Item Writers ................. 1,355.78
Maintenance of Premises
Rent ....................................................... 5,149.04
Repairs ................................................... 1,423.46
Permanent Equipment and Maintenance Supplies .... 3,174.99
Test Services
Supplies .................................................. 2,232.51
Postage and Express .................................. 6,021.86
Mimeograph Supplies ................................ 1,022.11
Testing Materials ................................... 10,033.88
Examiners' Fees ....................................... 6,340.25
Proctors' Fees ......................................... 990.00
Examining Room, Rental and Services ............... 337.82
Machine Rental ........................................ 5,374.72
Telephone and Telegraph ................................ 2,031.85
Conventions and Meetings—Travel for Staff ......... 1,293.43
General Expenses
Library ................................................... 122.94
Miscellaneous .......................................... 170.90
Director's Fund—Entertainment ...................... 181.79
Field Work—Institutes ................................ 542.42
Departmental Information on Test Service ........... 1,505.43
Staff Education—Tuition Fees ...................... 130.00 $135,878.60

Department of Studies:
Salaries .................................................. $ 15,555.00
Postage, Supplies, Mimeograph, etc. ............... 780.05
Travel: Director ....................................... 429.83
Committee ............................................... 11.65
Functional Analysis Committee ...................... 404.36 $ 17,180.87

Headquarters Expenses, per Schedule 1 ............ 51,808.81
Expenditures for Expansion Program (Additional office space, alterations, new equipment, etc.) ........ 7,055.72 $281,979.10

Deduct: Administrative Overhead Charged to United States Public Health Service Projects ................. 365.48

Total Expenses ........................................ $281,613.62

Excess of Income over Expenses ..................... $ 55,739.24

Add: Surplus Balance December 31, 1947 ............. $ 81,250.39
Refund on Prior Period Contribution to Nursing Information Bureau ........................................ 194.81 $ 81,445.20

Surplus Balance December 31, 1948, per Exhibit A ................................................................. $137,184.44
EXHIBIT B—SCHEDULE 1

Statement of Headquarters Expenses for the Year Ended December 31, 1948

Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$32,669.31</td>
</tr>
<tr>
<td>Extra Stenographic Service</td>
<td>228.34</td>
</tr>
<tr>
<td>Rent</td>
<td>5,009.69</td>
</tr>
<tr>
<td>Reception Room Service</td>
<td>459.96</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>1,107.35</td>
</tr>
<tr>
<td>Supplies</td>
<td>818.76</td>
</tr>
<tr>
<td>Postage and Express</td>
<td>4,016.58</td>
</tr>
<tr>
<td>Shipping</td>
<td>4,506.40</td>
</tr>
<tr>
<td>Mimeographing, etc.</td>
<td>463.97</td>
</tr>
<tr>
<td>Library Service</td>
<td>150.00</td>
</tr>
<tr>
<td>Special Office Care</td>
<td>63.24</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>214.99</td>
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<tr>
<td>Entertainment</td>
<td>13.75</td>
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<tr>
<td>Insurance Premiums</td>
<td>203.80</td>
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<td>Reference Books, Subscriptions, etc.</td>
<td>52.00</td>
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<tr>
<td>Rest Room</td>
<td>636.08</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,097.59</td>
</tr>
<tr>
<td>Service—Typewriters and Adding Machines</td>
<td>97.00</td>
</tr>
</tbody>
</table>

Total Expenses per Exhibit B: $51,808.81

Respectfully submitted,

HENRIETTA DOLTZ, Treasurer

REPORT OF THE EXECUTIVE SECRETARY

Headquarters space

Headquarters activities since the Biennial Convention in May, 1948, have surpassed all previous records, I believe, largely because of the addition of three joint national nursing projects placed under the aegis of the League for general administration and guidance. Through the summer months the important and necessary first steps were the search for added staff to carry on the work, for space to house the workers, and for equipment to provide them with some of the tools needed for work. We were fortunate in finding Helen C. Goodale for the Committee on Implementing The Brown Report and Muriel C. Henry as director of public relations for the Committee on Careers in Nursing, so that there was relatively little delay in getting these two important committee projects under way.

The most difficult search was for space not too far from Headquarters which would provide for private offices and sufficient floor space for secretaries, files, and so forth. After several disappointments, space was located at 250 West 57th Street. This space had to undergo a good deal of recon-
struction to render it usable with considerable expense shared by the building and the National League of Nursing Education. A month was required for tearing down walls, putting in new partitions, patching, and painting. Finally the telephones were installed, equipment was bought and placed, and the personnel moved out of their very cramped quarters here. We also provided space for the Structure Study staff which had been without a home ever since we took over Room 201 and renovated it for Miss Goff and the extra staff about to embark upon the plans for a unified accrediting program. This too had to be ready by September 1st. While it looked hopeless for a while, we did manage, without too much delay or confusion, to take care of the extra staff members arriving to begin the work on September 1st.

The overcrowding throughout, with added staff to care for increased services plus additional equipment, has presented serious problems to us all at Headquarters. At the present writing it can only be said that the solution of the space shortage is not yet found.

Conferences in Washington

August also brought the need for several conferences in Washington which the president and the executive secretary attended in order to review general nursing problems with Dr. George F. Zook and Dr. A. J. Brumbaugh of the American Council on Education, as well as with Pearl McIver, president of the American Nurses' Association.

Headquarters study

Another activity approved by the Board in May which had its beginning in the summer was a series of Saturday conferences by the president and two members of the Board with the professional staff. These conferences served as the forerunner to the Headquarters study also authorized by the Board in May. This study was moved forward by the Executive Committee in the fall when the president and the executive secretary were told to engage an outside firm to make a detailed study of Headquarters for the purpose of providing us with a plan of organization, job descriptions, and methods of evaluating personnel for these jobs, as well as a salary scale which would be commensurate with the jobs held by both the professional and nonprofessional staff. The study actually got under way the end of November when we acquired a full-time worker from the firm of Booz, Allen & Hamilton, one highly recommended to us. Mr. Paul Sassaman became a very integral part of the office personnel during his weeks of concentrated study and conferences.

This study has brought forth suggested revisions in our Bylaws which have been placed before the membership, as well as certain organizational adjustments at Headquarters.
Associate executive secretary

Into the midst of an unusually busy fall, Gladys S. Benz arrived. Her orientation was short and she was rapidly precipitated into the Headquarters turmoil and the American Hospital Association convention at Atlantic City to take over the League booth following my return to Headquarters after the first two days. It is hard to appreciate how rapidly we move here at Headquarters and how much a newcomer has to learn of the general administrative work, of committees and their activities involving assisting and planning with the chairmen for meetings, notices, agenda, and minutes, together with attendance at the meetings to guide and to coordinate programs.

Miss Benz took over all committees relating to the curriculum—a sizable group and one which presents many and varied types of problems. Meetings have increased the past few months over 1947 so that time and time again we have shared those scheduled on the same day or at the same time. To become more familiar with all phases of the work, Miss Benz has attended many other meetings with me since this gave her an opportunity to know the thinking and work of the groups more quickly than in any other way. We have literally snatched minutes and hours for our conferences, for explanations, background, and a better understanding of the overall pattern. The assistance that Miss Benz has given even from the first has been immeasurable and the long-awaited arrival of the associate executive secretary has been a welcome event at Headquarters.

Field trips

To the state leagues, the addition of Miss Benz to our Headquarters staff has meant that someone is now available to build the much-needed bridge of information between National Headquarters and our state leagues.

Because of the heavy fall work and the fact that Miss Benz needed to know a good deal about the League and Headquarters before attempting any field trips, no visits to state leagues were planned during the fall. However, we set up a schedule beginning the middle of March and letters went to the state league presidents in the middle and southern Atlantic area. When these visits were first discussed with the Board, the suggestions were accepted that we should try to visit the state and local leagues and meet with their boards of directors and committee chairmen for the purpose of discussing organizational problems, general nursing problems, and committee activities. It was also felt that information about Headquarters activities going to them and information coming to our attention about what the state organizations were doing would be invaluable. The 1947 field trip proved this to be true, but I think every group visited wished that our talks could be more widely shared with the membership. This would be possible only if we attended the state meetings.
State visits by the executive secretary

Three state visits were made by the executive secretary last fall. The first one was to Cleveland to assist the Ohio league’s committees on Convention Arrangements and Program.

The second trip was to Rhode Island where I met the president and several members of the state league to discuss what seemed to be interrelated and not too clear-cut functions for some of their committees.

The third visit was in Boston in December with the president of the Massachusetts League of Nursing Education and the representative of the Chamber of Commerce to discuss the facilities available for a convention of the NLNE in 1951, at the invitation of the Massachusetts league.

Correspondence

Beginning in September when the employed staff of the Committee on Careers in Nursing moved across the street, all correspondence relating to requests for information about schools of nursing was turned over to Mrs. Henry. This freed a member of my staff for other important work although Miss Tompkins has continued to carry the correspondence for information about postgraduate courses and programs. The number of requests in this category answered by form material during 1948 totaled 1,076. Besides these, many individual letters were written containing additional information or advice.

League Letters

The League Letters have been rolling along and out to a mailing list of about 2,500 on the average of between one and two a month. This accelerated schedule plus the content of the letters was planned purposely to meet the omission of the “Information and Suggestions for Committee Activities and Program Meetings of State and Local Leagues” which could not be prepared early enough this fall to be of assistance to state planning groups. It is also possible that these League Letters give so much more help than the old outline that they should be continued for committee assistance in place of the former “Information and Suggestions” manual.

Membership

There seems to be little doubt that the League Letters are meeting a very great need and are being used more and more. They appear to be contributing to the increase of League membership. At the end of 1948 the total number of members reached 9,352. This is an increase over 1947 when the total was 9,015. Sustaining members have decreased, the number for 1948 being 232 against 306 in 1947.
No new state leagues have been added but a few local leagues were established bringing the total up to 60. Arizona has requested an application and hopes to be able to establish a league before long.

**Joint policies and procedures**

As a result of action taken at the Joint Board meeting last January, the League was asked to bring a group together to discuss and set up policies and procedures that could be used by a joint board of the six national nursing organizations or by other national nursing groups working jointly on common problems. In the late fall the six presidents and six executive secretaries came together to discuss the problems. A subcommittee was appointed to prepare the rules which were presented to the main committee. These, in revised form and after having been reviewed by each organization's legal counselor went to each of the six boards for independent consideration during the January meetings and then to the newly formed Joint Board for action. Their adoption, with certain modifications, has given us an authorized basis for all future joint procedures.

**Practical nurse education**

The executive secretary attended last fall two meetings of the Advisory Committee to the Michigan Practical Nurse project, one in Lansing and one in Detroit. At the latter meeting Miss Kemble presented the preliminary report of the practical nurse competency test which the League, under the direction of the Department of Measurement and Guidance, undertook for the Michigan Nursing Center Association.

The curriculum project under the U. S. Office of Education has moved forward very slowly. The Working Committee, of which the executive secretary has been a member, met for one afternoon a week throughout October and November. The materials prepared for the Working Committee last summer have been reviewed, revised, and reorganized step by step, but progress is slow. If the work can move more quickly and be ready by June 1st, the U. S. Office of Education believes printing can be speeded up so that the curriculum can be made available within four months or some time this fall.

**Publications**

The publication by the McGraw-Hill Book Company of the papers and discussions from the International Congress of Charities, Correction and Philanthropy held in Chicago in 1893 will be of interest to all League members. It was at this Congress that the leaders of our profession first assembled in this country, and immediately following the Congress the American
Society of Superintendents of Training Schools for Nurses (which later became the National League of Nursing Education) was formed.

The League arranged with McGraw-Hill for the publication of Nursing of the Sick and is sponsoring this publication.

In closing, I wish to express my sincere appreciation to a very loyal staff whose assistance makes it possible to carry on the work at Headquarters because of their familiarity, over these many years, with the general needs and functions of this organization. We have indeed been fortunate in not losing anyone while we have gained new workers who have also contributed a great deal toward lessening the load of responsibility shared by the executive secretary and her assistants.

Respectfully submitted,

ADELAIDE A. MAYO, Executive Secretary

REPORT OF THE DIRECTOR OF STUDIES

Statistical Studies

Some of the findings from the statistical studies made during the year follow.

As of January 1, 1948, the total enrollment in all basic schools of nursing was 91,643. Of that number 6,046 were enrolled in degree programs, 85,597 in diploma programs.

During 1948, 43,373 students were admitted, about 5,000 more than the preceding year.

The number of nurses graduated during 1948 was 34,268, approximately 6,500 less than during 1947. Of the 34,000 graduates, 1,463 received a degree.

The per cent of students who withdrew from the 1948 class before graduating was 39.4, or 0.2 per cent higher than the withdrawal rate for the 1947 class.

In 1948, 183 schools reported that they were offering programs leading to a degree. As in 1946, probably less than half of such schools are collegiate schools and the remainder are hospital schools offering through an arrangement with a university or college a combined program leading to a degree.
In accord with the instructions received from the Board, postcards were sent to all basic schools of nursing to ascertain the number of applicants accepted, and the number of applications pending for the fall class during the months of June, July, August, and September. The returns from these postcards were promptly relayed to the appropriate groups.

This year, following Board directions, two postcard questionnaires were sent to the 62 places offering programs to graduate nurses leading to degrees and qualifying graduate nurses for nursing service and nursing education positions. The purpose of the inquiry was to find out the enrollment for the first semester or term of the year 1947-48 and of the year 1948-49; and also the number of students receiving G. I. benefits. According to the information given, in 1947 the total enrollment was 11,877, of whom 5,464 students were full-time and 6,121 were part-time. (One institution did not give a breakdown of its total enrollment of 292 students.) In 1948 the total enrollment was 11,586: full-time students 4,722, and part-time 6,864. The number of students receiving G. I. benefits in 1947 was 3,757; in 1948, 3,120.

Three-Year Withdrawal Study

The Three-Year Withdrawal Study is now in its third year. The object of this study is to find out not only the per cent of students who withdrew from the total number admitted in February and September 1947 but also the per cent of those withdrawn for each of certain specified causes. Sixteen per cent of all students had withdrawn at the end of their first six months. An additional 8 per cent withdrew during the second six months, making a total withdrawal of 24 per cent by the end of the first year.

Failure in classwork, which accounted for 36 per cent of the withdrawals at the end of the first six months, was the cause of 27 per cent of the withdrawals at the end of the second six months. For the year as a whole, the per cent of students who left the school because of failure in classwork was 33.

The findings on withdrawals for the first six months were published in the September 1948 American Journal of Nursing. At the time this report is written it is expected that the findings for the entire first year will appear in the Journal at an early date.

Materials Published during 1948

In Bulletin Form

A Study of the Nursing Service in One Children's and Twenty-one General Hospitals

This study was off the press late in June 1948; to January 1, 1,170 copies had been sold.
American Journal of Nursing

January — More About Clinical Facilities
January — Graduations and Withdrawals in Class of 1947
February — Withdrawal of Students—First release on 3-year study
March — Student Hours of Practice per Week
April — Educational Qualifications of First-year Students
May — Student Enrollment
June — General Staff Nurses
August — Seventy-seven University Controlled or College Controlled Schools
September — Withdrawal of Students—Second release on 3-year study
October — Fall Admissions
December — Shortening the Program—Does not Increase the Number of Graduates

Lists Published

New lists published during the year 1948 were:

Schools of Nursing Offering Undergraduate Programs Leading to a Degree
Programs for Graduate Nurses Leading to a Degree in Universities and Colleges
Schools of Nursing Admitting Men Students
Schools of Nursing Admitting Negro Students
Supplement to the State-Accredited List

The second named list, Programs for Graduate Nurses, is the most difficult to assemble with reasonable accuracy. While a letter with a definition of what we mean by program accompanies the form, we can be certain by the way the information is given, by the description of offerings in the bulletin (when one can be secured), and, not infrequently, by lengthy correspondence, that "programs" which are not programs are reported to us. The "program" may represent one or more courses only, or it may even represent a combined undergraduate program—that is, in a situation where the hospital school has an arrangement with a college or university to accept its students upon completion of the three-year professional program and grant them a degree when certain prescribed study has been successfully completed. Another problem is the college or university which does not offer a program with a major in nursing education but admits graduate nurses, giving them some credit for their basic professional work toward the degree.
Trained Practical Nursing Schools

The Department has received the request to gather some statistics related to trained practical nursing schools. After a conference with Ella M. Thompson, it was agreed to gather data on the date of establishment of such schools, number of admissions, enrollment, graduations during 1948, months when students were admitted and certain other pertinent information.

Consultant Service

As consultant to the Division of Nursing, U. S. Public Health Service, the director of studies upon request made two visits to Washington during 1948: one of four days in January and another of one day in October.

The director attended a three-day conference (December 27, 28, and 29, 1948) of the Subcommittee on School Data Analysis in Washington and a two-day conference in March, 1949.

She also attended a two-day meeting (December 30-31, 1948) of the group brought together to consider bases for legislation concerning nursing service and nursing education.

Committees on which the director of studies is serving are (1) League Committee on the Administration of the Accrediting Program; (2) Joint Council on Tuberculosis Nursing; (3) Committee to Consider Federal Legislation on Nursing Education; and (4) ANA Fact Finding Committee.

The Department of Studies took the responsibility for the preparation of the major portion of the information concerning nursing education in "1948 Facts."

Field Work by the Director of Studies

The director of studies participated in the session on Nursing Service of the program of the American Hospital Association in Atlantic City in September, 1948. At this meeting there were several thousand persons present. Doubtless the majority were hospital administrators. Considerable discussion from the floor followed the addresses by the speakers on the program. It was the impression of the director of studies that the hospital group and the nursing group were thinking on a common plane not heretofore reached.

She participated in the program of the Maryland-District of Columbia-Delaware Hospital Association in Washington, D. C., in November, 1948. This program was developed around various aspects of nursing service.

She held four classes at The Catholic University of America, School of Nursing Education, in March, 1948. The subject was Bases for Estimating Nursing Needs.

She participated in the institute sponsored by the Division of Nursing, University of Indiana, in July 1948, on the subject, Cost Accounting in Nursing Service.
She participated in the Institute for Hospital Administrators at the invitation of Dr. Malcolm MacEachern and held at International House, The University of Chicago. This institute is sponsored by American College of Hospital Administrators. Subject, Nursing Service.

The Functional Analysis

At the meeting of the Board of Directors on May 28, 1948, one of the recommendations presented by the director of studies was "that the Department of Studies undertake a functional analysis of the activities of the personnel who give direct nursing care to patients."

After some consideration, the Board qualified the recommendation to the effect that the analysis include the activities of all nursing personnel in a hospital.

The director of studies was instructed to prepare a plan for the study which should include (1) professional and clerical personnel needed, (2) estimated time for study, and (3) budget with details.

The plan was completed in the late summer and brought before a special committee appointed to review it. With some modifications the plan was approved.

The functional analysis has not been implemented for two reasons: (1) the necessary funds for the budget have not been available, and (2) a change has taken place in the philosophy of the League Board with respect to research. In the past the conduct of studies and research has been considered a function of the League; now the question is whether research in nursing should not be centered in universities.

Nursing Aides

Two committees were organized to explore the possibility of defining the nursing needs of patients and of determining with reference to those needs whether the nursing aide could give the patient his bath and certain other care. The function of one committee was to study the nursing needs of medical patients; the function of the other committee was to study the nursing needs of surgical patients.

Medical nursing specialists who participated in the study were Juanita A. Booth, New Haven Unit, Grace-New Haven Community Hospital; Lela L. Greenwood, Bellevue Hospital; Mildred Struve, Johns Hopkins Hospital. The surgical nursing specialists were: Audrey Holran, Kings County Hospital; Elinor G. Stanford, Massachusetts General Hospital; and Bessie Wolfson, Mt. Sinai Hospital in New York City. Blanche Pfefferkorn, as director of studies, National League of Nursing Education, was a member of both committees.

The specific purpose of the study was to develop a list of those factors which affect the nursing needs of general medical patients and which might
be used as a guide by supervisors, head nurses, and professional staff nurses in assigning patients to nursing aides for bed baths.

At the date of this writing the work of the medical group is practically completed; the work of the surgical committee is about to be begun.

**The Staff**

The regular staff of the department consists of director, statistician, secretary to the director, and two clerical workers.

The statistician, Ella Taylor, has been with the League since 1934. Miss Taylor came to the League from the Committee on the Grading of Nursing Schools, with which committee she had acted for seven years as assistant to Dr. May Ayres Burgess, director of the committee. Her experience with the Grading Committee and her competence in her special field make her a valuable worker in the position she is holding with the League.

Maria Johnnidis, secretary to the director of studies, resigned December 1, 1948, after four years of service. Miss Johnnidis was an exceptionally competent and valuable member of the staff. She was accurate, she had editorial ability, and was a thoroughly responsible and responsive worker.

The two clerical workers are Almira Gardner who has been on the staff for seven years and Mildred Weinmann for two years. Both Miss Gardner and Miss Weinmann are interested, faithful workers and are making their contribution to the work of the department.

The department has indeed been fortunate in the staff personnel. Its work has been and is consistently marked by good working together, by wholehearted interest and willingness and unflagging desire to do well whatever the task is.

Respectfully submitted,

**Blanche Pfefferkorn, Director of Studies**

**Tribute to Blanche Pfefferkorn**

The president announced that Blanche Pfefferkorn was resigning from the League staff the following September. Ruth Sleeper then read the following tribute to Miss Pfefferkorn:

It is appropriate today, when the National League of Nursing Education in meeting assembled has received the resignation of Blanche Pfefferkorn as director of the Department of Studies, to record the contributions which Miss Pfefferkorn has made to the progress of the league, the development of nursing education, and the improvement of nursing service.

For almost twenty-five years Miss Pfefferkorn has served the League as a member of the professional staff at Headquarters. As the second executive secretary after Headquarters was organized, Miss Pfefferkorn carried, for over four of the first five years, the major responsibility for organizing and developing the League program and services.
As a pioneer in studies and research in nursing, she developed the Department of Studies where, as director for seventeen years, she has contributed to nursing education and nursing service not only for the League but also for other organizations in the health field.

As a writer, she has produced and often unselfishly collaborated in the production of publications which have had wide influence in the development of standards of nursing education and nursing service.

As nurse, student of nursing, pioneer in professional nursing research, untiring worker in the cause of the League as it contributed to better nursing care, the membership, officers, Board, and staff of the National League of Nursing Education record today their respect and appreciation for the personal and professional contribution of Blanche Pfefferkorn to this organization and, through it, to nursing.

Upon motion of Miss Sleeper, seconded by Ada Hawkins (Michigan), it was voted that this tribute to Miss Pfefferkorn be accepted and recorded in the minutes.

REPORT OF THE DIRECTOR OF THE
DEPARTMENT OF MEASUREMENT AND GUIDANCE

Events in the world at large have moved rapidly in 1948. Events have moved swiftly for the Department of Measurement and Guidance as well. There have been changes in staff accompanied by regret at losing valuable staff members at the same time that there has been pleasure at the addition of new members to the group. Additional workers have been needed as the rapidly expanding program has brought its increased volume of test services. Rapidly increased volume necessitated reorganization of staff work-loads to care for the increased amount of work related to each of the four test services.

Emma Spaney resigned her position as assistant director to assume a full-time teaching position in the Department of Psychology, Queens College, Flushing, New York. The NLNE Board of Directors approved the recommendation of the director of the Department of Measurement and Guidance that Miss Spaney be appointed a technical consultant to the department. The appointment was made September 1, 1948. Charlotte Gale, assistant test editor, left the department to accompany her family to the West Coast. Ruby Work, supervisor of the pre-nursing and guidance scheduling unit, also left the department during 1948 when her husband's work necessitated their moving to Pennsylvania. Phyllis Sammul, who had been able to offer part-time assistance in test construction from her home in Greenville, Pennsylvania, found it impossible to continue this procedure in 1948. However, all former staff members, whether in Beirut, Lebanon, or California, New York, Ohio, or Pennsylvania continue their interest in the work of the department. They lend immeasurable support to the program and assist local and state groups in the use of test results.
Elinor Fuerst joined the staff of the Department of Measurement and Guidance on April 1, 1948 as first assistant test editor. Since that date, she has been carrying the major responsibility for activities associated with test construction. Esther Brooks also joined the editorial unit as assistant test editor, September 13, 1948, on a part-time basis. This status was changed to full-time work on October 1, 1948. There are openings on the staff for another assistant test editor and for test editor.

Marion Shaycoft was appointed research statistician to the staff of the Department of Measurement and Guidance on a part-time basis during August and September and on a full-time basis October 1, 1948. Mr. Roger Hilton joined the staff as office supervisor on February 2, 1948.

R. Louise McManus, as chairman of the Committee on Measurement and Guidance, personally, and through state league committees, is encouraging graduate nurses to seek preparation in the specialized area of measurement and guidance. All too few nurses at the present time have the necessary background in statistics, test construction, psychology, and related subjects to qualify for this work.

The highly specialized and technical nature of the work involved in the construction and standardization of tests requires not only especially prepared staff members but also highly qualified consultants. The department profited during 1948 by the advice and assistance of highly qualified psychologists who constitute our technical consultants group. Drs. John Flanagan, Professor of Psychology, University of Pittsburgh; Irving Lorge, Associate Director, Institute of Psychological Research, Teachers College, Columbia University; and Ruth Strang, Professor of Education, Teachers College, Columbia University, were appointed September 1, 1947 upon the recommendation of the director of the department and with the approval of the League Board. Genevieve Knight Bixler, educational consultant, was appointed in the same manner on March 1, 1948, and Emma Spaney, on September 1, 1948.

In addition, other specialists act as ex officio members of this group: Hazel A. Goff, as secretary of the Committee on the Administration of the Accrediting Program; Blanche Pfefferkorn, director, Department of Studies; and R. Louise McManus as chairman of the Committee on Measurement and Guidance.

The technical consultant group met at Headquarters on June 29 and November 22 during 1948. Problems related to the future development of the four test services and the experimental design for the comprehensive validation study for which data have been collected for three years were presented for the consideration of this group. The validation study, as well as other studies conducted by the department, will be carried out under the direct supervision of Marion Shaycoft, research statistician.

The year 1948 brought an increase and expansion, not only of the test services, but of the educational and guidance aspects which must accompany
such test services if complaints of "testing for testing's sake" are to be avoided. Some of these educational and guidance projects included meetings with various state groups for the purpose of discussing problems of evaluation, counseling, and the use of test results in the counseling process; the developmental advantages of testing—before, during and after enrollment in a school of nursing; interpretation of test results, and other related topics. The director of the department spoke to state league groups in Richmond, Virginia; Baltimore, Maryland; New Haven, Connecticut; Springfield, Missouri; Rockford, Illinois; and Wilmington, Delaware during 1948. The director also spoke before the American Association of Nurse Anesthetists in Atlantic City, New Jersey. Requests have been received from several states for assistance in measurement and guidance tools and techniques in 1949.

Nursing educators from all sections of the United States visited Headquarters and conferred with members of the staff on problems related to the area of measurement and guidance. Visits to the Department of Measurement and Guidance during 1948 were made by representatives of state nurses' associations, state and local leagues of nursing education, members of state boards of nurse examiners, classes from Hunter College, St. John's University, and Teachers College, Columbia University, as well as representatives from England, Switzerland, Venezuela, Brazil, Canada, Norway, Finland, Sweden, Portugal, France, China, Korea, Hawaii, Guam, the Philippines, and Czechoslovakia. Twenty-nine nursing education specialists each spent a week working with the editorial staff on blueprints and test items for eleven tests in the new achievement series. This work is described in more detail later in this report.

Test construction problems relative to the State Board Test Pool examinations have been discussed at state board conferences, special meetings, and individual conferences with state board members. In keeping with the trend in testing and in accordance with the requests of member states, integrated state board examinations will be constructed by the Department of Measurement and Guidance with the assistance of specialists from state boards of nurse examiners groups. These tests will be used by state boards in the fall of 1949. Six examinations will be used: (1) Medical Nursing, (2) Surgical Nursing, (3) Obstetric Nursing, (4) Nursing of Children, (5) Communicable Disease Nursing, and (6) Nursing in Psychiatry. The social and biological sciences, nutrition, and pharmacology, previously given as separate subject-matter tests, will be integrated into these six clinical tests. Members of the various state boards of nurse examiners will come to Headquarters to participate in the planning and writing of these tests. Additional state board members will review the tentative forms of the tests before final forms are prepared for use.

The advantages of wide participation in this work are obvious in providing sound test construction. However, the concomitant educational values
which mutually benefit the specialists who participate in this work and the staff of the Department of Measurement and Guidance are equally important. To mention some: the staff keeps aware of the measurement and guidance needs of nursing educators throughout the United States; the specialists who come to Headquarters benefit from the experience in large-scale test construction procedures; all benefit from the opportunity to work together for the solution of mutual problems. Almost without exception, these specialists who have worked with the staff on test construction have mentioned the importance of the educational experience for them. They have felt that the schools and state boards to which they return will in turn benefit from their enriched experience in this area of specialization. The staff of the department feels that new friends have been made as well as great assistance given in our work.

Members of the department's staff were invited to participate in the National Health Assembly held in Washington, D. C., May 1-4, 1948 and to speak to various classes of college students and to other groups interested in measurement and guidance. Groups of college students have made the department one of their "musts" on their list of field trips.

Through the printed word, further aids to nursing educators have been provided in 1948. The Catalog of Test Services which describes the four test services provided by the Department of Measurement and Guidance is available at no charge. Hundreds of copies of this catalog have been sent, upon request, to the schools of nursing, boards of examiners of nurses, colleges having graduate nurse programs, and interested psychologists. Illustrative and informative material related to the four test services is available to faculties of schools of nursing, state boards, and other groups interested in using the tests. Additional descriptive and interpretive material is being planned for 1949.

Reorganization of the staff was accomplished early in 1948 in order to handle more efficiently the rapidly increasing volume of test services. Eight units, each having a supervisor, now handle the work of the Department of Measurement and Guidance: (1) Editorial; (2) Research-Statistical; (3) Office Administration; (4) Pre-Nursing and Guidance Test Service; (5) Achievement and Graduate Nurse Test Services; (6) State Board Test Pool Service; (7) Scoring and Tabulating; and (8) Shipping.

Report on the Test Services for 1948

Pre-Nursing and Guidance—Mollie DelDuca, Supervisor

It seems important to point out here that a college school of nursing needs a battery of tests designed for nursing applicants just as much as a school of accounting or engineering needs a special set of pre-entrance tests besides those given to all freshmen entering upon a liberal arts program. There is
some feeling among nursing educators that a general admission battery serves their purposes. No doubt in some respects it does. However, if we are to have a basis on which to compare the nursing school applicants, then norms for this special group must be built. Perhaps local or regional norms suffice for the purposes of one institution, but such limited norms will not provide the information obtained from national norms. There is an advantage for all nursing institutions from nationally compiled norms.

In addition, nursing students are learning to be nurses and should be compared with others seeking admission to nursing schools in addition to quite desirable comparisons with other college students. Nursing students who are embarking upon a specialized area of learning, just as medical students, law students, dental students, and others, must meet uniquely specialized requirements and qualifications.

During 1948, the Pre-Nursing and Guidance Battery of tests was administered to 12,729 applicants. This represents a 31 per cent increase over the number of applicants tested for 1947. Two national testing schedules were prepared for 1948 covering the periods January through July, and July through December. The testing schedule for January through July, 1949, was released to schools during November and December, 1948. During the current year, 105 testing centers provided examination facilities for the Pre-Nursing and Guidance Service. Approximately 130 psychologists and psychométrists assisted us by serving as examiners for our Pre-Nursing and Guidance Test Service. In those instances where unexpected or unprecedented demands warranted arrangements for testings in addition to those on the printed schedule, special testings were arranged. There were 83 such special testings. In addition, 191 applicants were tested individually if they lived too far from a testing center or if there were special cases because of extenuating circumstances.

The year 1948 saw a marked increase in the use of both the Bernreuter and the Minnesota Personality Tests. Either one of these tests is provided as a part of the Pre-Nursing and Guidance Service after the applicants are admitted to the school of nursing.

Besides the 12,729 reports sent to directors for applicants tested, 829 duplicate reports (transcripts) were sent. In keeping with our policy of periodically revising our norms, new norms were compiled based on 9,553 applicants to schools of nursing in 37 states, the District of Columbia, and Hawaii, tested in 1947.

Unusual requests were received for the Pre-Nursing and Guidance Service. Usually it was possible to grant these requests. For example, foreign applicants to schools in the United States were tested in their home cities. Among this group were applicants living in Canada, Puerto Rico, Canal Zone, Panama, Peru, and Nova Scotia. Applicants were tested in Canada, Hawaii, and Puerto Rico for schools in their respective countries.
Achievement Test Service—Evelyn Baker, Supervisor

Forty per cent more achievement tests were used in 1948 as compared with 1947. More than 85,000 tests were serviced for 574 schools. Not only was there an increase in the number of tests used, but also in the number of schools using these examinations. Of the total number of schools using these tests, 189 schools used these tests for the first time in 1948. These schools are located in 44 states, the District of Columbia, and Hawaii. In addition, achievement tests were used in the American Hospital School, Beirut, Lebanon, and several schools in Canada.

Graduate Nurse Test Service—Evelyn Baker, Supervisor

Use of this service is restricted by the somewhat limited number of schools offering advanced programs for graduate nurses as compared with the potentialities for use typical of Pre-Nursing and Guidance, Achievement, and State Board Test Pool Services. However, over 2,000 graduate nurses wrote the examinations in the Graduate Nurse Test Series. Merit systems and public health agencies, in addition to colleges and universities, totaling 43, used these tests as an aid in selection, promotion, and guidance. Differentiated norms for graduate nurses were released in 1948 on the six achievement tests in this series.

Plans are being considered to prepare tests on the “advanced” level for nursing specialists in the clinical areas.

State Board Test Pool—Evelyn M. Horton, Statistician and Supervisor

The year 1948 brought a marked increase in this test service from every standpoint—number of tests used per candidate, number of candidates tested, and number of states using these tests. Over 336,000 tests were used, representing an increase over 1947 of 43.3 per cent. Approximately 33,500 candidates were tested, representing an increase over 1947 of 34 per cent. There are 37 states plus the District of Columbia and Hawaii now using the State Board Test Pool examinations for licensing purposes.

It was possible to extend the service given to state boards of nurse examiners during 1948. As a result, state boards now receive: (1) table of mean (average) scores for states for the first testing with Series 747 examinations; and (2) table of mean scores for schools for each testing. In addition, 25 yearly tables of mean scores for schools were released to state boards of nurse examiners upon request. Briefly, the state boards of nurse examiners now receive from the Department of Measurement and Guidance tables giving them information about the mean score on every test for every school in the state and the comparison of the means for each state with total states, as well as the distribution of each candidate’s scores on a theoretical percentage table for the initial group and tables of comparison of mean scores with the theoretical percentage table for subsequent groups tested.
Extra service to state boards of nurse examiners has been possible in part because of marked extension in the use of these tests and the close cooperative efforts of the members of state boards of nurse examiners and the Department of Measurement and Guidance. Frequent conferences have been held, close contact by correspondence has been maintained, and united efforts have continued toward a common goal, leading to better tests and better service.

Report on Other Department Units

Editorial Unit—Elinor Fuerst, Test Editor

During 1948 the major emphasis was placed on construction of new tests for the Achievement Series. In keeping with the policy of the department to obtain the assistance of nursing education specialists, recommendations of highly qualified subject-matter and clinical specialists were sought and received. Recommendations were made by state boards of nurse examiners, state leagues of nursing education, state public health organizations, and state committees on measurement and guidance. Selection of experts to assist in test construction was made on the basis of qualifications and geographical location. A total of 152 nursing education specialists from all sections of the United States participated in this cooperative project.

Of this number, 63 were from states west of the Mississippi. Twenty-nine of these specialists came to Headquarters to work on the design of the blueprints of the tests and for construction of test items. Some came from as far distant points as Washington and Texas. In addition, 123 such specialists acted as reviewers of the tests. Representatives from 38 states and the District of Columbia worked with the editorial staff on test construction. For the achievement tests in the clinical areas, an average of 15 specialists participated in each test, and an average of 11 assisted with each test in the sciences, pharmacology, and nutrition.

The Editorial Unit prepared the Catalog of Test Services which was released in 1948, the Representative Items Booklet released in 1949, and, in cooperation with other staff members in the department, illustrative materials including some visual aids for meetings and conventions.

Research-Statistical Unit—Marion Shaycoft, Research Statistician

The experimental design for a comprehensive validation study was prepared, submitted to the technical consultants, and approved by them. Data collected over the past three years will be used in this study.

Work was completed on the Michigan Practical Nurse Survey and a written report prepared. The director and the research statistician attended a meeting of the Advisory Committee to the Michigan Study at which time the director of the Department of Measurement and Guidance presented the findings given in the report.
Office Administration—Roger Hilton, Office Supervisor

The Office Administration Unit carried out the many details related to office management, including contacts with the printers and purchasing of supplies and equipment; allocation of supplies; and carrying out NLNE personnel policies for the 40-60 members of the staff of the Department of Measurement and Guidance.

Scoring and Tabulating—Evelyn Nelson, Supervisor

The Scoring and Tabulating Unit—familiarly known as the "Machine Room"—always interests visitors. This unit faces a steadily growing workload with the increase in volume associated with any test service. On any day in the week, four scoring machines, a tabulator, a sorter, a key punch and a verifier are humming away.

A total of 456,669 answer sheets went through the Tabulating and Scoring Unit; 293,212 answer sheets were processed for the State Board Test Pool Service alone. Each answer sheet was scored twice, first on one machine and then on another, run by a different operator. Any discrepancies which appeared were hand-scored and then rechecked. No chances are taken on reporting scores incorrectly.

In addition to processing over 450,000 answer sheets, the Scoring and Tabulating Unit prepared 921 pages of listings for state boards of nurse examiners, punched 41,306 cards, ran 1,190 distributions, and ran listings used for calculating schools means for 139 testings in 37 states, the District of Columbia and Hawaii.

Shipping Unit—Mr. William Fullerton, Supervisor; Mr. Baxter Moore, Assistant Supervisor

An increased volume of test services means increased activity in the Shipping Unit. In 1948, 1,220 orders were filled for Achievement Tests; 77 shipments were made for State Boards; 436 shipments of Pre-Nursing and Guidance materials were made; and 80 orders were filled for the Graduate Nurse Test Service.

It is the responsibility of the Shipping Unit to see that materials for testings reach their destinations in ample time, even though meeting "rush" orders or by-passing strike-blocked transportation facilities requires the use of air express or delivery of an order by messenger.

Professional staff members of the Department of Measurement and Guidance have participated in conventions and state meetings of nursing groups. In addition, they have attended, among other related and allied meetings, those of the National Health Assembly, American Psychological Association, as well as the Thirteenth Educational Conference, and the Invitational Conference on Testing Problems.
The director has served on the NLNE Committee on the Administration of the Accrediting Program and the NLNE Committee on Vocational Guidance, and as consultant on the School Data Analysis Committee. The first assistant test editor has served on the NLNE Committee on Audio-Visual Aids.

The year 1948 has been one of rapid expansion for the Department of Measurement and Guidance. Events have moved rapidly and the entire staff has worked cooperatively to keep the activities of the department in tune with the times. Professional staff members continued to plan further academic work and enrolled in classes in statistics and related subjects so important to the work of measurement and guidance. Full and consistent support from the chairman of the Committee on Measurement and Guidance and from the many nursing educators throughout the country and the cooperative efforts of the staff have made it possible to accomplish the tasks set before us. This continued effort and unity of purpose will strengthen the program and will help us to provide better tools of measurement and better techniques of guidance.

Respectfully submitted,

ELIZABETH L. KEMBLE, Director

REPORT OF THE SECRETARY OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

A description of the services carried on under this committee during 1948 may be divided into two distinct sections. The first six months were devoted almost exclusively to making surveys, while, during the remainder of the year, the secretary was assigned to work on the project of the Joint Committee on Unification of Accrediting Activities which was exclusively office work.

A number of changes have occurred, not the least of which is change in membership of the committee which has added several new colleagues to help solve some of our old problems. The loss of Elizabeth C. Burgess, who has so devotedly guided this committee for many years, is fully recognized by all who have had the privilege of working with her. Our new chairman, A. Veronica Lyons, having enjoyed the tutelage of Miss Burgess in the history and activities of the organization, brings us the continued fine leadership which has motivated this committee since 1937. The membership now represents a wider geographic area and it is hoped this may stimulate more schools and programs to seek accreditation in those sections of the United States.

During the first six months of the year, twenty-six schools or programs were submitted to the committee for review. There were eight presented in
January and eighteen in May. Seven of these schools were visited in the fall of 1947 and four members of our committee assisted by making resurveys during the spring. In addition, surveys have been made of three new schools which were presented at the meeting in January 1949. These surveys entailed a trip from the Gulf of Mexico to the Pacific, encircling the United States, the cooperation of many administrators and faculty members and a tremendous task in the review of reports on the part of our voluntary committee members. However, despite these efforts, the list of accredited schools appears to remain at nearly the same level. This may be better understood when it is explained that only five of the thirteen schools fully approved in 1948 were new; the others reported had improved their conditional status. Among the eight schools attaining conditional status four were new. One school presented was not found ready for approval and in three others the status had changed so the continuation of approval was not deemed advisable. Among the schools presented in May were two on which the decision was deferred because of new programs. Joint visits with the National Organization for Public Health Nursing were made also to two institutions which are fully approved by the League.

That there is increased interest in the accrediting program is evidenced by a larger number of requests for information and applications than usual although many schools have been advised to defer making application pending decisions on the unified plan for accreditation.

New office quarters have facilitated the work and made possible space for the professional workers of the Joint Committee on Unification of Accrediting Activities to which the secretary was lent during the last four months of 1948.

Of interest and pride to all schools on the list may be the fact that they have fully supported the expense of the accrediting program this year.

The problem of conditionally approved schools is still unsolved and the proportion is too high for an effective program. This is one factor in the slow increase of names on the accredited list, and it tends to weaken any prestige gained. Resurveys are an extremely expensive process for the school involved and often interfere with schedules for visits which should be made to new applicants. This calls attention to the real need for the publication of more specific criteria with which the programs may be evaluated by the schools themselves.

With the close of 1948 the trend seems to be directed toward unified accreditation. To strengthen this effort, your committee has been pooling its resources with those of the Association of Collegiate Schools of Nursing and the National Organization for Public Health Nursing to produce a program which will become increasingly effective in developing a broad, sound structure for accreditation in nursing. All schools at present approved by the Committee on the Administration of the Accrediting Program will be included in any new accrediting program. Already the majority of the schools
on the League list have given many valuable suggestions in the preparation of policies, procedure and criteria to be used in the formulation of a unified plan of accreditation.

It is hoped this may prove a stimulation to all schools to increase their effort for continuous growth, to develop and refine their instruction so, as a profession, we may be worthy of recognition by other established accrediting groups in education.

Respectfully submitted,

Hazel A. Goff, Secretary

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

Since July 1, 1948 the NLNE orthopedic nursing project of the Joint Orthopedic Nursing Advisory Service has been carried by only one nurse working in close cooperation with orthopedic nursing consultants on the staff of the National Organization for Public Health Nursing.

Number of states visited .................................................. 13
Colorado, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Nebraska, New York, North Carolina, Ohio, Pennsylvania, Texas, West Virginia; also, District of Columbia and Canada

Lecture demonstrations .................................................... 11
These were sponsored by universities, schools of nursing, and state boards of nurse examiners, and dealt with such topics as nursing care of poliomyelitis patients and posture and body mechanics.

Institutes ................................................................. 5
Institutes of from three days to one week in length in which the League consultant participated directly were given in Alexandria, Louisiana; Cincinnati, Ohio; Detroit, Michigan; Dallas, Texas; and Montreal, Canada.

Small group conferences .................................................. 31
These dealt mainly with the teaching of orthopedic nursing or the integrating of principles of body mechanics and posture into the nursing school curriculum.

Interviews with individuals ............................................. 39
These dealt mainly with desirable preparation in orthopedic nursing, teaching programs, and opportunities for nurses with special preparation in this field.
Advisory visits to universities

Following a recommendation of the Joint Council on Orthopedic Nursing that more intensive advisory service be offered to universities having departments of nursing education, a questionnaire was mailed to directors of all such departments. This questionnaire was planned not only to get information as to which schools desired advisory service of from a week or ten days to a full semester, but also to collect data concerning the school which would be helpful in the selection of the school to be chosen for such service.

On the basis of replies received, and after a preliminary visit, the University of Colorado was chosen for the one-semester study-demonstration, and five other schools were selected for advisory visits of a shorter period.

Advisory visits

Touro Infirmary, New Orleans, Louisiana
Veterans Administration Hospital, Huntington, West Virginia
Indiana University, Nursing Education Department, Bloomington, Indiana

Assistance in poliomyelitis training programs

When the National Foundation for Infantile Paralysis requested help in the poliomyelitis epidemic at Monroe, North Carolina, and Houston, Texas, and the one League staff consultant was not able to respond because of previous commitments, Mrs. Carmelita Calderwood Hearst, former League consultant on JONAS staff was secured to represent JONAS temporarily. She spent three weeks at Camp Sutton in Monroe, North Carolina, helping to set up an emergency polio center and instructing the staff in poliomyelitis care; also five days at the Jefferson Davis Hospital in Houston, Texas, instructing the staff in poliomyelitis care.

Committee activity and special meetings

Secretary of Joint Council on Orthopedic Nursing
Secretary of Subcommittee on the Utilization of Special Therapists in the Teaching of Student Nurses of the NLNE Committee on Curriculum
Member of Subcommittee on Advanced Medical-Surgical Nursing of the NLNE Committee on Postgraduate Clinical Nursing Courses
Scholarship Committee of the Joint Council on Orthopedic Nursing
Committee on Demonstrations for the First International Conference on Poliomyelitis
ANA Committee to Act in an Advisory Capacity in the Administration of the Carter Scholarship Fund
Subcommittee on Orthopedic Nursing to Study Supplementary Courses of NLNE Committee on Curriculum
Consultant to Subcommittee on the Education of the Nurse in the Care of the Child of the NLNE Committee on Curriculum

Attendance at Special Meeting on Orientation Courses in Orthopedic Nursing

First International Poliomyelitis Conference

President's Committee on National Employ the Physically Handicapped Week, Washington, D. C.

Office Service

Number of personal interviews ................................................. 33
Number of personal calls for reprint material by hospital nurses ........... 88
Number of letters received (including requests for material) ............... 1934
Number of letters sent out (not including general mailings to nursing school instructors, questionnaires, etc.; also postcards regarding material supplied) ................................................................. 862

The office interviews and correspondence concern guidance of nurses interested in orthopedic nursing, staff education, and teaching programs in schools of nursing; also use of visual aids and publications.

Exhibits ................................................................. 2

Exhibits were prepared for the Biennial Nursing Convention and for the convention of the American Hospital Association. These featured demonstrations using nurses as models. They attracted considerable attention and favorable comment.

Preparation and distribution of educational materials

Since November 1947 it has been necessary to charge for reprints and handbooks distributed by the Joint Orthopedic Nursing Advisory Service (except Nursing for the Poliomyelitis Patient which is distributed free to professional persons). This change from free distribution of all materials has met with a gratifying response from nurses, a fact which suggests that materials on orthopedic nursing have proved their value and that nurses are prepared to assume financial responsibility for securing these aids.

Reprints and handbooks

Two handbooks were prepared by the Joint Orthopedic Nursing Advisory Service during this year. Posture and Nursing by Jessie L. Stevenson was completely rewritten and fresh illustrations used. The League consultant assisted in securing illustrations.
The handbook *Nursing for the Poliomyelitis Patient* was published early in June. There has been continued heavy demand for this from nurses all over the country.

**Distribution of printed material**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of reprints available</td>
<td>43</td>
</tr>
<tr>
<td>Number distributed during the year</td>
<td>37,228</td>
</tr>
<tr>
<td>Number of handbooks available</td>
<td>5</td>
</tr>
<tr>
<td>Number distributed during the year</td>
<td>29,446</td>
</tr>
<tr>
<td>Number of loan folders available</td>
<td>19</td>
</tr>
<tr>
<td>Number requested during the year</td>
<td>47</td>
</tr>
<tr>
<td>Number of requests filled for Posture Fundamentals packets</td>
<td>650</td>
</tr>
</tbody>
</table>

**Visual aids**

Orders for slides come from nursing schools and universities in the United States and Canada. There is no charge for the borrowing of slides except the return transportation. Purchase orders are also handled by JONAS. Many requests have been received for series of slides on orthopedic nursing procedures other than those now available.

**Distribution of slides**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sets of slides available on loan basis</td>
<td>160</td>
</tr>
<tr>
<td>(These are on 14 different orthopedic subjects.)</td>
<td></td>
</tr>
<tr>
<td>Number of slide orders filled, January through December</td>
<td>618</td>
</tr>
<tr>
<td>Number of sets of slides in above orders</td>
<td>858</td>
</tr>
<tr>
<td>Number of sets of slides sold</td>
<td>11</td>
</tr>
<tr>
<td>(These were ordered by 5 hospitals—one of the hospitals was in the Philippines and the other in Finland.)</td>
<td></td>
</tr>
</tbody>
</table>

**Scholarships**

As formerly reported, the National Foundation for Infantile Paralysis now administers scholarship funds allocated for advanced preparation of instructors, supervisors, and head nurses in orthopedic nursing. Applications are considered by a subcommittee of the Joint Council on Orthopedic Nursing which includes nurses from university programs and public health agencies. Fifteen scholarships have been granted to institutional nurses in the past year. Eleven were given for the one year’s course in orthopedic nursing, and one for work to complete credits for a bachelor of science degree at Boston University; an award was made to one nurse for two semesters’ work at Teachers College for her degree; funds were furnished to supplement G. I. Bill of Rights study at the University of Washington, and a scholarship was granted also for a semester’s work at the University of Chicago to complete requirements for a master’s degree.
Future plans

The growing demand for visual aids for use in schools of nursing indicates that considerable work is needed for the review of materials on orthopedic nursing now available and preparation of new materials.

Efforts to promote instruction in good body mechanics and posture for graduate nurses preparing to teach in schools of nursing will be continued.

Respectfully submitted,

LOIS OLMSTED
NLNE Consultant in Orthopedic Nursing

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

It is gratifying to report that the National Tuberculosis Association gave a larger sum of money to the NLNE and NOPHN for operation of JTNAS during 1948. This made it possible to employ a second consultant, Jean South, for public health nursing and to represent the NOPHN in activities of the joint project.

Educational material and resources

1. Safer Ways in Nursing to Protect Against Tuberculosis was published by the NTA in January 1949. This is intended to serve as a guide for developing techniques and procedures to prevent the spread of tubercle bacilli. We hope hospital administrators and all nurses will familiarize themselves with the principles involved and that they will use the suggestions in evaluating local practices. Copies of the booklet can be secured in any quantity through local tuberculosis associations.

2. Miss South has accepted a major responsibility for forwarding preparation of a Handbook on Tuberculosis Nursing. Suggestions for the content of this handbook are in process of preparation. Manuscript will be submitted to a reviewing committee for criticism and suggestions. If all goes well we hope the manuscript will approach the printing stage during 1949.

3. The Subcommittee on Tuberculosis Nursing of the NLNE Committee on Curriculum (co-sponsored by JTNAS) expected to complete the outline for undergraduate instruction in tuberculosis nursing early in 1948. Numerous suggestions for changes in content made several revisions necessary. The last was prepared in October. If this meets with approval of the committee it is ready for publication.

4. JTNAS assisted the Health Education Department (NTA) with the revision of the recruitment pamphlet What Tuberculosis Nursing Offers You. Since its publication in January 1948 approximately 42,000 copies have been
ordered from NTA by local tuberculosis associations for local distribution. Copies in any quantity can be secured from this source.

JTNAS has assisted NTA with the revision of certain other publications including a new one being prepared for evaluation of activities of tuberculosis associations. This guide provides an excellent opportunity to inform associations about nursing and in turn should make it possible for us to learn what they know and what they are doing to promote nursing.

During October conferences began with the Health Education Department (NTA) on plans for preparation of materials for nurse students. This department of NTA allocated $500 in its budget for this project. JTNAS prepared preliminary suggestions as a guide for developing materials.

5. The exhibit of literature concerning tuberculosis contained in four volumes of loan folders is in constant circulation. The folders have been used by schools of nursing, health departments, visiting nurse associations, tuberculosis associations, and individuals in other fields of work.

6. In addition to the 40 slides, "Family Health Service in Tuberculosis," which can be borrowed from JTNAS, there are a number of valuable films and film strips available through local tuberculosis associations.

7. Local tuberculosis associations are sources of help which should be explored further by those concerned with nursing education and nursing services for control of tuberculosis.

8. Plans are under way for coordinating the flow of articles, news notes and reviews for publication in the American Journal of Nursing, Public Health Nursing, The Bulletin of the NTA, News Notes (NTA), and perhaps the American Review of Tuberculosis and Journal of the American Public Health Association. These magazines and bulletins have carried a goodly number of articles and notes, but a plan such as we have in mind should provide for more complete reporting and elimination of gaps in articles on tuberculosis nursing education and service.

Graduate education

Straws in the wind indicate the need for nurses who are better qualified to develop instructional plans and teach tuberculosis nursing.

We have canvassed the field and find seven universities offer instruction designed to prepare nurses for administrative, teaching, and consultant positions in tuberculosis nursing. A number of these universities advise us that plans to supplement inadequate undergraduate nursing instruction must be made before students are ready for advanced study. Universities seem to need financial backing to promote sound graduate educational plans for this special field of nursing. There seems also a need for financial assistance for nurses who would like to prepare for positions of leadership in tuberculosis nursing.

JTNAS has received requests to assist in seeking financial aid for universities. To date efforts have not been fruitful. More success has followed efforts
to help students secure financial aid for study but nothing impressive has been accomplished as yet.

Consultation Service

1. JTNAS was called in consultation by the faculty of a university school of nursing developing plans for instruction in tuberculosis nursing and plans for health services for its undergraduate students.

2. Two consultations were held with officers of local leagues of nursing education to consider plans for undergraduate instruction for tuberculosis nursing and methods of overcoming nursing service problems in situations where many students receive instruction.

3. Three consultations were held with the staffs of two state tuberculosis associations. One wished help with plans for an institute being sponsored jointly with the local league of nursing education; the other was exploring ways whereby it could be more instrumental in promoting nursing education and better nursing services for tuberculosis control.

4. JTNAS provided consultation service to a nurse officer, Tuberculosis Control Division, USPHS, concerning criteria for evaluation of tuberculosis clinic services.

5. One sanatorium requested consultation regarding plans for developing its resources for professional and practical nurse education.

6. In addition to the above field consultations, individual and group conferences were held in the office with persons from the United States and twelve foreign countries, and other service has been given by correspondence.

Speaking engagements, institutes, and teaching

1. The NLNE consultant participated in three institutes. All were sponsored jointly by local leagues of nursing education in cooperation with local tuberculosis associations and other local health and welfare groups. She also spoke on nursing at the annual meeting of a local tuberculosis association.

2. The NLNE consultant assisted, to a limited extent, with instruction of a number of graduate nurses studying in New York City.

General field work

During the year 22 days were given to field service in the following seven states: District of Columbia, Illinois, Maryland, Michigan, New Jersey, New York, and Pennsylvania. About 22 per cent of the cost of these visits was borne by local groups, approximately the same as in 1947.

Field service during 1948 was curtailed to enable manuscripts to be completed. We hope this service can be increased during 1949 as its value seems evident.
Committee Service

The consultants have been active members of a number of committees. For the first time, one has served as an ex officio member of the committee planning the program for the annual meeting of the NTA. This is the outcome of recommendations of nurses who have planned the nursing conferences held in connection with previous annual meetings. It is anticipated that through this arrangement provision can be made for more consideration of matters which directly affect tuberculosis nursing services.

Endorsement of Program

The Council on Tuberculosis Nursing met on October 18, 1948 to review and evaluate the work of JTNAS. The Council approved the program suggested for 1949 and recommended that priority items include:

1. Development of criteria for appraisal of tuberculosis nursing services.
2. Completion of the handbook on tuberculosis nursing.
3. Promotion of planning for regional institutes to increase insight into current philosophy and plans for tuberculosis control as a basis of planning for nursing services.
4. Promotion of financial aid for graduate nurse students preparing for positions of major responsibility in tuberculosis nursing.

The Council also approved the tentative budget for 1949-50 and recommended that funds be requested to continue the work of JTNAS.

In January 1949, the Boards of Directors of NLNE and NOPHN ratified the above actions of the Council and approved the request presented by NLNE and NOPHN to the NTA to grant $18,000 for continuation of this project.

From various sections of the country we hear of activities which indicate the growing interest of nurses in local plans for tuberculosis control and a corresponding interest in devising ways to improve the quality and volume of nursing services for this work. JTNAS has shared in many of these activities and looks forward to expanding opportunities for service to local groups.

Respectfully submitted,

KATHARINE G. AMBERSON
NLNE Consultant in Tuberculosis Nursing
REPORT OF THE DIRECTOR OF THE
NLNE-NOPHN STUDY OF ADVANCED PSYCHIATRIC NURSING AND
MENTAL HYGIENE PROGRAMS OF STUDY

In December 1947, the U. S. Public Health Service authorized a grant-in-aid of $10,000 to the National League of Nursing Education for the purpose of setting up criteria for the evaluation of programs of study in advanced psychiatric nursing and mental hygiene. A continuation grant of $15,000 was received in July 1948 to extend through June 30, 1949.

Inasmuch as there were in existence advanced programs for the preparation of teachers and institutional and community nurses, the study was set up as a joint project of the NLNE and NOPHN. Two professional workers were appointed: Mary Schmitt, associate professor of nursing, University of Pittsburgh, as director of the study, and Sybil H. Pease, mental hygiene consultant, NOPHN, as assistant director. Work on the study began February 15, 1948.

A Joint Advisory Committee was appointed composed of members from accrediting groups, national psychiatric nursing and mental hygiene committees, a representative of the Committee on Postgraduate and Clinical Nursing Courses, a representative from the American Psychiatric Association and the Group for the Advancement of Psychiatry, another from the National Committee for Mental Hygiene, two nurse educators who were not affiliated with any particular national committees in these areas, and the presidents and executive secretaries of the NLNE and NOPHN. Elizabeth S. Bixler, president of the ACSN, has been chairman of the committee. This Advisory Committee met with the workers twice to discuss, outline, and approve methods of procedure and, a third time, to consider results of the study and to prepare recommendations to be submitted to the boards of directors of the NLNE and NOPHN.

Seven universities conducting advanced programs of study in psychiatric nursing and mental hygiene were invited to participate in the study. These universities were Boston, Columbia, Catholic, Pittsburgh, Minnesota, Colorado, and Washington (Seattle). They cooperated by filling out study schedules and by permitting the workers to observe the functioning of their programs for one-week periods. Their faculty members also participated in a two-day meeting on curricula for the preparation of workers in this field, in June 1948. Some of the members of the Joint Committee on Postgraduate Nursing Education took part in this meeting. Eugenia K. Spalding, chairman of this committee, was chairman of the meeting.

A review of the literature on accrediting in general education, nursing, psychology, medicine (psychiatry), dentistry, public health, social work, and engineering was the first step in the study. Secondly, a review of literature on advanced courses in clinical fields and public health nursing was made,
with consideration of specific literature on advanced psychiatric nursing and mental hygiene. The workers spent three days with a subcommittee of the Joint Committee on Postgraduate Nursing Education to obtain information on the way in which advanced clinical education fitted into the scheme of graduate nurse education. Following the receipt of the completed schedules, the visits to the universities, and the meeting with faculty in these programs of study, a tentative statement of descriptive criteria was set up.

The tentative statement of criteria was derived from the following sources:

1. The norm of current practice in the programs of study which were studied.
2. The principles and standards developed for advanced clinical courses, with particular reference to advanced psychiatric nursing and mental hygiene and public health nursing, by the Committee on Postgraduate Clinical Nursing Courses of the NLNE and the Committee on Mental Hygiene and Committee on Content of the Advanced Program of Study in Public Health Nursing of the NOPHN.
3. Essentials of a Good School of Nursing.
7. Faculty Positions in Schools of Nursing and How to Prepare for Them.
10. Criteria formulated by the North Central Association of Colleges and Universities for the accreditation of colleges and universities.
11. Criteria set down by the NOPHN and ACSN for approval of programs of study and for membership.
12. The framework of the NLNE Statement of Policy for accreditation.
13. Material prepared by faculty of the seven universities at the meeting on curricula for the preparation of workers in this field.
14. Material prepared by the subcommittee of the Joint Committee on Postgraduate Nursing Education.

While these criteria were nearing completion, the Joint Committee of the Six National Nursing Organizations on Unification of Accrediting Activities began its work. Coordination of the work of this study with that committee was then necessary.

The tentative statement of criteria was approved by the Advisory Committee pending minor revisions on December 11, 1948. The Advisory Com-
mittee prepared the following recommendations to be submitted to the boards of directors of the NLNE and NOPHN in January 1949:

1. That a letter be sent to the seven universities which participated in the study to the effect that these universities are to be encouraged to continue to experiment with their advanced psychiatric nursing and mental hygiene programs.

2. That the U. S. Public Health Service receive a similar letter.

3. That, if it is agreeable to the universities, data obtained from the universities in connection with the survey of programs of study should be turned over to the Joint Committee on Unification of Accrediting Activities.

4. That criteria prepared by this study also be turned over to the Joint Committee on Unification of Accrediting Activities.

In the letter to the universities they were informed that this did not mean that their programs had been accredited as accreditation is conceived by the professional organization. They were also informed that it was anticipated that they may seek accreditation under the unified accreditation service in 1949.

Following the examination of the revised criteria, which will be available in January, the Advisory Committee will be dissolved. There will then be only one full-time worker, with provisions for consultants, for the remainder of the grant. Accrediting aspects will be guided by the Joint Committee on Unification of Accrediting Activities. Consultant assistance in the area of advanced psychiatric nursing and mental hygiene will be utilized to strengthen criteria.

Tentative plans for the remainder of the period of the grant are as follows:

1. To revise these criteria as recommended by the Advisory Committee.
2. To work with the workers on the Unification of Accrediting Activities to coordinate material and mold these criteria into their framework.
3. To strengthen these criteria insofar as possible prior to the termination of the grant.
4. To make recommendations for the Board of Review for these programs.
5. To study, visit, and prepare reports on new programs of study.
6. To offer consultation service.

Respectfully submitted,

MARY SCHMITT, Director
ADDRESS BY THE PRESIDENT

THE Pressures, Problems, AND Programs
OF NURSING Education

The National League of Nursing Education has engaged in many purposeful activities during the past year. The members of this organization continue to obtain great satisfactions from their service as educators and research workers whose knowledge of present situations stimulates them to plan for the needs of the future—future nurses, future schools, and the increase of nursing knowledge.

There are others, not League members, who have also turned their thoughts to nursing education during this past year. At least three studies were published in 1948 which have significance for nursing.¹ Competent groups and individuals have discussed, analyzed, and described the nursing situation. They have taken into account its development and its prospects. They have urged us to consider their suggestions for the future of nursing.

The Pressures of Nursing Education

Pressures are being put on nurse educators from all sides. Some concern the problems of patients and others the shortage of nurses. Our lay friends and professional colleagues, individually and as groups, have a special interest and, in some instances, a possessive feeling toward nursing education. Often they consider that they have a civic right to review and inspect our educational systems since they prepare workers who give care to members of their family, themselves, and their neighbors. These people are particularly concerned with the shortage of nurses and they are calling for action to increase the nursing service in the homes, hospitals, and health centers. As consumers of nursing they are requesting nurse leaders to consider their views on ways of preparing more nurses to serve in local communities.

Some prospective students have followed well-publicized instructions and gone to their "nearest hospital school" only to discover that an approved school does not always provide good professional education. They are questioning why many individuals who are nursing for hire are permitted to do so without completing a formal course of instruction. These students are also making a plea for better teachers. Some feel that our school of nursing faculties are weighted with well-meaning but rather routine people, some of whom teach less skillfully than either the students or this organization might


desire. Others, they find, are so burdened with nursing service duties that they have little time to spend in the guidance of student learning.

Nursing students are beginning to exert pressure on nurse educators to supply and coordinate those activities which are designed to permit the student to participate in a total educational program. They are requesting greater opportunities to function in social life, student organizations, community government, health and recreational programs, student publications, curriculum, and other academic activities.

Pressure is coming also from graduate nurse students who are seeking the solution to many problems in education. Some of their questions are: How can the registered nurse obtain full professional status? Where can we learn more about the "team concept"? What are the means of recruiting nursing students? What is the preparation of practical nurses? How long should the basic professional program be? Is the present curriculum adequate? Does it meet student and community needs? How can we stimulate federal aid for nursing education without central control of schools and without "politics"? As we build a new basic curriculum, will clinical requirements be stated in terms of days of experience or will more adequate methods be devised to appraise student achievement and development?

This group is also urging the profession to provide postgraduate and continuing education at least equal to that which is provided in the best basic programs. Nurses have a very real interest in new developments in nursing education because nursing education affects them personally. Furthermore, they believe they have a right to bring pressure on the profession to build new curricula which will educate nurses for the future—not for the past.

The medical profession provides another type of pressure. Confused by the different levels of nursing, physicians are asking who shall be responsible for total nursing care. Rightly they are urging the profession to prepare more nurses who are skilled in observing, reporting, and nursing patients. They are asking why they cannot have more competent professional nurses on whom they can depend to function as their representatives in their absence—to see that the patients are understood and treated with consideration, bathed and fed, given medications, treatments, and tests as ordered, instructed appropriately regarding their convalescence and home care, and placed in a safe, comfortable environment.

Hospital administrators approach us with the statement that they urgently need more nurses to care for hospitalized patients. They point out to the nurse educator that she must prepare more nurses and other nursing personnel or they will be compelled to close hospital wards. They are ready to employ registered professional nurses, licensed practical nurses, and auxiliaries to perform non-nurse duties. They support on-the-job training of maids, clerks, aides, and messengers to supplement the professional nursing staffs. They urge us to make a functional analysis of nursing to differentiate nursing and non-nursing functions. Many hospital administrators support us in providing
better preparation for professional nurses; they appreciate that as better curricula are built and activities defined, the number of non-educational service activities performed by nurses will need to be reduced.

Many years ago, hospitals favored the establishment of their own schools of nursing, because the nursing service supplied by students was economically advantageous to the hospital. As time passed, they found the progressive school to be expensive. The colleges and universities which have schools of nursing as part of their academic circle likewise have found nursing education costly. In the beginning, they believed that only a preclinical faculty would be necessary; they have learned that to safeguard nursing education they must appoint larger faculties which will provide instruction in the clinical nursing services. The owners of nursing schools are asking nurse educators to determine who shall pay for nursing education. The issue is complex; but until our schools have adequate funds, shortages of teachers and students will persist.

The nursing profession itself has a great interest in the education of the next generation of practitioners and wants to be certain beyond a doubt that quality is maintained. Nurse consultants, boards of nurse examiners, and the National Nursing Accrediting Service evaluate our programs and urge our schools to maintain good standards. They press the schools to provide adequate health, recreational, physical, and clinical facilities, and adequate guidance and instruction. This may encourage us to make a state-wide or regional study with a view to the establishment of one or more collegiate schools which would supply the number of professional nurses needed in that area. It would help us to coordinate the facilities available for student education and perhaps stimulate further experimentation in nursing education.

So far we have considered six groups which have a special interest in nursing education: individuals, students of nursing, the medical profession, hospital administrators, some universities, and the profession. To these should be added all our fellow citizens whose increasing interest and understanding of health problems have resulted in ever-increasing demands on the organized profession of nursing. The American public, as represented by governmental agencies, foundations, commissions, professional and other organizations and societies, is insisting on better nursing service. The American people want larger numbers of better-educated nurses. They want nurses prepared to care for the patients with tuberculosis, heart disease, cancer, or mental disease. They want more well-qualified nurses in hospitals, homes, industrial plants, and schools; in the city, in towns and rural areas, in the Army and Navy, and in public health. They want bedside nurses, industrial nurses, head nurses, teachers, and research workers. What is more, the American people are demanding fully staffed, well-qualified, well-supported health services and they want them immediately.

From the national point of view, it looks as if nurses, their professional colleagues, and their friends—the general public—are aware of some of the problems of nursing education and are willing to help us.
The Problems of Nursing Education

What internal problems of nursing education are confronting us? The many problems within our schools and nursing service agencies are making life very complicated for those of us engaged in nursing education. Although you are well aware of the nature of these problems, it might be useful to list a few of them as a matter of record.

The budget. Some directors of nursing schools have successfully separated educational costs from nursing service costs, but these directors, I believe, are few and far between. A few schools "pay their way" by adequate income from student fees, taxes, and gifts. A limited number of schools show a balanced budget along with a "balanced educational diet." Student fees in certain schools are high and should not be increased, while in others they are extremely low and must be raised. Some school directors long for government scholarships to free them from the apprenticeship system of education, while others fear central control if tax monies are accepted. If schools with high tuition rates cannot pay their way today, what of tomorrow? And how much longer will some schools prolong the apprenticeship system in order to pay for nursing education?

Teaching and research. Should nursing education continue to depend on free instruction from physicians, social workers, dietitians, nursing service personnel, and others? Should clinical instructors continue to be hampered by a classroom schedule or should they have adequate time to teach students total nursing care at the bedside of patients? Are you encouraging the most capable nurses to enter teaching and research? The shortage of well-qualified teachers and research workers is an urgent problem. Are you encouraging all nurses to become fully professional? Are you urging young nurses to prepare for a clinical nursing specialty?

Students. Here are further questions regarding the recruitment, selection, and preparation of students: Is the best talent available being recruited? Do you admit "without discrimination" all well-qualified students to your school? Do students bring to the school a broad general education which will prepare them for citizenship and, if so, do you see that they keep well-informed of world events?

Curricula. Have you considered and reviewed critically the professional curricula and selected only that content and experience which has a direct bearing on practice and only those materials which relate directly to the nursing care of patients by nursing students? Have you selected those clinical and health experiences which will prepare the student for competent service in hospitals, homes, schools of nursing, and public health nursing agencies?

Supervision and teaching. Do you have a head nurse, supervisor, or teacher shortage in your school or in the clinical practice fields? Are head nurses of the units where students practice concerned chiefly with the improvement of unit management and do they assume full responsibility for supervising professional and practical staff nurses, hospital aides, clerks, and other
auxiliaries? Do you have full-time clinical instructors and expert staff nurses who give daily bedside instruction and supervision to students? How many of your faculty are engaged in studies aimed to improve unit management or teaching or the nursing care of patients?

No subject is of more importance today than the kind of education the coming generation of American nurses will receive. Some of our colleagues suggest that too many schools are turning out skilled technicians only rather than competent professional nurses, that too many are educated to nurse skillfully in one hospital only. We also are told that more students with a broader understanding of liberal arts are needed. Youth is always in a hurry to get on with life. The tendency in nursing to neglect the humanities is dangerous. We need to insist that the students' program allows for a wise balance of liberal arts and nursing education.

Research in medical science, education, and nursing keeps teachers on the alert. A physician recently remarked that he had never met a nurse who knew too much. In a highly respected profession such as nursing, further studies in teaching and research in nursing cannot be neglected. Are we, as nurse educators, giving them the recognition they deserve?

This list of problems could be lengthened measurably but I believe I have demonstrated to you that both the League, its membership, and its good friends are aware of the many difficulties. Individually and as professional groups, you are making a notable effort to attack these problems, and many like them, in a variety of ways. With a reasonable amount of understanding of our problems and our urgencies, and with still more studied planning, we, as a professional group, should be able to attack our problems courageously and with anticipated success.

The Programs of Nursing Education

Nurse educators, I believe, are the best judges of their own educational activities. They know best the standards to be established, the students to be selected, the faculty to be chosen, the programs to be offered, the types of organization, administration, and control to be set up, and the research to be conducted. Well-informed nurse educators, I believe, are the only persons who see the problems of professional and practical nurse education in perspective and without prejudice. It is because of this conviction that I ask, "What do you propose we do about nursing education?"

In view of the many pressures on nursing education, has the time come when we must maintain independence of action—freedom to solve these problems as educators cooperating as members of faculties, schools, and nursing organizations? To obtain and maintain independence is not easy; it requires a willingness to seek help outside the profession and an ability to evaluate the suggestions in terms of future needs. It necessitates belief in the value of experimentation and the acceptance of findings derived from scientific research. It requires a full understanding of what nursing education
is and what it should be in order to educate nurses who are qualified to give professional service which will meet the future health and sickness needs of this country.

Professional independence requires the full and complete cooperation of every faculty member of every school of nursing, of every nurse educator, and of every member of the League—working together toward a common goal. Cooperation and leadership will make us independent, will help us increase nursing knowledge, will keep us free to solve our own problems, as educators really should, and in our own way.

It is not necessary for all professional nurses to reach the same levels of leadership. However, we must secure a combination of scholar, administrator, and professionally-minded leader to head our schools. It is something of a shock to discover how unimportant some persons consider the post of school director. In too many schools it is looked upon as a part-time occupation. Positions as nursing school directors generally carry full responsibility for nursing service. The fact that most schools of nursing have part-time directors—nurses who direct the school as well as the nursing service of a busy hospital—amazes school directors in the field of general education. They marvel at the nurse director's ability to carry two full-sized posts simultaneously.

Actually, the full-time director of a progressive, professional school of nursing is a very busy person. Her job requires her full attention to school management. In this position she must also demonstrate an ability to lead teachers, gain public support, and obtain the cooperation of the nursing service personnel in charge of the clinical services where her students study and practice nursing. Full-time school directors of truly professional schools are breaking new ground as they convert teaching hospitals and health agencies into academic fields for student learning.

The director of a good school, even with the help of her faculty, finds it difficult to withstand the demands of outside pressures. While many of these pressures may be termed suggestions, they have strength which is difficult for the school to withstand alone. Obviously, the most effective way to handle these influences constructively and to maintain our independence as educators is to work together. If, as educators, we decide what is best and stand together, we can meet pressures from any direction. By "together" I mean not only the members of our local and state leagues, our state and municipal schools, our church and nonsectarian schools, our hospital and collegiate schools, but all the leagues and all the schools genuinely interested in upgrading nursing education.

Together we can insure that the potential control of education through licensing boards and our National Nursing Accrediting Service will lead to the maintenance of maximum rather than minimum standards. Above all else, we can work to raise the public concept of professional nursing and to secure financial support for nursing education.

Appreciating as we do that in the last quarter of a century a veritable host
of indispensable co-workers of the physician and professional nurse have been introduced, we can plan to provide better care of patients by promoting the training of practical nurses and auxiliary workers in adequate numbers and according to a well-organized plan.

As directors of nursing services we can develop carefully organized teaching fields in our hospitals and public health nursing agencies; also we can staff our clinical services with paid nursing personnel on a twenty-four-hour basis, strive to rely decreasingly on students as a means of providing patient care, work toward the removal of students' names from time slips of hospitals, and place our students on well-arranged schedules of class, study, and nursing practice.

As nurse educators we need to take a city-wide, state-wide, regional, and national view of nursing education. We need to work with our professional colleagues still more closely and wholeheartedly to build new curricula. We should engage in cooperative studies to develop new curriculum approaches and new techniques of instruction. We should plan methods of improving student supervision in hospitals. We must strive to enrich and strengthen our educational programs as we coordinate general and professional education and as we correlate and extend the fundamental sciences throughout the curriculum.

As nursing school administrators we can promote the establishment of independent collegiate schools of nursing which fall within a regional plan and which are under the full administrative control of higher education. We can discourage the establishment or continuance of the hospital school of nursing which has a poorly defined and described affiliation with a college. In many such schools, the administration, control, financial support, and teaching are poorly coordinated and inadequate.

Realizing that professional schools of nursing must be lifted to a new level to attract the desired number of capable young people, we must work together on standards, salary ranges, personnel practices, and security for faculty members.

As school administrators we can seek governmental support for nursing education without fear of school control. Without financial aid, it will be difficult if not impossible to develop adequate school programs in many parts of the country. One way of meeting the excess of demand over supply is by giving support to federal, state, and municipal aid. As school administrators we need to study the financial relationship of the school of nursing, the teaching hospitals, and the health services used for student learning.

We need to separate education and nursing service costs. We should eliminate unsalaried faculty members by paying for their services from the school budget. When the salaries of hospital staff personnel who are also faculty personnel are derived from two budgets, there should be a clear description of the services paid for through the respective budgets. In view of the critical
shortage of teachers of nursing, we can interpret to the public the need for federal aid for teacher education.

With the knowledge that small, middle-sized, and even large hospitals with and without university affiliations find it difficult to secure well-prepared nursing supervisors for obstetric, pediatric, orthopedic, surgical, and outpatient services, we should urge qualified candidates to prepare themselves as clinical nursing specialists. To graduate nurses with academic and clinical deficiencies, we should offer supplementary educational programs in the collegiate schools of nursing. We can provide regular opportunities for advanced clinical nursing workshops, institutes, and other short courses in order to provide nursing care to patients which is based upon the most up-to-date nursing knowledges and skills.

A comprehensive listing of all the specialized skills in nursing, including those involved in assisting the physician, should be compiled. Research workers in nursing should be urged to make a comprehensive analysis of the functions of all nursing personnel. A careful analysis of all jobs by all groups ministering to the needs of the patient will focus attention on activities which only physicians can do, on those which only graduate nurses can do, and on those which can be performed by practical nurses, hospital aides, receptionists, clerks, and others. Other areas of research which are needed include curriculum, unit teaching, and hospital unit management. Schools can also engage in cooperative curriculum studies with the goal of improving school services.

As League members we can assume responsibility for extending the recruitment programs to include qualified students for both professional and practical nurse schools. We can assume responsibility for initiating and administering cooperatively with practical nurse groups short training courses for practical nurses who are now working on the job. We can assist in establishing practical nurses' associations in states where practical nurses wish to organize. As a professional nursing organization, we can cooperate with practical nurse groups, and other educational, health, and welfare organizations to improve the health service in local areas and in states.

Greatly increased interest in health has turned an appraising eye on the education and planned experience of nursing personnel. Now is the time for the profession to capitalize on this interest and gain support for sound education.

It is suggested, however, that nursing educators assume leadership in nursing education and that nursing schools and leagues cooperate in solving the educational problems. If nurse educators do not assume full control of nursing education, others will. Only when schools and leagues of nursing do cooperate and coordinate educational activities will full professional stature be reached. Professional nursing is still young. Through all our efforts I know it will have gained considerable growth when we meet in San Francisco in 1950.

Agnes Gelinas, President
REPORT OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

The report of this committee for the past year must of necessity be somewhat unusual because the committee has chosen to allow its own activities to take second place so that it could assist in the efforts of another committee which is also concerned with accrediting. Changes in the membership have included the resignation of Elizabeth C. Burgess as chairman, and her able leadership is greatly missed. Among the new members are the director of the Department of Measurement and Guidance and the chairman of the Joint Committee on Unification of Accrediting Activities.

During the first six months of the year committee activities were much as usual. This included survey visits by the secretary, Hazel A. Goff, the only full-time worker, and several resurveys by members of the committee who volunteered to assist. Meetings were held in January and May 1948 to consider reports on schools applying for accreditation, and a special subcommittee convened in Chicago at the time of the Biennial Convention to meet with representatives from three schools who wished to discuss their programs. The next meeting is planned for January 1949. For a detailed account of decisions relative to accreditation the reader is referred to the report of the secretary of the committee.

During the May meeting it was voted that the general plan presented by the Joint Committee on Unification of Accrediting Activities be endorsed. Two of the recommendations included in this plan have materially affected the activities of the Committee on Administration of the Accrediting Program and its secretary, Miss Goff. Those recommendations were:

1. That a Service Bureau be set up and staffed by the two workers who are now making accreditation visits, one part time and one full time. (The part-time worker is a member of the NOPHN staff.)

2. That field visits be temporarily discontinued until the present criteria for evaluation and policies, including fees, used by the three organizations (NLNE, NOPHN, ACSN) can be synthesized.

Under this plan Miss Goff was released from the responsibility of making accrediting visits for the period September 1, 1948 to February 1, 1949. Her time has been devoted almost entirely to work related to the program on unification of accrediting activities. This is a project in which this committee has always been keenly interested, and one through which it felt nursing and nursing schools could be better served than through the several accrediting bodies which have functioned in the past.

Much progress has been made toward the goal of unification, and it seems likely that the functions and responsibilities of the Committee on the Administration of the Accrediting Program may be materially changed during the coming months to fit into the over-all plan. The members stand ready
and anxious to give their support to the improvement of nursing education in whatever way may prove most effective.

Supplementary Report

On April 30, 1949, this committee recommended to the League Board of Directors that the names of those schools now appearing on the list of schools accredited by the League should become part of the first list to be published under the unified accrediting program. This signifies and perhaps crystallizes in all our minds and hearts the fact that this dream has become a reality. It is something we have all been looking forward to for a long time.

Respectfully submitted,

VERONICA LYONS, Chairman

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

As hostesses to the National League of Nursing Education, the committee plans to entertain the visitors to Cleveland in a style commensurate with the size of the city.

The Statler Hotel will serve as the convention headquarters. Cleveland provides transportation facilities of all kinds. Its hotel accommodations are exceptionally good and within walking distance of the Public Auditorium and Music Hall where some of the meetings will be held.

We hope that you will avail yourselves completely of the information, suggestions, and assistance this committee offers during your visit to Cleveland.

The twenty chairmen and their subcommittees should be highly commended. Their display of cooperation, good will, and sense of responsibility has been evident during the entire planning period.

The Committee on Arrangements hopes that you will find much that is of interest and value to you during your visit to Cleveland.

Respectfully submitted,

LEONA FRETTER, Chairman

REPORT OF THE COMMITTEE ON CURRICULUM

The full membership of the Committee on Curriculum for the coming year has not yet been appointed. It is hoped that membership can be increased to include broader representation of special interests and geographic areas.

The Steering Committee, which meets in New York, New York to formulate plans, has agreed to give full support to the following subcommittees:
Subcommittee on Education of the Nurse in the Care of the Child (Chairman: Isabelle Jordan)
Subcommittee on Tuberculosis Nursing (Chairman: Esta McNett)
Subcommittee on Curriculum for Men Nurses (Chairman to be appointed)
Subcommittee on Orthopedic Nursing to Study Supplementary Courses (Chairman: E. Jean Hill)
Subcommittee on History of Nursing (Chairman to be appointed)
Subcommittee on Obstetric Nursing (Chairman: Ruth Doran)
Subcommittee on Care of the Aged and Chronically Ill (Chairman: Amy Frances Brown)
Subcommittee on the Utilization of Special Therapists in the Teaching of Student Nurses (Chairman: Jean Barrett)

The Subcommittee on Education of the Nurse in the Care of the Child, under the chairmanship of Isabelle Jordan, is planning to conduct a workshop for its members in 1949. This subcommittee is particularly anxious that working groups be established throughout the country to study the basic preparation of nurses in the care of children in order to help nurses function more effectively with children.

Closer cooperation between the Subcommittee on Education of the Nurse in the Care of the Child and the Subcommittee on Obstetric Nursing is necessary if opportunities for integration and collaboration of teaching are to be utilized in the basic curriculum. Ruth Doran, chairman of the Subcommittee on Obstetric Nursing, is working with Miss Jordan in planning a joint meeting of these subcommittees in 1949.

The Subcommittee on Tuberculosis Nursing, of which Esta McNett is chairman, is completing revision of the outline for the basic course in tuberculosis nursing.

The Subcommittee on Orthopedic Nursing to Study Supplementary Courses is preparing an outline which should prove useful to individuals concerned with improving the preparation of nurses in orthopedics. Jean Hill is chairman of this committee.

Amy Frances Brown has accepted the chairmanship of the new Subcommittee on the Care of the Aged and Chronically Ill.

Efforts are being made to appoint chairmen for the Subcommittee on History of Nursing and the Subcommittee on Curriculum for Men Nurses.

The Subcommittee on Psychology has been discontinued because of the duplication of the activities of this committee by the Committee on Psychiatric Nursing. Because the Committee on Psychiatric Nursing is concerned with the integration of instruction throughout the basic curriculum, and particularly with instruction in the social sciences in the preclinical period, the Committee on Curriculum is anxious to work very closely with this committee. It has been suggested to the chairman of the Committee on Psychiatric Nursing that there be representation from the Committee on Curriculum by individuals well prepared in sociology, psychology, child growth and development, and nursing arts.
League Letter Number 10 on "The Basic Curriculum" has expressed the plans of the Committee on Curriculum for the coming year. Effective study of, and experimentation in, the basic curriculum can only take place in schools of nursing. The activities of the national, state, and local league curriculum committees would seem to be valuable insofar as they relate to the needs of nursing schools for guidance and support. They will be effective only as they stimulate action among individuals directly concerned with nursing education.

Therefore, the first concern of the Committee on Curriculum will be to determine what changes are indicated for the basic curriculum by recent educational trends. Responsibility for sound planning has been placed on this committee and upon all individuals sincerely interested in improving nursing education by recent publications concerned with the future need for nursing. It is hoped that, through cooperative effort, the preparation of nurses may be strengthened and that nurses may function more effectively and gain more satisfaction in doing so.

Respectfully submitted,

ELEANOR A. HALL, Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

The following twenty-three nurses have been approved for membership since the last committee report on January 15, 1948:

Sustaining

Clara W. Curtis, Caixa Postal 1264, Rio de Janiero, D.F., Brazil
Cecile Theresa Groulx, P.O. Box 194, Fort Bayard, New Mexico
Elsie G. McMillan, P.O. Box 471, Veterans Hospital, Tuskegee, Alabama
Norine L. Moore, Box 458, Tuskegee Institute, Tuskegee, Alabama
Sister Helen Frances, St. Mary's Hospital and Sanatorium, Tucson, Arizona

Active

Esther P. Bordeaux, 123 College Avenue, Sheridan, Wyoming
Maryetta Theresa Brodkord, 226 E. Second, Moscow, Idaho
Martha Pamela Cattelain, P.O. Box B 51, Port-au-Prince, Haiti
Petronilla Commins, Incarnate Word College, San Antonio, Texas
B. Connie Conrad, 3642 S.E. Belmont, Portland, Oregon
Claudia M. Durham, Meharry Medical College, Nashville, Tennessee
Florence M. Hargett, 2425 Louisiana Avenue, New Orleans 15, Louisiana
Irene C. Hunnell, 243 E. Burkitt, Sheridan, Wyoming
Gabrielle Huys, 2062 N.W. Marshall, Portland 9, Oregon
Ida Margaret Johnston, Memorial Hospital, Patchgarh, United Provinces, India
Agnes E. McConnell, 808 S.E. Miller Street, Portland 2, Oregon
Committee Reports

Eva Wren Maxon, 1011 E. Washington Street, Boise, Idaho  
Dorothy A. Oechsler, 1335 N.W. 23rd Avenue, Portland 10, Oregon  
Sister M. Teresa Margaret, 412 State, Boise, Idaho  
Sister Theodula, 700 N.E. 47th Street, Portland, Oregon  
Mabel W. Turner, P.O. Box 644, Tuskegee, Alabama  
Florence Wimer, 6109 S.E. Belmont, Portland, Oregon  
Captain Ann M. Witczak, Medical Field Service School, Fort Sam Houston, Texas

Respectfully submitted,

Anna T. Beckwith, Chairman

Report of the Committee on Finance

The Committee on Finance submits the following budget for the year 1949:

Balance as of January 1, 1949 $82,184.44

Estimated Income:

General Office:
- Membership Dues .......................................................... $50,000.00
- Publications
  - Curriculum .............................................................. 3,500.00
  - Records .................................................................. 27,000.00
  - Other ...................................................................... 16,000.00
- Photographs .................................................................. 75.00
- Slides ........................................................................ 250.00
- Films ......................................................................... 50.00
- Interest (Savings Accounts and Securities) .................. 1,025.00
- Convention, Exhibits, Registration ............................. 5,000.00
- Contributions ................................................................ 100.00

Total Estimated Income .................................................. $381,184.44

Department of Measurement and Guidance:
- Pre-Nursing and Guidance Test Service ....................... 65,000.00
- Achievement Test Service .......................................... 45,000.00
- State Board Test Pool Service .................................... 80,000.00
- Graduate Nurse Test Service ..................................... 6,000.00

Total Estimated Income .................................................. $381,184.44

Estimated Expenses:

General Office:
- Travel
  - Board (3 meetings) .................................................. $6,000.00
  - President .................................................................. 2,500.00
  - Executive Secretary ................................................ 3,500.00
- Associate Executive Secretary ....................................
- Appointed Representatives, including Joint Commission for Improvement of Care of Patient .... 800.00
- Committee Reserve .................................................. 1,500.00

Total Estimated Expenses ............................................. $14,300.00
Printing and mailing *Annual Report* .................................. 9,000.00
Stationery .................................................. 700.00
Exhibit space (AHA) .......................................... 100.00
Legal fees .................................................. 291.13
Dues to American Council on Education ......................... 100.00
Films, storing and handling .................................. 100.00
Bonding .................................................... 500.00
Auditing .................................................... 600.00
Joint Board—reporting meeting .................................. 250.00
Conference rooms, rental of ................................... 75.00
State league supplies ........................................ 350.00
Photographs ................................................ 50.00
Slides ....................................................... 150.00
Balloting expenses .......................................... 500.00
Miscellaneous .............................................. 200.00
Study ....................................................... 7,000.00 $ 19,966.13

**Standing Committees:**
Curriculum .............................................. 1,700.00
Finance .................................................... 800.00
Nominations ............................................... 25.00
Revision ................................................... 55.00 $ 2,580.00

**Special Committees:**
Audio-Visual Aids ........................................ 150.00
Membership ............................................... 100.00
Nutting Award ............................................. 300.00
Psychiatric Nursing ....................................... 200.00
Sisters ..................................................... 25.00
State Board Problems ...................................... 400.00
Practical Nurse Education ................................ 850.00
Revising Manual ........................................... 2,293.13 $ 4,318.13

**Joint Committees:**
Auxiliary Nursing Service .................................. $ 150.00
Integration ............................................... 225.00
Postgraduate Nursing Education ............................... 455.00
Work with American Council on Education .................... 50.00
Consider Legislation ....................................... 475.00
Careers .................................................... 4,000.00
Structure Study ............................................ 2,000.00
Unification of Accrediting ................................ 4,800.00
Implementing Brown Report ................................ 2,000.00
Fact-Finding ............................................... 1,000.00 $ 15,155.00

**Publications:**
General .................................................. 11,000.00
Records .................................................... 13,000.00
*League Letters* ........................................ 3,000.00 $ 27,000.00

**Convention**
Staff travel ............................................. 700.00
Miscellaneous—(badges, registration cards, programs) ........ 1,000.00
Preprints ................................................. 500.00
Honoraria (and travel) .................................... 2,000.00
Reporting ................................................ 300.00
Meeting rooms—evenings ................................... 400.00 $ 4,900.00
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Extra stenographic service ....................... 500.00
Rent ..................................................... 5,400.00
Reception room service ......................... 600.00
Telephone and telegraph ...................... 1,200.00
Supplies .............................................. 1,200.00
Postage and express ............................. 6,000.00
Shipping service ................................... 4,500.00
Mimeographing ....................................... 750.00
Library service ...................................... 150.00
Special office care ................................ 75.00
Miscellaneous ....................................... 250.00
Entertainment ....................................... 35.00
Insurance .............................................. 270.00
Reference books, subscriptions, etc. .......... 50.00
Rest room .............................................. 867.51
New equipment ....................................... 1,500.00
Service—typewriters, mimeograph machine, adding machines, etc. 300.00
Fees for removing old incorporation .......... 500.00 $ 69,317.51
Contingent ............................................... $ 2,449.50
Total ..................................................... $381,184.44

NLNE Fund for Research and Other Educational Projects

Reserve ............................................... $ 55,000.00

Test Research:
Test Validation Study ........................... $ 15,000.00
New Test Service, Practical Nursing .... 4,000.00
Extension of Test Services, Advanced Level ....................... 4,000.00
Other Research on Tests in present test services ........................ 1,000.00 $ 24,000.00
Other projects to be developed ................... $ 31,000.00 $ 55,000.00

Respectfully submitted,

GRACE A. WARMAN, Chairman

REPORT OF THE COMMITTEE ON MEASUREMENT AND GUIDANCE

The Committee on Measurement and Guidance has held no meeting since the last annual meeting of the League. Several progress reports of the work of the Department of Measurement and Guidance prepared by the staff of the Department have been sent to committee members to keep them informed of the development of the program. The chairman of the committee assisted in the preparation of material for the League Letter that was concerned with
the League's program in measurement and guidance. Contacts with many of the twenty-five known state committees on measurement and guidance were maintained by correspondence. Many of the activities of these state committees are described in the reports of state leagues and supplementary reports made at the meeting of the Council of State Leagues on May 1, 1949. These included institutes on measurement and guidance problems, surveys of the need of faculty members in the state for advanced study, evaluation of students' performance in clinical fields, evaluation of teaching through testing, a study of the advantages to schools of nursing in the state's use of the State Board Test Pool examinations, and an analysis of State Board Test Pool results for clues to what might be useful in curriculum development in the state.

The increasing emphasis upon the guidance aspects of the program reflects a most encouraging growth in our understanding as a group of the educational significance of the measurement program.

The continued satisfactory growth of the five test services which the League has developed and maintains with great efficiency shows that the program is being increasingly recognized by League members as an effective and potent factor in advancing education for nursing to ever higher levels of professionalization.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

The work of the Committee on Nominations was carried on entirely by correspondence. The chairman communicated with the committee members after their appointments had been made, telling them of the procedure which was being carried out and giving them a copy of the letter sent to the president of each state league. This letter was sent out early in August.

Replies were rather slow in being received. On November 1, letters were again sent to the secretaries of the state leagues that had not returned their nominations. The Directory in the American Journal of Nursing, from which the August list was prepared, in many cases did not give the new officers. Therefore, some of the organizations had not received ballots and requested them in replies to our second letter. Ballots were sent to them immediately.

On December 1, the stated deadline, thirty-seven ballots had been received. A few were received after that but could not be used. Since there was not a clear-cut choice from these nominations, a letter was sent to the president and secretary of the NLNE, with a suggested ballot giving the reasons for the selections. After their approval of this ballot, the chairman of the committee communicated with each individual for permission to place her name on the ballot. All but one person consented. Using the same
method of selection, the next person as indicated by the original ballot was communicated with and accepted the nomination.

The report was then sent to the members of the Committee on Nominations for their signatures, and the work of the committee was completed by submitting this report to the Board of Directors on January 15.

The ballot, as accepted by the Board of Directors, is as follows:

Vice President

Mrs. Deborah M. Jensen, St. Louis Hospital School of Nursing, St. Louis, Missouri
Mrs. Hazelle B. Macquin, University of Utah, Salt Lake City, Utah

Secretary

Mrs. Henrietta A. Loughran, The University of Colorado, Boulder, Colorado
Rita E. Miller, Dillard University, New Orleans, Louisiana

Directors

Anne L. Austin, 1115 Redondo Boulevard, Los Angeles, California
Marjorie Bartholf, John Sealy College of Nursing, University of Texas, Galveston, Texas
Frances L. George, University of Pittsburgh, Pittsburgh, Pennsylvania
Ruth Harrington, University of Minnesota School of Nursing, Minneapolis, Minnesota
Loretta E. Heidgerken, The Catholic University of America, Washington, D.C.
Mildred I. Lorentz, Michael Reese Hospital School of Nursing, Chicago, Illinois
Mrs. Mary S. Tschudin, University of Washington, Seattle, Washington
Lulu K. Wolf, Department of Nursing, University of California, Los Angeles, California

Respectfully submitted,

MARTHA P. JAYNE, Chairman
LAURA W. FITZSIMMONS
FLORA D. GOODE

MARGARET F. GRAINGER
M. GRACE WATSON

COMMITTEE ON PUBLICATIONS

NO REPORT

REPORT OF THE COMMITTEE ON REVISION

Since the Committee on Revision was appointed in the summer, proposed changes in the constitution and bylaws of the following state leagues of nursing education have been analyzed by the committee:

Connecticut  Louisiana
Illinois       Missouri
Maine         Delaware
Ohio

Most of this work has been done by mail.
The committee has also met twice in order to consider the revision of the Bylaws of the National League of Nursing Education. The committee was of the opinion that changes in the Bylaws should not wait until any contemplated change in the national organization in the near or distant future.

The committee has considered very seriously recommended changes in the Bylaws affecting membership, because of the many changes which have recently taken place in the whole educational program in nursing. Many graduate nurses of staff duty rank are not only assisting the head nurse in the teaching program for both students and graduates but are actually substituting for the head nurse when she is not on the ward.

Undoubtedly, the Committee on Revision will have further proposed revisions to submit to the membership which cannot be prepared prior to the publication of the preprint. The following are the suggested revisions now ready for submission to the membership.

Present Bylaws

ARTICLE I

Membership

SEC. 2. An applicant for nurse membership shall, after October 1, 1946, qualify by:

d. (1) Holding an advisory, executive, teaching, supervisory, assistant supervisory, head nurse or assistant head nurse position in an educational or preventive organization or in a government service employing nurses; or

(2) Holding a position as director of nursing service in a hospital without a school of nursing; or

(3) Holding a position as administrator or instructor in a school of practical nursing approved by the legally authorized state accrediting agency or the National Association for Practical Nurse Education.

Proposed Bylaws

ARTICLE I

Membership

SEC. 2. An applicant for nurse membership shall, after October 1, 1949, qualify by:

d. Holding a position carrying administrative or teaching responsibilities in a school of nursing or educational organization or health agency or in a government service employing nurses; or

(2) and (3) unchanged.

Respectfully submitted,

DEBORAH M. JENSEN, Chairman

Revision of the Bylaws

In accordance with Article XVII, Section 1 of the NLNE Bylaws,* the recommendations of the Committee on Revision concerning revisions in the Bylaws had been submitted to the members with the call to meeting. These recommendations included, in addition to the amendment pertaining to mem-

*Now Article XVI, Section 1 of the Bylaws as amended on May 2, 1949.
bership qualifications described in the above report of the Committee on Revision published in the preprint, amendments which would make the executive secretary the executive director and an ex officio member of the Board of Directors, redefine the duties of the officers, and eliminate the standing committees.

The president explained that many of the recommendations had been made as a result of a study of League Headquarters to determine how it could be made more efficient, more economical, and more effective in meeting its vastly expanded responsibilities. She further explained that the removal of the standing committees from the Bylaws did not mean that committees to continue the functions of the standing committees would no longer exist; however, by not having their names and functions spelled out in the Bylaws it would be possible to create and dissolve special committees as needed and the committee pattern would thus be more flexible.

The executive secretary explained that the amendments pertaining to the duties of officers represented no innovations insofar as practice was concerned; many of the duties previously assigned to officers had long been carried out by the Headquarters staff and the proposed amendments merely made the Bylaws conform to actual practice.

Deborah M. Jensen, chairman of the Committee on Revision, pointed out that, with the exception of the recommended change in membership qualifications, the proposed amendments to the NLNE Bylaws, if adopted, would have little effect on state league bylaws since state leagues, in general, do not have headquarters staffs.

Mrs. Jensen then read the amendments to the Bylaws as recommended by the Committee on Revision. It was moved by Mrs. Jensen, seconded by Viana McCown (South Carolina) that the report be accepted.

Mrs. Jensen then reread each proposed revision, and opportunity was given for discussion following the reading of each one. Elizabeth Brown (New Jersey) raised the question as to why no provision had been made as to the tenure of the executive director. The secretary, Henrietta A. Loughran, pointed out that in any organization it is customary for the board of control to appoint an executive officer subject to satisfactory performance. Ruth Sleeper, a member of the Board of Directors, explained that the proposed amendments relating to the executive director were intended to give the present executive secretary the authority necessary for the performance of functions which she had hitherto been expected to perform without authority. She referred to the tremendous increase in Headquarters activities during recent years and the concomitant need to delegate sufficient authority to the chief executive officer so that she would be able to meet the demands made upon her.

Following the rereading of the proposed amendments, the motion of Mrs. Jensen, seconded by Miss McCown, to accept the report and recommendations of the Committee on Revision was voted on and carried.
ELECTION OF OFFICERS

REPORT OF THE COMMITTEE ON STUDIES

The Committee on Studies held an all-day meeting on April 12, 1948. The major purpose of the meeting was to review the report of *A Study of Nursing Service in One Children’s and Twenty-one General Hospitals*.

All three members of the committee attended the meeting of the Preliminary Planning Committee for the functional analysis on August 16.

The director of studies made four visits to New Haven for conferences with the chairman of the committee and also one visit to Rochester for a conference with Clare Dennison, a member of the committee.

It is expected that the committee will meet in January prior to the meeting of the Board of Directors to consider the program of the Department of Studies during 1949.

Respectfully submitted,

LAURA M. GRANT, Chairman

REPORT ON THE ELECTION OF LEAGUE OFFICERS

New York, New York
April 26, 1949

Mrs. Henrietta A. Loughran, Secretary
National League of Nursing Education
1790 Broadway
New York 19, New York

My dear Mrs. Loughran:

Pursuant to engagement I have rechecked the tabulations compiled by the Tellers showing the results of the voting by mail of the members of the National League of Nursing Education for the election of Vice President, Secretary, and Nurse Directors.

The results of the voting are as follows:

- Total ballots received: 3,690
- Total valid ballots: 3,574
- Invalid ballots:
  - Names and addresses not properly indicated on outside envelope: 47
  - Name written on ballot: 1
  - Postmarked after April 12: 68

**Vice President:**
- Mrs. Deborah M. Jensen: 2,707
- Mrs. Hazelle B. Macquin: 837

**Secretary:**
- Mrs. Henrietta A. Loughran: 2,352
- Rita E. Miller: 1,182
Nurse Directors:
Ruth Harrington 2,239
Lulu K. Wolf 2,196
Loretta E. Heidgerken 2,176
Mildred I. Lorentz 2,053
Anne L. Austin 1,581
Frances L. George 1,558
Marjorie Bartholf 1,382
Mrs. Mary S. Tschudin 870

Very truly yours,

BERNER AND DERRY
(Certified Public Accountants)

Respectfully submitted,

LYDIA WARREN, Chairman of Tellers
ALMEDA MCCAMBRIDGE, Co-chairman

The report was accepted, and the chairman read the names of the officers-elect who would assume office at the end of the closing business session.

Vice president—Deborah M. Jensen
Secretary—Henrietta A. Loughran
Nurse Directors—Ruth Harrington, Lulu K. Wolf, Loretta E. Heidgerken, Mildred I. Lorentz

It was then voted that the ballots be destroyed.

REPORT OF THE COMMITTEE ON AUDIO-VISUAL AIDS

The Committee on Audio-Visual Aids plans to continue its program of promotion of a wider and more effective utilization of all audio-visual materials for the improvement and enrichment of teaching in schools of nursing.

Objectives for the year

1. To survey schools of nursing by means of a questionnaire to determine to what extent audio-visual aids (particularly slides, films, filmstrips) are being used in teaching.

2. To assist instructors of nurses and state and local leagues in the promotion and use of audio-visual aids in educational programs.

Plan of activities to attain objectives

1. Questionnaire Survey

   a. Part I—Key questions to be sent to directors of all schools of nursing. This will serve as a screening process.
b. Part II—Detailed questions to be sent to selected schools of nursing as determined by outcome of questions answered in questionnaire, Part I.

c. Compilation and tabulation of data.
d. Publication of findings, conclusions and recommendations.

2. Assistance to nurse instructors, state and local leagues.

a. League Letter
b. Consultant service by correspondence with committee members.
c. Review new film listings and arrange for showing to suggested persons.
d. Publication of film evaluations, sources of audio-visual aids, articles on the administration of audio-visual aids in the American Journal of Nursing.

3. Because audio-visual aids are an integral part of the curriculum, we plan to cooperate with all other committees of the National League of Nursing Education.

Respectfully submitted,

MARGUERITE E. KAKOSH, Chairman

REPORT OF THE COMMITTEE ON CAREERS IN NURSING

Guidance to existing local recruitment groups, assistance to state and community organizations planning to form new recruitment groups, and the preparation of new or revised printed materials useful in local recruitment programs highlight the activities of the Committee on Careers in Nursing following the action of the Joint Board January 29. At that time the six national nursing organizations voted that the program of student nurse recruitment be carried on by the Committee on Careers in Nursing, within the staff and resources available to the committee. The two areas of work—suggestions and ideas for state and community recruitment of students and the preparation of printed materials—were selected when the limited budget of $18,200, provided by the nursing organizations and the American Cancer Society, made it necessary for the committee to revise the originally projected broad national program.

With the assumption of responsibility for sponsorship of the 1949 recruitment program, the Committee on Careers in Nursing, originally composed of representatives of the six national nursing organizations, the U. S. Public Health Service and the American Hospital Association, broadened its membership to include representatives of the medical, general education, and
vocational guidance fields and consumers of nursing service as well as additional groups in nursing. Within the large committee is a steering group of five members who are responsible for work between meetings of the total membership. Muriel Crothers Henry serves as public relations consultant.

Inquiries from prospective students, their parents or counselors number about 750 to 1,000 monthly, with between 200 and 250 of these requiring individual answers or special postscripts to form letters.

Supplementary Report

Recruitment letters. Two recruitment letters have been mailed by the committee, and there are also two letters which have been mailed by other groups—one by the Army Nurse Corps on behalf of Army Nurse Students Sunday and one by RKO regarding the film, "Girls in White."

Enrollment in schools. As of April 1, 1949, 1,068 schools had replied to questionnaires about the 1949 student admissions. Estimates based on these reports have been made for the 1,215 state-accredited schools as follows:

Students admitted during the first three months of 1949 4,789
Applications accepted for admission for the rest of the year 9,512
Applications pending 22,263
Additional students wanted for the remainder of the year 21,908

Assistance from other groups. The Blue Cross and Blue Shield have helped in many areas and have indicated their interest in helping throughout the country. The Women's Auxiliary of the American Medical Association has selected student nurse recruitment as one of its projects. The American Cancer Society has indicated its wish to work out a plan whereby its local and field representatives can work with the local recruitment groups by helping with scholarships.

Materials. The National Foundation for Infantile Paralysis has approved a request for a grant of $18,500 for the preparation of material. It has not definitely been decided exactly what material will be prepared, but our preliminary thinking is along the lines of five folders on the following subjects: "Nurses in Action," "Professional and Practical Nursing," "Nursing as a Career for College Women," "Nursing as a Field for Men," and a folder for junior high school groups.

Respectfully submitted,

Theresa I. Lynch, Chairman

The meeting recessed at 12:00 m. and reconvened at 1:45 p.m.
Message from Anne L. Austin

The president read the following message from Anne L. Austin, a member of the Board of Directors:

Congratulations on a year of accomplishments. Please extend my greetings to members of the Ohio league and former colleagues and students. Sorry not to be with you. May the coming year be a successful one.

Appointment of the Committee on Nominations

In accordance with the Bylaws, the president appointed two members of the Committee on Nominations, and the membership present at the meeting elected three members of this committee. The president appointed Florence K. Wilson (North Carolina), chairman, and Anna M. Steffen (California), Clara G. Lewis (North Dakota), Sister Mary Providence (Washington), and Laura W. Fitzsimmons (Georgia) were nominated and elected by the membership.

Nominations of Representatives on Committee on Structure*

The following nominations were made from the floor for the representatives of the League on the Committee on the Structure of National Nursing Organizations: Sister Mary Cornile (Georgia), Ruth Sleeper (Massachusetts), Virginia Jones (Hawaii), Nellie X. Hawkinson (Illinois), Stella Goostray (Massachusetts), Anna D. Wolf (Maryland), Mabel C. Northcross (Missouri), Margaret Foley (Missouri), and, as lay nominees, Genevieve K. Bixler (Iowa) and Mrs. Joseph M. Gantz (Ohio).

Elections were by ballot. The president appointed as tellers Stella Ackley (Colorado), chairman, Faye Crabbe (Vermont), Gisella Brady (Ohio), and Harriet Maddock (New York).

Report of the Committee on Faculty-Student Government Organization

The program of the Committee on Faculty-Student Government Organization has been carried on entirely by correspondence. The committee members have indicated that they believe the committee should undertake the writing of a manual on faculty-student government in schools of nursing. An outline for the manual has been prepared, bibliographical suggestions have been contributed and circulated, and several chapters of the manual have been assigned and accepted as the responsibility of individual committee members. One chapter has been submitted for committee review and editing.

*See page 190
A committee meeting has been scheduled following the closing business session of this convention. The committee members hope that a discussion period will help us clarify our thinking and plan for a completion of this assignment.

Respectfully submitted,

EMILY C. CARDEW, Chairman

REPORT OF THE COMMITTEE ON MEMBERSHIP

The Committee on Membership of the National League of Nursing Education has had one meeting at which ways and means of meeting the objectives set by an earlier committee were discussed.

The Committee hopes to stimulate the League members to:

1. Inform other graduate nurses of the work of the League, and
2. Encourage those who qualify to participate in the activities of the organization. This should include nurse and non-nurse members (active and sustaining).

It is hoped that the above activity can be accomplished by means of the various state committees on membership.

Respectfully submitted,

JULIA M. MILLER, Chairman

REPORT OF THE COMMITTEE ON THE NURSING SCHOOL LIBRARY

This report will necessarily be in the nature of a progress report since June 1948 when the present chairman was appointed.

Herewith are presented the suggestions of several members for our plans for the coming year and those which will probably need the two-year period of our appointment to finish.

We believe priority should be given to the revision of the NLNE subject heading list and the classification scheme. The three members of this committee who are representatives of the American Library Association have indicated that they will take on this project during the current year.

It was suggested also that the other members of this committee should make a survey, by questionnaire or other means, to ascertain the present status of libraries in schools of nursing. As a result it would be expected that recommendations for minimum standards for these libraries should be set up.

Another activity that should be included would deal with the servicing of these libraries.

Respectfully submitted,

LYNDON M. MCCARROLL, Chairman
REPORT OF THE COMMITTEE ON THE NUTTING AWARD

In its meeting on September 22, 1948, the Committee on the Nutting Award agreed upon procedures for the selection of candidates for the Mary Adelaide Nutting Award and planned steps for publicizing information throughout the membership. Nominations must reach Headquarters by January 15, 1949. In preparation for an award to be made in May 1949, the committee will meet again in January to carry out its third function, to receive the nominations sent in from the membership and to screen the nominations for presentation to the Jury.

To carry out the functions as listed above, the committee prepared a statement entitled, "Information and Instructions and Form for Submitting Nominations for the Mary Adelaide Nutting Award for Outstanding Leadership in Nursing Education." This was distributed to all state leagues. The December, 1948 American Journal of Nursing carries an announcement encouraging members to submit nominations as individuals or as groups of members.

Respectfully submitted,

VIRGINIA DUNBAR, Chairman

REPORT OF THE COMMITTEE ON PRACTICAL NURSE EDUCATION

During 1948 this committee held three all-day meetings—on May 19, September 24, and November 19. During the afternoons of May 19 and November 19 we were joined by the committee of the National Association for Practical Nurse Education. In addition, an active subcommittee has met for five all-day meetings.

The committee reviewed carefully the Report of the Temporary Board Committee on Problems of Practical Nurse Education dated May 29, 1948. It was agreed that the activities outlined in this report were important and appropriate for the League to undertake, particularly in view of the guidance which should be given not only to state leagues and state boards of nurse examiners, but also to commercial registries and physicians.

Because of the broadening functions of this committee, it was thought desirable to recommend that its name be changed from the Committee to Work with the National Association for Practical Nurse Education to the Committee on Practical Nurse Education. This recommendation was accepted by the Board. Likewise, it was decided to secure as members of the committee persons who were conversant with the problems met by state leagues and also intimately concerned with practical nurse training programs. This has been done and has proved to be a wise move.

The committee has discussed many problems confronting nursing education in general and practical nurse education in particular. These discussions
have done much to help the members think through many issues. Sometimes it has seemed as if too much time was being given to these discussions, but practical nurse education is so closely related to the total care of the patient by all types of workers that it was felt that any attempt to consider its problems in a veritable vacuum would be folly.

The concrete work of this committee has this year taken two forms. First, plans for a League Letter devoted to practical nurse education were made and carried out. The three-page League Letter was issued October 15, 1948.

The second and larger part of the work of this committee has been the preparation of a guide for the use of state and local leagues in dealing with problems in this field. We plan to issue it in two parts. Part I was distributed to state and local leagues in February 1949 and Part II will be distributed during the spring.

Part I was developed under the following headings:

Patient care is our problem, too.
Leadership responsibility of the League.
State and local league committees on practical nurse education.
Suggested committee activities.

Part II will attempt to give help in the curriculum field. While it is, of course, impossible and unwise for this committee to attempt to set up a curriculum guide for schools of practical nursing, we are in agreement that some specific helps are needed without delay, pending the issuance of the Suggested Curriculum now being prepared under the auspices of the U. S. Office of Education. The committee is now gathering data on the curricula now being taught in representative approved schools throughout the country and, based upon these, expects to develop some guides which will be useful during the next year or so. We expect to stress the dangers inherent in a course of study which is too full or too long and which would in effect prepare a pseudo-professional nurse. At the same time, we shall attempt to "leave the door open" so that the length and content of the course will not be further crystallized into a pattern that will prove to be an obstacle to the changing patterns in nursing which are now our immediate concern.

The Board of Directors raised several specific questions which have been discussed by this committee, and our recommendations are as follow:

1. "What stand will the NLNE take on the following: Schools of practical nursing which have no clinical practice field; proprietary and correspondence schools?"

Since neither the National Association for Practical Nurse Education nor any legally authorized accrediting agency in any state approving practical nurse schools accredits schools without clinical practice fields, and since there appear in Practical Nurses and Auxiliary Workers for the Care of the Sick statements such as "appropriate classroom facilities and well supervised
clinical experience should be available for each group (practical and professional nurses)," this committee recommends that the League should not approve or encourage any school for practical nursing which does not provide a satisfactory clinical practice field as an integral part of the course, that for this reason correspondence schools should not be approved or encouraged, and that the efforts of League members should be directed toward the establishment of schools providing satisfactory field practice.

It is further recommended that no "stand" should be taken by the League regarding proprietary schools without further study.

2. "Should the NLNE offer consultation service on problems of practical nurse education?"

The committee recommends that it would appear to be more appropriate for the state and local leagues, rather than the national, to offer and give consultation but that guidance materials should be prepared by the NLNE and made available to the states. (It is with this in mind that the manual for state and local leagues has been prepared.)

The members of this committee at their May 19, 1948 meeting expressed the desire to go on record as supporting recommendations for experimental studies in relation to practical nurse and professional nurse preparation.

At this same meeting, the committee agreed to ask the Department of Studies of the NLNE to collect the following information if possible: the number of students enrolled in practical nurse schools; the length of existence of each school and the number of students graduated each year since 1940; the number of students each school is prepared to admit annually and the months of the year such admissions are planned. This material is needed by the state and local leagues as well as by the NLNE Committee on Practical Nurse Education.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

REPORT OF THE COMMITTEE ON PSYCHIATRIC NURSING

The work of the Committee on Psychiatric Nursing continues to be centered on a study of the psychiatric aspects of all nursing. Efforts of the past six months have been focused largely on the needs of the student nurse during her first term in the school of nursing. Five two-day meetings have been held during this interval, and the committee is at the present time working on the development of course content for the preclinical period in the basic program of nursing education.

Considerable time and effort have been invested in the development of plans for a workshop which, we believe, would greatly facilitate the development of course content for the preclinical period. Recently it has been
necessary for us temporarily to postpone all plans for this workshop. The postponement will continue until such time as we can be assured of adequate financial backing, and can be certain that our plans are sufficiently well formulated to make such a workshop feasible.

As soon as the present membership of this committee has completed the outlining of psychological content which it believes to be essential for the student during her first term at the school of nursing, we anticipate a general reorganization of the committee membership. It is believed that the work of the committee will be greatly facilitated by the addition of members whose interests are centered more specifically in the areas of child growth and development, also in the field of psychology. It is our purpose to work cooperatively with all of the committees and groups which are interested in the development of this type of material. We believe that this type of cooperation is essential if we are to develop the type of material which will meet the needs of the student nurse.

It is anticipated that without a workshop this current year the committee will be unable to complete more than a rough draft of the suggested course content for the preclinical period. The committee will continue to work on this material as rapidly as possible, however, as it is looking forward to the next steps in the work which it has laid out for itself; that is, (1) the pointing up of the psychiatric implications in the various clinical areas; (2) the development of pertinent psychiatric nursing content for use in the psychiatric unit.

Respectfully submitted,

FLORENCE M. HARVEY, Chairman

REPORT OF THE COMMITTEE ON THE INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM of the NLNE and NOPHN

Three meetings of the Committee on Integration have been held since the Biennial Convention: September 1, November 1, 1948, and January 3, 1949, respectively.

The major activities of the committee this year have been centered around the following projects:

1. The preparation of a revised topical bibliography and a list of available reprints, and pertinent information as to sources of audio-visual aids. This material pertaining to the social and health concepts of nursing will be made available through the NLNE and the NOPHN at a nominal cost.
2. Further analysis and interpretation of the results of a study by the NOPHN of referral plans for continuity of nursing care as described by some 30 public health agencies. It is anticipated that a report will appear simultaneously in early issues of the American Journal of Nursing and Public Health Nursing elaborating on these findings in relation to the guiding principles and policies previously formulated by this committee (American Journal of Nursing, May 1946.)

3. The preparation of appropriate material pertaining to the philosophy and work of the committee which might constitute the theme for a later number of the League Letter.

4. Consideration of the need for and the preparation of a guide or schedule that might be used by individual schools of nursing, state boards of nurse examiners, and other surveyors in determining and evaluating the extent to which the social and health components are incorporated in the basic curriculum of a given school.

The subcommittee which undertook this project worked very diligently and from time to time submitted progress reports for committee consideration. From the beginning there was the feeling among certain committee members that the project in question was too ambitious a one for our particular committee as it touched upon the whole organizational and administrative scheme of the school of nursing as well as upon the total curriculum. The entire committee profited tremendously from the many deliberations and implications growing out of this project, which, in a measure, helped to clarify our point of view. As time progressed it became increasingly apparent that the furthering of this project would be greatly influenced by and dependent upon certain other factors, developments, and recommendations as an outcome of the Brown Report, the Committee on Implementing The Brown Report, and the Committee on Unification of Accrediting Activities. Consequently, after a very careful consideration, it was voted at the January meeting to abandon this project, at least for the present.

Many requests have been received from schools of nursing for assistance in developing "teaching material or content" for patients. After careful consideration of the implications of such a project, the committee was in agreement that as a preliminary step an endeavor be made to learn more about what individual schools are doing in this respect; and then perhaps at some later time, to prepare for publication, a statement on "Principles Basic to the Development of Teaching Content." The determining of actual content must in turn rest with the individual school and hospital concerned.

Individual members of the committee continue to fulfill requests over the country for consultation service on matters pertaining to the social and health concepts of nursing in the basic curriculum. Since the Biennial Convention,
the chairman has devoted a major portion of her time to fulfilling such requests, for conducting workshops, giving institutes, and making surveys of individual schools of nursing—all with the view to better utilizing the facilities for implementing the social and health concepts.

It is believed that the work of this committee has been far-reaching. It is further believed it has promoted better understanding and receptivity on the part of schools of nursing for a broader concept of nursing and thus has served, in a measure, to pave the way for implementing the Brown Report.

How the Committee on Integration may serve most effectively from this time is a question regarding which the committee needs guidance and will welcome suggestions. It is the consensus of our group that in light of current trends and developments, to which reference has already been made in this report, the time may be at hand when the committee, having attained for the most part its primary objectives, should be dissolved, or perhaps its activities redirected or aligned with some other group undertaking.

Respectfully submitted,

MARY J. DUNN, Chairman

REPORT OF THE COMMITTEE ON POSTGRADUATE NURSING EDUCATION of the ACSN, NLNE, and NOPHN

Since the Report of the Joint Committee on Postgraduate Nursing Education was presented for the Preprint of the 1948 Annual Report of the NLNE, the committee has engaged in several activities and has several accomplishments to record.

The subcommittee which had been created to prepare a tentative statement on certain items met in March 1948. These items, on which the representatives of the various organizations had been asked to prepare statements from materials produced by their respective organizations, were:

1. A diagram showing the scope of advanced nursing curricula in a university.
2. A statement of general purposes of advanced nursing education curricula in a university.
3. A statement of general objectives for the different areas of curricula in the advanced nursing education program.
4. A statement of specific objectives for each proposed curriculum in each area.

The materials on these four items were collected by the chairman and prepared in the form of a tentative report for use by the group working on the Study of Advanced Programs of Study in Psychiatric Nursing and Mental
Hygiene. The subcommittee then met on March 15, 16, and 17, 1948 with Mary Schmitt, director of the advanced psychiatric nursing project, Sybil Pease, associate director of the project, and a few members of the advisory committee to the project. Subsequently, the report was distributed to all members of the Committee on Postgraduate Nursing Education and to those who attended the meeting in Chicago on June 5 and 6, 1948 to discuss the psychiatric nursing project. Included in this latter group were instructors in advanced programs in psychiatric nursing from the various universities throughout the country.

The items in the report for the use of those working on the psychiatric nursing project included:

1. A diagram showing the present and possible scope of advanced nursing curricula in a university.
2. Curriculum terms which had been agreed upon by the Joint Committee on Postgraduate Nursing Education prior to March 1948.
3. Criteria suggested as a basis for approving postgraduate courses in nursing as of August 1, 1945 in a statement prepared for the Governors' Committee in connection with the G. I. Bill of Rights.
5. Proposed purposes of advanced nursing education.
6. General objectives of the different areas of curricula in the advanced nursing education programs as shown in the diagram mentioned in item 1. (The specific objectives of each proposed curriculum in each area were not determined because of the belief that this should be the work of specialists in the particular fields.)

At this time there are gaps in the materials on the four items which the subcommittee was appointed to prepare. These gaps relate primarily to public health nursing because the representatives from the NOPHN on the subcommittee desired to wait until the NOPHN Committee on Public Health Nursing, of which Lillian A. Hudson is the chairman, is ready to report. It is our understanding that funds are being secured to make a comprehensive study in this area, and it is considered important that the study in advanced public health nursing education be paralleled by a curriculum study of all other areas in advanced nursing education. This study is needed especially in light of Dr. Esther Lucile Brown's report, Nursing for the Future.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman
REPORT OF THE COMMITTEE ON IMPLEMENTING 
THE BROWN REPORT OF THE AAIN, ANA, 
ACSN, NACGN, NLNE, AND NOPHN

Helen C. Goodale, secretary of the Committee on Implementing The Brown Report, reported informally on the activities of the committee. She stated that the committee’s major aim for the year had been to help with the discussion and interpretation of Nursing for the Future by Esther Lucile Brown and that 17,000 copies of the book had been sold. In addition, the committee had distributed over 2,000 copies of the first study guide for Nursing for the Future and the second study guide was then being distributed.

In January some of the members of the committee and consultants from the field of higher education had participated in a conference at Battle Creek, Michigan, made possible by the W. K. Kellogg Foundation.

A Subcommittee on School Data Analysis was at work, and two subcommittees—one on educational resources for graduate nurses and the other on the formation of a joint advisory service—were in the process of being appointed.

REPORT OF THE COMMITTEE TO CONSIDER 
FEDERAL LEGISLATION ON NURSING EDUCATION

Since the proposed “Essentials to be included in a bill for federal aid for nursing education” was presented to the various boards of directors of national nursing organizations in January 1948, the following has happened:

After the Essentials Report was approved, the American Nurses’ Association began preparing a bill based upon these essentials.

After the American Nurses’ Association began preparing a proposed bill to provide federal aid for nursing education, S-2588, a bill to amend the public health service act, which provided grants and scholarships for medical education and grants for dental, nursing, and public health education and for other purposes was introduced by Senator Thomas of Utah, April 30, 1948.

On May 20, 1948, a meeting of the ANA Special Committee on Federal Legislation met in Washington. The chairman of the League’s Committee to Consider Federal Legislation on Nursing Education attended. At this meeting the following occurred:

1. A comparison of the “Essentials” was made with S-2588. This comparison showed that the most outstanding advantage of Mr. Thomas’ bill was its coverage of the several health groups.

2. This comparison also brought out a number of differences between S-2588 and the proposed “Essentials to be included in a bill for federal aid for nursing education.”
(a) The emphasis of S-2588 was on quantity of nursing education, not quality as in the "Essentials." S-2588 made no provision for research, experimental work, demonstrations or workshops. It provided scholarships only for undergraduate student nurses, not for graduate study. There was, however, provision for grants to schools offering advanced nursing education curricula, such curricula to be defined by the Surgeon General. The bill also provided that the schools approved must be accredited.

(b) S-2588 made no provision for a commission on policies and regulations. The Surgeon General had full power to prescribe all regulations with the approval of the Federal Security Administrator. The conference of representatives of Deans of Directors of Schools, which was provided in the bill, would appear to be merely advisory in character.

3. At this same meeting on May 20, 1948 of the ANA Special Committee on Legislation, it was suggested that, if S-2588 came up for hearing, an amendment might be offered by deleting the provisions for nursing as they existed in the bill and adding another section which would include provisions in line with the proposed "Essentials."

The steps which the ANA Committee planned to take at that time after approval of the Board of Directors of that association were:

1. The material which the ANA had prepared for a bill for incorporation into S-2588 was to have been revised as an amendment which might be put into a new section of the bill.

2. Informal discussions were to have been held with the sponsors of the bill, representatives of the Federal Security Agency, and other groups concerned.

3. Preparation of material for hearings was to have been based upon information acquired by the NLNE.

In Congress, however, this bill did not get to committee; therefore, the ANA did not prepare the proposed section for inclusion.

On June 19, 1948, a Resolution was introduced into the House of Representatives by Mr. McMahon. This Resolution, H. J. Res. 435 proposed the establishment of a commission to investigate the entire field of educational nursing. The Resolution would have authorized the President of the United States to appoint a commission to serve without compensation to study the entire field of educational nursing and to make recommendations to the various states and territories for uniform educational standards and to make further recommendations toward uniform licensing with mutual recognition among the various states. This commission was to be composed of three registered female nurses, two representatives of the medical profession, and
two members each from labor, business, and the Public Health Service. It would have provided for $75,000 to carry out the provisions of the Resolution. The Resolution was referred to the Committee on Inter-State and Foreign Commerce.

No action was taken on S-2588 and H. J. Res. 435 by the 80th Congress, and when the 80th Congress adjourned both these bills "died." It is probable, however, that legislation providing federal aid for nursing education, at both the professional and the practical nurse levels, will be introduced in the new Congress. The chairman and members of the Committee to Consider Federal Legislation on Nursing Education were among the representatives of the nursing profession who met on December 30, 1948 with Mr. Oscar Ewing, Federal Security Administrator, to discuss provisions which might be included in legislation of this type.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

RECENT DEVELOPMENTS IN FEDERAL LEGISLATION

In a supplement to the report of the Committee to Consider Federal Legislation on Nursing Education, Eugenia K. Spalding, chairman of the committee, outlined the committee's thinking and activities with regard to S. 1453, a bill recently introduced in the U. S. Senate, which would provide aid to medical, dental, nursing, sanitary engineering, and public health education, and with regard to that section of S. 1679, the National Health Insurance Bill, which contained provisions similar to those in S. 1453. She also mentioned the interest which the American Nurses' Association had been taking in the possibility of extending Social Security legislation to include nurses. The reader is referred to the paper by Mrs. Spalding in this Annual Report.

At the conclusion of her remarks, Mrs. Spalding asked the League members to indicate their opinions on the following questions:

Are you interested in securing for all types of employed nurse educators through the Social Security Act coverage for federal old-age and survivors' insurance and for disability insurance?

An affirmative response to this question was indicated by almost all of those present.

Are you interested in securing coverage through that act for periods of nonemployment?

A smaller number indicated an affirmative response to this question than had answered question one.
Do you, as individuals, prefer voluntary health insurance to compulsory health insurance?
A large majority indicated an affirmative response to this question.

Do you favor compulsory health insurance?
Five or six members indicated an affirmative response to this question.

STRUCTURE STUDY

Ruth Sleeper, a League representative on the Committee on the Structure of National Nursing Organizations, served as moderator in a discussion of the Structure Study. She was joined on the platform by members of the Committee on Structure from several of the professional nursing organizations represented on it: ANA representatives—Sister Berenice Beck, Pearl McIver; ACSN representatives—Elizabeth S. Bixler, Mary Kelly, Louise Knapp, Ruth D. Johnson; NACGN representative—Alida C. Dailey; NLNE representatives—Genevieve K. Bixler, Agnes Gelinas, Nellie X. Hawkins, Adelaide A. Mayo, M. Grace Watson, president of the Washington state league, also participated on the panel.

Miss Sleeper stated that various reports had been circulated from the Committee on Structure during the year, the latest of which was a handbook in which plans for both a one-organization structure and a two-organization structure were put forward. She stated that at the present meeting it was hoped that these two plans could be discussed, and suggested, as a method of discussion, that questions might be put to those on the platform or to others in the room.

MISS SLEEPER: Why did the Committee on Structure draw up a two-organization plan and why was the one-organization plan which was presented to us a year ago changed?

In speaking to this question, Miss McIver referred to the enthusiasm for a single professional nursing organization which was demonstrated at the ANA House of Delegates meeting in Chicago, June 1948; at the same time it was indicated that provision should be made for membership in the International Council of Nurses. When the tentative plan for one organization with both nurse and non-nurse membership was presented to the ICN Board of Directors at its meeting in London in the fall of 1948, many of the representatives from other countries were distressed at the thought of changing the ICN rules so that its member organizations could have non-nurse membership.

Miss Murray, who had spent five years with the Allied Military Government in Central Europe, then explained why nurses in European countries have such a strong feeling against permitting non-nurse membership in their professional associations. The development of professional nursing organi-
zations is in many cases far behind that in the United States and is frequently hampered by attitudes of domination on the part of many groups—doctors, Protestant ministers, Catholic Sisters, the Red Cross Welfare Association, and trade unions. These groups have no hesitation about voting for large groups of nurses and even determining the length of their uniforms. Thus, lay participation in many European countries is interpreted as lay control. At the same time, the nurses of Europe feel a strong need of help from American nurses.

Miss McIver then went on to explain that, in order to abide by the ICN rules against non-nurse voting members in a professional nursing organization, the ANA members of the Committee on Structure had submitted a tentative plan for one organization providing for forums in which non-nurses could have membership; these forums, however, would not have direct voting privileges in the affairs of the association but would be advisory bodies. This tentative plan became the basis for the one-organization plan now under consideration.

The two-organization plan was drawn up in response to a feeling on the part of the NOPHN and NLNE representatives on the Committee on Structure that the forum arrangement would not be satisfactory to the present non-nurse members of their organizations. Accordingly, under the two-organization plan, only nurses could belong to the American Nurses’ Association which would be a member of the ICN and non-nurses could be voting members of the Nursing League of America.

One-Organization Plan

Ruth Henry (Georgia): In the one-organization plan, what would be the function of the forums and who would make up the membership of the forums?

Miss Sleeper and Miss Hawkinson explained that provision had been made for two forums—one on nursing service and one on nursing education—and answered the question using the forum on nursing education as an example. The membership of this forum would consist of the present membership of the ACSN and of the NLNE, both nurse and lay, and others who are particularly interested in nursing education. According to the handbook, the objective of this forum would be “to recommend means to progressive development of standards and facilities for a system of nursing education which will adequately prepare personnel qualified to render nursing service of all types needed in the community.” It might function through conferences, such as the conference dealing with schools offering diploma programs, with schools offering degree programs, and with state boards of nurse examiners. Miss Hawkinson suggested that these conferences might function in a manner similar to the present Conference of State Boards of Nurse Examiners which meets periodically, discusses problems common to its members, and
formulates recommendations and resolutions which are transmitted to the ANA and NLNE Boards. In the same way, the recommendations of the proposed conferences might be transmitted to the Board of Governors of the new American Nursing Association. Miss Hawkinson pointed out that some educational planning would also be conducted by the councils and the sections.

Miss Knapp pointed out that, in order to carry out some of the ideas formulated in the forums, the non-nurse members of these forums might be extremely helpful in raising funds; however, it might be questioned if these members would be enthusiastic about raising money and turning it over to another group for expenditure without retaining any other control over it other than an advisory relationship.

Mildred Hatton (Rhode Island): What is the difference between a section and a council?

Mrs. Dailey explained that a council would be composed of members interested in particular fields, such as tuberculosis and pediatrics. A section would be composed of nurses of various occupational groups such as those working in public health organizations, in industrial organizations, and in hospitals. The voting power would be in the sections, and a member could belong to only one section at a time.

Agnes Salisbury (Connecticut): What is the relationship between the forum on nursing education and the section for nurse educators?

Sister Berenice Beck stated that the relationship of these two groups would be the same as the relationship between any section and any group in the forum. The educators' section, being composed of people who are either employed in education or whose main interest is nursing education, would interest itself in more of the details and occupational activities involved in nursing education. The problems of nursing educators, however, are not identical with the problems of nursing education, and the broad, over-all planning for nursing education, participated in by organizations as well as individuals, would take place in the forum. Sister Berenice further stated that doubtless some system of intercommunication would be arranged between the two groups to serve their best interests.

Miss Salisbury further amplified her question to inquire how the ideas developed in the forum would be made accessible to the section, pointing out that at the present time much that transpires in the Conference of State Boards of Nurse Examiners is of interest to League members but little of it percolates into the general League membership.

Miss Sleeper pointed out that the various conferences are organized within the forums so that a conference of state boards would be directly related to the forum on nursing education. The handbook leaves the question of the relationship of sections to other groups to be decided upon by the sections
themselves, so that the educators' section might well formulate some kind of plan whereby it could meet with the forum on nursing education for an interchange of ideas. This would, in fact, be almost necessary if the standards promulgated by the section were to be made known to the forum.

Another member expressed her understanding that the section would deal with matters relating to personnel policies, for example, collective bargaining. The councils would be the standard-making bodies. Miss McIver disagreed with this interpretation, stating that collective bargaining would be only one of the functions of a section. It would also be the professional standard-making body while the forum would be the advisory body. She pointed out that any profession must establish its own standards. As an illustration, Miss McIver stated that the conference on public health might establish general over-all principles as to the number and kinds of nurses that are needed in public health, but the public health nurses' section would establish the qualifications which these nurses should have.

Mrs. Bixler further distinguished between the functions of sections and those of forums by stating that, according to her interpretation, sections would have the power of both discussion and action while forums would be limited to discussion only. She commented upon the fact that "a different situation automatically develops when discussion takes place for the pleasure of discussion and even for the privilege of advising than when it takes place with power to act."

Anne Byrne (Pennsylvania): How will this affect the state association and state registration?

Miss Sleeper explained that state registration would not be affected by the new organization since registration is a legal matter which is not controlled by the professional organizations.

Miss Knapp explained that state and local associations would be patterned in the same way as the national organization. The individual nurse would join her state or local association through a section and would have voting powers in that section only although she would be entitled to attend the meetings of the other sections. Representation in the House of Delegates would be by states on a numerical basis like the present arrangement now used for apportioning representatives to the ANA House of Delegates.

Lyndon M. McCarroll (Massachusetts): In view of the fact that forums are non-voting discussion groups, will the over-all planning for nursing education, of the type now carried on by the League, be taken care of in the one-organization plan?

Miss Hawkinson explained that such over-all planning would take place in the forum on nursing education and, to a somewhat limited degree, in the sections and councils. Although the forum would be an advisory body.
only, it might be expected that the Board of Governors would accept recommendations from it and assign to other units of the organization the responsibility for putting those recommendations into effect.

Miss Bixler expressed the opinion that the fact that the forum would be an advisory body only might be the one weakness of the one-organization plan. She stated: "I question whether the forum, as an advisory body, would have enough strength to carry on all the educational plans that we are making now and that we hope to make."

*Two-Organization Plan*

At the request of Miss Sleeper, Miss Knapp then pointed out the fundamental differences between the one-organization plan and the two-organization plan. The two organizations, she stated, would be the American Nurses' Association and the Nursing League of America. The American Nurses' Association would be similar to the American Nursing Association under the one-organization plan except that it would not have forums. The functions of the forums would be assumed by the Nursing League of America which would have a Board of Directors, a division of nursing service and a division of nursing education and, under these divisions, departments corresponding to the conferences provided for under the forums in the one-organization plan. The Nursing League of America would have non-nurse members who have contributed to the advancement of nursing and agency members as well as nurse members.

In order to relate the activities of the American Nurses' Association and those of the Nursing League of America, the two organizations would have a joint board composed of representatives of the governing bodies of each. Under this joint board provision had been made for joint service bureaus for such services as business, accreditation, tests and measurement, public relations, publications, and research and studies.

Miss Knapp further stated that under the plan for two organizations, the non-nurse members, who would have voting privileges, would have a greater feeling of belonging to the organization and of being able to render service to it.

**ALICE COPPENS (Iowa): In the two-organization plan may a nurse join the American Nurses' Association without joining the Nursing League of America? Also, is membership in the American Nurses' Association a prerequisite to membership in the Nursing League of America?**

Miss Johnson explained that a nurse could belong to the American Nurses' Association without belonging to the Nursing League of America. A nurse, unless she was a foreign nurse, would have to be a member of the American Nurses' Association in order to join the Nursing League of America.
MARGARET B. ALLEN (New Jersey): **What is the relationship between the educators' section of the American Nurses' Association and the division of nursing education of the Nursing League of America?**

Miss Kelly explained that although there is no direct relationship defined between the educators' section of the American Nurses' Association and the division of nursing education of the Nursing League of America, there would be a very real relationship, particularly since many of the members of the division of nursing education would join the American Nurses' Association through the educators' section and would thus participate twice in the formulation of standards for nursing education.

Miss Gelinas pointed out that under the two-organization plan the larger group in the division of nursing education of the Nursing League of America would not only plan for nursing education but would share in carrying out these plans. She stated that the Board of Directors of the NLNE favored the two-organization plan, and it was considered likely that, if the two-organization plan were adopted, the present membership of the NLNE would constitute the division of education of the Nursing League of America.

**ANNA M. FISHER (Hawaii): In the two-organization plan, where would the responsibility for educational planning rest—entirely with the Nursing League of America or in part with the membership of the American Nurses' Association?**

Miss Gelinas replied: "As members of the American Nurses' Association we would help set the standards for nursing practice, but as members of the Nursing League of America we would see to it that ideas concerning standards were brought to the attention of the American Nurses' Association. The actual carrying out of the educational plans would stem from the division of nursing education of the Nursing League of America."

Miss Bixler further explained that the ACSN as it is now set up would become a part of the department of schools granting degrees under the division of nursing education of the Nursing League of America and would carry on its functions of setting standards for nursing education in that department. At the same time, members of faculties of collegiate schools of nursing would be voting in the councils and sections in the American Nurses' Association to which they would belong by virtue of their particular interests.

**QUESTION: Would there be a third organization for practical nurses?**

Miss Sleeper explained that the practical nurse could not become a member of the American Nurses' Association, but that planning for practical nurse education would be taken care of in the department of practical nurse schools in the division of nursing education of the Nursing League of America. Miss McIver pointed out that the practical nurse, as an individual, would not be included in the Nursing League of America because the faculties of schools for practical nurses, according to ANA standards, are registered nurses and
it would be they who would be members of the department of practical nurse schools.

**Miss Sleeper:** Miss McIver, would you speak about the problem of incorporation and the ability of an organization to receive tax-exempt gifts?

Miss McIver explained that, at the present time, the ANA, in order to carry on certain responsibilities with regard to legislation, is incorporated under a different section of the Internal Revenue Code than are the other nursing organizations and, because of this incorporation, is not tax-free. Moreover, it is probable that donations to the ANA could not be deducted by the givers from their taxable income, whereas the other organizations can accept such gifts. In any new plan, Miss McIver stated, it would be necessary for the American Nurses’ Association to retain its privilege of speaking for nurses before legislative bodies. There is a question, however, if, under the one-organization plan, this privilege could be retained and the organization still be allowed to receive gifts on a tax-deductible basis. It might be possible to incorporate the forums as subsidiary organizations which could accept tax-deductible gifts, but this point cannot be answered until a test case is brought to court. Under the two-organization plan the Nursing League of America would be able to receive tax-deductible gifts.

**Question:** Since nurse examiners are concerned with both education and administration would there be a standing committee for them as at present?

Miss McIver expressed the opinion that because of the legal aspects of their work there would have to be some provision made for members of state boards of nurse examiners in the American Nurses’ Association as well as in the Nursing League of America.

**Question:** In the one-organization plan are the forums incorporated within the whole organization or are they without incorporation since they are advisory only with non-voting privileges?

The chairman stated that this question had been answered by Miss McIver in her discussion of the problems of incorporation. Sister Berenice added that it should not be overlooked that in the one-organization plan, members of forums could vote within their own body although they could not vote for the members of the Board of Governors.

**Mary Turner (West Virginia):** Under the two-organization plan will there be one or two Headquarters offices?

Miss Mayo expressed the opinion that there would be one Headquarters office, pointing out that even today, with several organizations, there is, in a sense, an amalgamation of Headquarters offices. Miss McIver, however, expressed the opinion that under a two-organization plan there would be three separate administrative units with three Headquarters staffs.
ALMA E. GAULT (Tennessee): As I understand it, we would join the American Nurses' Association through a section. Would we join the Nursing League of America separately?

Miss McIver stated that one would join the American Nurses' Association in much the same way as one now joins the ANA—through a district association, affiliating with a section. Miss Kelly stated if there were two organizations, one would join each organization separately.

QUESTION: I am still confused about the functions of sections and councils. It seems to me that they would overlap to a certain extent. Also, how would people from the private practice nurses' section understand and appreciate what is going on in the administrators' section and the other sections?

Miss Sleeper explained that currently there are sections in the ANA for such groups as those in private practice, administrators, men, and so on, each one of which deals with its own special problems but all of which come together in the ANA meeting. At the same time the group in the NLNE is primarily interested in education but at times that group combines with the ANA for meetings on common problems. Only as we come together in large groups will we see and understand the problems of each of the other groups.

Miss McIver further explained the composition of council membership by stating that a private duty nurse who is qualified and specializes in the care of psychiatric patients, a public health nurse engaged in mental hygiene work, a staff nurse in a psychiatric hospital, and a teacher of psychiatric nursing might each be a member of the council on psychiatric nursing. One of the strengths of the council would be that it would draw from all occupational groups a comprehensive body of knowledge needed within one specialty.

At the close of this discussion, Miss Sleeper asked for an indication on the part of the membership as to whether the one-organization or two-organization plan was preferred. By a show of hands a few expressed preference for the one-organization plan, a large majority for the two-organization plan.

REPORT ON THE ELECTION OF REPRESENTATIVES ON THE COMMITTEE ON STRUCTURE

Stella Ackley, chairman of tellers for the election of representatives to the Committee on the Structure of National Nursing Organizations, reported on the election as follows:

Total ballots cast—460; Ruth Sleeper—453; Nellie X. Hawkins—377; Genevieve K. Bixler—369; Anna D. Wolf—369; Stella Goosby—227; Sister Mary Cornile—225; Virginia Jones—214; Margaret Foley—170; Mabel C. Northcross—129; Mrs. Joseph M. Gantz—85.
The president then declared the following persons to be the League representatives on the Committee on Structure:

*Genevieve K. Bixler  
Sister Mary Cornile  
Stella Goostray  
Ruth Sleeper  
Nellie X. Hawkinson  
Anna D. Wolf

It was voted to destroy the ballots.

The meeting adjourned at 5:30 p.m.

**STUDENT NURSE SESSION**

**Monday, May 2—10:00–11:30 a.m.**

**CITY AND STATE STUDENT NURSE ORGANIZATIONS**

**Presiding:** MILDRED FURSTENBERGER, Senior Student, Fairview Park Hospital School of Nursing, Cleveland, Ohio

**Speakers:**

DOROTHY WOODIN, President, Chicago Association of Student Nurses  
MARGARET CUSHINGHAM, San Francisco Student Nurses Association  
DONNA SNETHUN, Acting Chairman, Minnesota Student Nurse Association  
RUTH MOTEKI, President, Colorado Student Nurse Association

**THE CHICAGO ASSOCIATION OF STUDENT NURSES**

**DOROTHY WOODIN**

The Chicago Association of Student Nurses is a young organization. It was in the spring of 1946 that a group of students from the Wesley Memorial, Michael Reese, and St. Luke's hospital schools of nursing conceived the idea they would like to have interschool athletics and other activities. So they started an interschool student nurses council composed of the presidents of the student councils of the Chicago schools of nursing. No definite purpose or list of activities had been formulated. Letters were sent to the presidents of interschool nurses organizations in other cities for help and guidance.

After a series of meetings, the First District of the Illinois State Nurses’

*Non-nurse member.*
Association was asked to act as a sponsor for the organization. The First District Association agreed to act as an advisory council with its members as advisers. It also very willingly gave its approval for the use of its headquarters for the monthly meetings. This was decided upon because it was thought to be a central location and would assure better attendance. Dues were fixed at 25 cents per capita.

The students finally completed the constitution and decided upon the name of the Chicago Association of Student Nurses. Copies of the constitution were sent to the representatives and to the directors of schools with the application for membership. Twenty-three joined at that time.

In September 1946, while still quite young, the Association managed to send two representatives to the International Council of Nurses Convention in Atlantic City. At the same time they wanted to help bring a graduate nurse from Europe to the convention. One thousand dollars was raised through contributions from students all over Chicago.

In March 1947 Miss Anna Schwarzenberg of the International Council of Nurses spoke to a mass meeting. Most of those who heard her will never forget that experience. At the Illinois State Nurses' Association Convention that same year, Miss Breckenridge of the Kentucky Frontier Nursing Service spoke to a gathering of students and graduates. This too was an unforgettable time.

The first issue of the bulletin that was published that first year was sent to Anna Goodrich who then sent it on to the Archives of the Library of Congress.

Another year passed and schools outside Chicago were asking for membership in the organization, so the constitution was revised to read, "any school in First District may join."

Then in May of 1948 the Biennial Convention was held in our fair city of Chicago, as many people so well remember. The Chicago Association sponsored a student luncheon which was attended by over 500 students. We were also fortunate in having such notable people present at the luncheon as Miss Mary Roberts, then editor-in-chief of the *Journal*, Miss Katharine Densford, then president of the ANA, and Miss Ruth Sleeper, then president of the NLNE. It was quite a thrilling event meeting people you've read about in Professional Adjustments. Then in an ANA special interest session, a student panel discussion on "Student Faculty Government Association" was conducted entirely by students. Four speakers from several schools in the United States spoke and really gave their problems and how they have solved them with straightforward answers. This session was particularly enjoyed by the graduates attending.

We now have 28 schools and about 2,800 students as members.

The Chicago Association of Student Nurses has listed four purposes in its constitution. They are:
1. To promote unity, closer relationship and exchange of ideas among student nurses of Chicago.
2. To acquaint student nurses with and prepare them for active participation in professional nursing organizations.
3. To encourage closer graduate-student relationship.
4. To contribute to the advancement of nursing as a profession.

As one of the topics for the day, the word "pitfalls" in speaking about the Chicago Association is quite descriptive. Since the Chicago Association is only three years old, we've gone through a great many pitfalls. The old saying, "Experience is the best teacher," has been found to be quite true in our case.

One of the pitfalls that we encountered and have overcome was the continuity of membership. We have put into our constitution that the junior representative becomes the senior representative. This makes for continuity as well as for keeping the members informed. This is necessary for the election of officers as we so well have found out. New graduates are considered members of the student organization until they have passed their state board examinations. This is to serve as the connecting link.

Schools must give their utmost cooperation in sending in the names of their representatives. This is one of the biggest problems we've come against, and we have made some headway in the solving of it. If you don't have the names you cannot make nominations or have committees. Along with this you need the help of the directors of the schools of nursing. You must keep them interested so they will help by backing your ideas in their schools.

The next downfall is one I'm sure everyone has encountered in anything you plan while in nurses training—hours. These small things seem to play havoc with the attendance. Some meetings the representatives are out in full bloom and then at other meetings there are no representatives from those schools at all. Many times no alternate is sent to the meetings.

Publicity can be a pain in the neck unless you have someone who is reliable and will get the notices of the meetings out prior to the meeting. These notices must be posted in the home schools so that if some student does wish to come to a regular meeting she may. Also the matter of having the proper names comes up again. So many of the names are outdated and the cards never get to the right people. We've found that if separate notices are sent to the junior and senior representative it works much better.

When we have mass meetings we usually have a speaker or something to attract an audience. But these meetings are only held three times a year and something is needed to interest the students in the regular monthly meetings. We have found that the attendance is quite small if we just have a business meeting because there usually isn't enough business to keep the group for more than forty-five minutes. No one wants to travel a distance to say "Yes" or "No" and then go home. We have used book reviews, movies and refreshments for stimulation.
You will find that from time to time your constitution must be revised for little things that are, however, of great importance.

Your advisory council must be behind you and work all out with you. We've been handicapped by only having one adviser this year.

We first tried a central location for holding our meetings. This seemed to be agreeable for a while, but to create more interest we have held some of the meetings at schools throughout Chicago. You can't do this all the time because the students in schools farthest away will not come. We are now trying to alternate between the central location and schools. Students like to see other schools and compare them with their own.

Summer meetings were tried last year and found to be not too successful. Vacations and the lure of summer nights take away the majority of the representatives.

A problem we haven't solved as yet is how to get newly enrolled students interested. At the present time a great many of the new students have never heard about the Association or do not know what it is all about. You must get it across to these people early because in a year or so they are the nucleus of your student body. The suggestion has been given that a panel committee go around to the different student bodies and discuss the Association before them. This was just suggested last week and there has not been time really to consider it, but it does sound like a good thought. A great many more students could be reached in this way.

So you see it isn't all peaches and cream to run any organization, especially one that is still in the making. We all have our ups and downs but we still have our good times together. We are learning to work with others, as well as learning about professional organizations from firsthand experience.

**A City Student Nurses' Association**

**Its Purposes, Activities and Values**

MARGARET CUSHINGHAM

An association of any type is originated because of some one purpose or idea.

We, as students of schools of nursing in San Francisco, believed that there should be a cooperative association of student nurses, assisted by representatives from the school faculties, in order to create and maintain a high standard of personal responsibility, to stimulate the growth and development of the individual nurse, to lay a foundation for future professional work, to promote interest in nursing organizations, and to assist in the recruitment of students for all schools of nursing.

Our organization was founded in January 1947. The idea originated when a group of students from three different schools found themselves together on an affiliation. All of these students felt that the contacts they made while
on their affiliations were of great value to them in learning how other students lived and worked. They felt that forming an association of students from all the schools in the area would be one way of breaking down the somewhat artificial barriers existing between schools. This idea grew and was passed on to other students. Our present organization is the result.

The several directors of nursing were communicated with to see what they thought of the formation of such a group, and when no true objections were presented, the students got in touch with the other schools and the organization started. The need for a constitution soon became apparent. Committees in each student body worked on a plan for one, using in some cases their own rules as a basis. These plans were brought to the council of the Association for study and necessary revision. A workable constitution was finally ready to be taken back to the various student bodies for their approval. After further discussion and some revisions the present constitution was adopted.

Under this constitution there is a council which meets at least once a month in one or another of the member hospitals. This council consists of the president and vice president of each student body, and an elected representative from each student body plus an interested member who may be from any one of the classes in the school. There is no one permanent chairman since either the president of the hostess student body or the chairman of the committee whose work is to be the main topic of discussion presides. There are two permanent officers elected biannually—the secretary and the treasurer. After much discussion, it was decided to have the director of the hostess school or her representative meet with the council in an advisory capacity, but it was felt that for the present there would be no one faculty adviser. The students felt that they would like to have the organization as much a student affair as possible under the circumstances. Many, many discussions took place on all of these vital points before the final arrangements were agreed upon by all the member schools.

The organization has brought together the students of all schools who are members. They plan together and work together, not only for the very successful social events but for the more serious projects that have been undertaken.

Our most important project has been that of student nurse recruitment. During the spring of 1948 we started our project with plans which were carried out—for a window display in one of our main department stores; interviews with seven student nurses from different schools of nursing over one of the local radio stations; a radio skit put on by a group of students; talks in the high schools. The week in May which included Florence Nightingale’s birthday was the period when most of our recruitment work was carried out. At the end of the week on Sunday we had our annual Florence Nightingale service at Grace Cathedral preceded by a tea at Stanford University Nurses’ Home.

One of the most outstanding things about the Florence Nightingale serv-
ice was the marvelous enthusiasm of all students present. More students attended than had for some years (many of whom had met at the annual tea at Stanford to go to the Cathedral together), and it was felt that the contacts made through this organization had a great deal to do with it. The Association seems to be growing in strength and enthusiasm every month, and each new social event or new project seems to be better than the one before.

This year our recruitment work is on an even larger scale than that of last year. We are expanding almost all the plans and ideas which we worked on before. This year instead of having just one window display we are almost certain of having still more—at least three or four; our radio program is going to be similar to that of last year—we are again dividing our interviews into eight parts which will include these topics: "The History of the San Francisco Student Nurses Association"; "Our Association at the Present Time"; "The Difference Between the Three-Year School and the Five-Year School"; "Why Choose Nursing?" "What About After Graduation?" "The Social Aspects of Our Student Lives"; "What Does Nursing Have to Offer?"

We are having almost as much publicity as we want from the radio stations and newspapers. Again there will be our annual Florence Nightingale service which all students who possibly can attend. This will be preceded by the annual tea which is to be held again at Stanford.

This year we have really begun to feel that we are getting some place. Because of the plans which we had already laid out for the purpose of furthering recruitment our Association has been given the chance to cover the San Francisco area completely.

A state committee (the Student Nurse Recruitment Committee of California) has been formed which consists of members of what used to be the Careers on Nursing Committee of the California State Nurses' Association, representatives of the Hospital Association, of the Parent Teachers' Association, the Department of Education, the State Board of Nurse Examiners, a student nurse from the southern section of California and one from the northern section. Under this committee we have found that with all of us working together we are going to be getting much further as there won't be much duplication of work this year, and because of this it will be possible to cover more territory.

Our talks aren't going to be confined to just the girls in high schools, but also to those in junior high schools and junior colleges. A panel of speakers is being set up and students will be the participants. We feel that there is a closer relationship between student nurses and the students to whom we will be speaking—as a result we will be getting more of our points across to the students who in turn won't and don't hesitate asking us questions.

There is also a social aspect involved in an organization of our type. We have had pot-luck suppers, joint meetings, our first two Annual Balls and soon plans will be started for the third.

Last spring several students attended the Biennial Convention in Chicago
and last fall we had quite a representation in Long Beach, California, for the California State Nurses' Association convention. On returning from any large meeting of this type, a report is given to all students in the city at a joint meeting. As a result the students, too, are keeping up with the affairs which concern graduate nurses and before long will be concerning us. It is giving all students a chance to learn about organizations; about the reports, such as the Brown and Ginzberg reports; about the laws being passed which will soon affect us; of the problems which arise in our profession as well as in any other. We feel that belonging to our Association, even though it is just a city one, is helping us by introducing us to the everyday problems of the world. We are no longer students who hibernate, so to speak, for three years and then come out into the community and try to pick up where we left off three years before; we now have the chance to become community-minded and therefore good citizens of our community and our country. I personally feel that most of us who have taken advantage of this chance will be able to take our place soon after graduation and registration along with other graduates, not needing to sit back in a corner for a few years to try to find out what's going on in the organizations which directly affect our present and our future.

A STATE STUDENT NURSE ORGANIZATION
ITS ORIGIN AND ORGANIZATION
DONNA SNETHUN

Minnesota nurses, both graduates and students, have long been interested in student nurse organizations. Student nurses have been organized on a district level in Minneapolis and St. Paul since 1944. In July 1947, the Minneapolis Student Nurse Council became interested in setting up a statewide organization. Help was sought from the subcommittee of the American Nurses' Association Committee on Constitution and Bylaws, which had previously formulated suggested principles relative to student nurse organizations. The important points of these suggestions are as follows:

1. The professional nurse association should act in an advisory capacity.
2. An organization of student nurses would not be a part of the professional association, such as a section, because student nurses are not eligible for membership in the professional association.
3. Any type of organization or program to stimulate the interest of student nurses in the professional nursing organization and to lead them into membership in the professional organization should begin on the District level.

The complete recommendations of the Subcommittee are available through the American Nurses' Association on request.

At the annual convention of the Minnesota Nurses' Association in October 1947, all schools of nursing in Minnesota were invited by the Minneapolis
Student Nurse Council to send student representatives to a breakfast meeting for the purpose of discussing a state student nurse organization. Eighty-one students were present, representing 20 of our 27 schools of nursing. Five members of the Minneapolis Student Nurse Council participated in a panel discussion setting forth the aims and purposes of a state association for student nurses. Some of the advantages pointed out are:

1. A state association would give student nurses a better understanding of the programs and activities of the professional organizations which they will join upon graduation. They will be better able to accept the responsibilities of membership in these associations.
2. A state association would tend to keep student nurses posted on current trends and developments in nursing.
3. A state association would offer a means of gaining practical experience in association activities.
4. A state association would tend to increase the percentage of newly licensed professional nurses in the professional organizations.
5. A state association would offer an opportunity for students from all schools of nursing to have regular contact with each other.
6. Section associations could sponsor a speakers' bureau made up of students from all schools of nursing, who would be available for speaking appointments to enroll potential student nurses.

At this breakfast meeting a central planning committee of six was appointed for the purpose of drawing up the tentative plans for the state organization. This committee proceeded by framing a tentative constitution and bylaws. It also sent a questionnaire to each of the schools requesting opinions of various matters. Typical questions were:

Do you approve of a state-wide student nurse organization?
Do you approve of these tentative purposes?
Do you approve of assessing dues at the rate of 10 cents per capita per annum?

In March 1948, the constitutional convention was held. About 65 students, representing 21 schools of nursing were present. The main points of the constitution and bylaws adopted are, briefly:

I. The objectives shall be:
   A. To stimulate student interest in professional nursing organizations, and prepare students for active participation in these organizations.
   B. To encourage student government in every school of nursing.
   C. To promote unity, further fellowship, and provide an opportunity for social contact among student nurses.

II. All accredited schools of nursing in Minnesota shall be eligible for membership. Districts in the state shall be divided in the same manner as for the Minnesota Nurses' Association.

III. Officers shall be a chairman, four vice-chairmen, a secretary, and a treasurer. The chairmen are to be elected by the district from which they come, and are to rotate annually among the districts. The secretary and treasurer are to be chosen at the annual meeting. These officers constitute the Executive Board.
IV. All committees are chosen by a majority vote of the Executive Board.

V. The meetings shall be held semi-annually. The first meeting of the year is the annual meeting. The fall meeting is to be held in conjunction with the Minnesota Nurses' Association annual meeting. All arrangements for meetings shall be made by schools of nursing in the district where the meeting is held.

VI. Dues shall be 10 cents per capita based on the February 1 enrollment.

Since our constitutional convention we have had two successful meetings which were well attended. Programs consisted of speakers on nursing organization, responsibilities of a professional nurse, and a panel presenting opportunities for the new graduate nurse. Members of our Executive Board have been active members of the Minnesota Nursing Council and on the Minnesota Legislation Committee.

We have found most of our constitution very workable. Our chief difficulty lies in having the members of the Executive Board residing in the five districts. Much of our business must be transacted by mail since it is not practical for the Board to meet except at the semi-annual meeting. As yet we have not solved the problem, for we feel that it is vital to democratic principles and to stimulate growth and development in our association that officers and committee members do reside in the various districts. This first year we were fortunate in having the treasurer, secretary, first vice-chairman and the Minnesota Nurses' Association headquarters, from which we work, all located in the Twin Cities. Since many of our districts are not very well organized as yet, all did not submit the name of the vice-chairmen they were to elect. We are striving by suggestion and example to stimulate the outlying districts in Minnesota to organize themselves into better integrated groups.

The Minnesota Student Nurse Association is financed on the per capita dues basis as mentioned in the constitution. The amount has been satisfactory both to the schools and to the needs of the organization. However, this spring when we wished to pay the expenses of a delegate to this convention, each school was asked to contribute $4.00 toward the expenses. This met with very favorable response. The Minnesota League of Nursing Education also gave us a gift for this purpose.

Our expenses during the year are not very great, because the Minnesota Nurses' Association allowed us to use its office for our headquarters and its secretarial staff for our correspondence.

Officially, our constitution does not provide for an adviser. This matter has been given serious consideration on several occasions. Each time the Executive Board and the convention delegates have decided to table the discussion until such time as the need for an advisory group arises. It was felt that each school and each district had an advisory committee so that we would have indirect advice. The executive secretary of the Minnesota Nurses' Association has been very helpful to us on all matters of organization and planning of activities.

The difficulties presenting themselves now are:
1. Need for better organization on a district level to expedite the state affairs.
2. Inconvenience of communication with Executive Board members from widespread geographical areas. For this we recommend that at least two officers or one officer and the state student nurses headquarters be readily accessible to one another.
3. A complete turnover of officers each year makes continuity difficult. In three-year schools this is hard to avoid, since it seems wise to elect juniors for officers.

We of the Minnesota Student Nurse Association feel that our objectives and goals are being met satisfactorily, and we are looking forward to great growth and development.

A STATE STUDENT NURSES ASSOCIATION
ITS PURPOSES, ACTIVITIES, VALUES
RUTH MOTEKI

The nursing leaders of tomorrow are to be found in the nursing schools of today, but it is only through stimulated interest and proper guidance that they can become the future executives. I feel that the groundwork is laid while the student is still in her training period. Active participation in a vitally alive nursing school student body under good faculty guidance is the starting point. From this you can build a state student nurses' organization in which all the nursing schools and the students get even more experience for the future.

Perhaps one of the most important single things which a state student organization does is to create and foster in its members an acute interest in nursing as a career. Meeting with students from other nursing schools and discussing with them your mutual and individual advantages, disadvantages, and problems stimulates interest and promotes a feeling of sisterhood. The student will relay to her own student body some of the information, organization skills, and ideas which she has gained. Also she will invariably take back with her the enthusiasm which she now has, and thus everyone derives some good out of her participation in the state student organization. Perhaps, too, the feeling of sisterhood which is gained will help to break down some of the barriers of misunderstanding which exist between many schools of nursing, and the whole nursing education system in the state might possibly progress also.

Another function of a state student group is to prepare students for their future role as active participants in their professional organizations when they are graduated. By serving on the various committees and generally taking part in activities, the student becomes familiar with group organization and
function. She understands what makes group activities "tick." Also she will invariably come into contact with many of her local nursing leaders and receive from them much in the way of knowledge, experience, and organizational skill. All of this will be of help to her in the future. A central source of information and responsible leadership is also gained with the formation of a state-wide student nurse group. Advantages which before may have been extended to only one nursing school may be available to all, because of this recognition and unity.

In Colorado, our group rotates its meeting places. Since I have been a member of the Colorado Student Nurse Association Council, we have met in six different types of nursing schools. One of them specializes in the education of pediatric nurses, several others are under large universities and have busy clinics, and some are operated by religious groups. Following our meetings we usually have a short social period during which we just relax and visit and are frequently served refreshments. In this way the feeling of unity, understanding, and cooperation is furthered, and, perhaps, lifetime friendships are being established.

Activities do much toward stimulating and maintaining student interest. In Colorado our organization is only three years old and far from ideal, but we are constantly working toward improvement. Several nursing schools are one hundred or one hundred and fifty miles away from the key city of Denver, and winter weather often makes transportation impossible so activities are necessarily curtailed and limited. Perhaps, with time, more frequent group and sectional meetings can be achieved.

Since, as a general rule, student interest is quite difficult to arouse, social activities usually get the best response. A spring dress-up dance will be quite successful if well advertised in advance and held on a favorable evening. Such things as state board examinations, comprehensives, and graduation always have to be considered if a good attendance is to be assured. Right now many of the nursing schools in Denver have baseball teams which enter into interschool competition. This is great fun and does much toward promoting a feeling of good-will between the schools.

In order to keep abreast of the current trends in nursing, nursing education lectures by speakers, followed by periods of discussion, are very challenging and stimulating. Topics such as "The Place of the Practical Nurse," "The Three-Year Plan Versus the College-Trained Nurses," and many others are very interesting to everyone, as are book reviews of the current reports such as "The Brown Report." The American Nurses' Association has counseling and placement service representatives who will review the many fields of nursing which are now found and offer information as to necessary qualifications.

Student representation on state nurse association committees, whenever it is possible and advisable, should be encouraged, as it prepares the student for her professional group of the future. Students can be of much help on
recruitment committees especially. A well-groomed young woman dressed attractively in the uniform of her chosen school will have more appeal to a group of young high school girls than a graduate who admittedly knows much more about the nursing profession, but who is handicapped by too great an age differential between herself and the young woman to whom she is appealing.

In Colorado the Student Association has a luncheon meeting and business meeting in conjunction with the State Nurses' Association annual fall convention. This enables the student to attend many of the other worth-while meetings of the convention and to become further acquainted with her professional group.

All of these activities combine to make our student a mature, valuable asset to her profession. The value of a state student nurse association is unlimited as to its possibilities. Because of such a group, you can have well-adjusted, well-rounded student nurses who are vitally interested in nursing as a career and who will get the most in knowledge and skill out of their educational experience. Student body government can become more smooth functioning and on the ball to start the future nursing leaders off to a good beginning.

You may ask: "What can I as a single student do to help nursing progress?" Everyone can aid in recruitment and help to improve interprofessional relationships, realizing that all branches of nursing are equally important and recognizing that in unity lies our strength.

There is no end to the progress which interested students, adequate leadership, and sound guidance can accomplish.

**Student Nurse Luncheon**

Monday, May 2—12:00 m.

*Presiding:* Vic Delaney Neyer, Senior Student, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

*Speaker:* Louis J. Karnosh, M.D., Director, Department of Neuropsychiatry, Cleveland Clinic; Clinical Professor of Neurology, Western Reserve University, Cleveland, Ohio

Dr. Karnosh spoke on the subject "Psychophysical Structure of Personality."
GENERAL SESSION
Monday, May 2—3:00 p.m.

Presiding: AGNES GELINAS, R.N., President, National League of Nursing Education

Speakers:

CLARENCE I. STERLING, JR., Director, Division of Health and Sanitation, The Institute of Inter-American Affairs, Washington, D. C.

LUCILE PETRY, R.N., Chief, Division of Nursing, United States Public Health Service, Washington, D. C.

The evening session, held at the Music Hall, Public Auditorium, was open to the public. In addition to the addresses by Clarence I. Sterling, Jr., and Lucile Petry, there were several special events, including the presentation of the Mary Adelaide Nutting Award to Annie Warburton Goodrich and Mary M. Roberts. Music was provided by the choir of the Western Reserve University under the direction of Russell L. Gee, Conductor.

The meeting was opened by an invocation given by the Reverend H. W. Bartels of the Grace Lutheran Church, Cleveland Heights, Cleveland, Ohio. Frances H. Cunningham, president of the Ohio State League of Nursing Education, cordially welcomed the group to Cleveland, and Agnes Gelinus, president of the National League of Nursing Education, responded on behalf of the League.

ADDRESS OF WELCOME
FRANCES H. CUNNINGHAM, R.N.

It is my privilege tonight to speak for Ohio in bidding you hearty welcome. Only twice before has Ohio been so favored. In 1908 the American Society of Superintendents of Training Schools for Nurses held its fourteenth annual convention in Cincinnati. At that meeting Mrs. Isabel Hampton Robb, that great pioneer whose influence was so valuable in guiding and shaping the development of our profession and who contributed so much here in Cleveland, was elected president. The membership was under 300 and the annual budget was $817.32. Ohio had 12 members. By 1918, when the twenty-fourth annual convention of the National League of Nursing Education met here in Cleveland, the membership had increased to almost 700, and twenty state leagues had been formed. Ohio could then boast of 36 members. Now in the maturity and dignity of its fifty-sixth year the National League of Nursing Education has again convened in this state. The Ohio league, now almost 600 members strong, has the honor of being hostess to you on this occasion.
We have looked forward to having you with us. The members of the Cleveland league have worked faithfully to prepare for this convention and all the Ohio members have given generously to its support. We in Ohio recognize that the problems facing nursing today are many but the challenge and opportunity have never been greater. We trust that in this week, as we consider together the "Systematic Investigation and Planning for Nursing," we shall all gain stimulation and vision to help us see how we can prepare more truly professional nurses fully equipped for broad community nursing service.

Cleveland—the best location in the nation—also welcomes you. We hope you will have time to see some of it—the museums, the parks, the lake. We asked the weather man to cooperate with us to see that our city was adorned in its prettiest spring dress. While the cherry blossoms and magnolias are past their prime, the apple blossoms, hawthorn and the flowering peach and crab are just in full bloom. We believe you will enjoy seeing them and call them beautiful. The hospitals of our city welcome you and are having open house for you on Wednesday afternoon.

If we notice a slight exodus on Wednesday and Thursday afternoons, especially by those of you from Philadelphia and Boston, we shall understand, and the Cleveland Indians will welcome you too.

The best compliment you can pay Cleveland is to enjoy yourselves here. While we look forward to the week's discussions to advance the cause of nursing education we hope that your visit will be most enjoyable and one that you will long remember. It makes us very happy to have you here with us.

RESPONSE

AGNES GELINAS, R.N.

In behalf of the members of the National League of Nursing Education, I wish to thank you for your gracious welcome. We are delighted to be here, and your courteous and efficient local committees are already contributing to the success of the meeting.

It was in 1918 that the National League of Nursing Education last met in Cleveland. It was the twenty-fourth meeting of the League, and Miss S. Lillian Clayton was the president. The 1918 Advisory Council numbered twenty, with representation from: Arkansas, California, Colorado, Connecticut, District of Columbia, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New York, Ohio, Pennsylvania, Rhode Island, Virginia, Vermont, and Wisconsin. In 1949, the Council of State Leagues has representation from forty-two states, Puerto Rico, the Territory of Hawaii, and the District of Columbia. To date the total membership of the League numbers almost 10,000.

This growth and development of the League since 1918 is due in part to
the fact that the National League of Nursing Education is a democratic organization which joins together all those working for nursing education regardless of position or specialty. This is its principal strength. I can conceive of no greater influence in determining the kind of nursing education we will have in the future than that which could be wielded by the united efforts of all in the National League of Nursing Education.

We, however, are not alone in our investigation of education and in our planning for greater educational responsibility. Thoughtful discussions about the role of education in our society are going on everywhere. The contributions which education has made are being questioned, and the role of education in the future is being reappraised. Educators are taking the lead in these discussions and are trying to determine appropriate functions of education and the means for carrying out these functions.

As I see it, these meetings are part of this general process. Nursing leaders and others concerned with nursing education have come together to consider professional nursing and the place of nursing education in America. This group is attempting to redefine the appropriate functions of basic nursing education, the changes which are indicated in our present system of education, and the appropriate ways of carrying out those functions.

The emerging pattern of health care, as a social science in the service of society, offers new hope for human welfare. This new pattern of health care demands new curricula for all the health professions. We, as educators, therefore must be willing to make a new curriculum design for nursing.

Thank you for giving us this opportunity to meet here and let us hope that during this year we can continue to forward the advancement of nursing knowledge.

THE ROLE OF THE NURSE IN THE COOPERATIVE HEALTH AND SANITATION PROGRAMS IN LATIN AMERICA

CLARENCE I. STERLING, JR.

Little did I suspect ten years ago that I, a sanitary engineer, would have the honor of giving an address at the Annual Meeting of the National League of Nursing Education. In fact, it would have surprised you as much as myself. Today, however, public health has advanced sufficiently so that the nurse, the physician, the engineer, the laboratory technician, and other specialists are working as a united team. The progress and accomplishments of each group are so important to the other groups.

It is interesting to note that in the report made by Esther Lucile Brown on Nursing for the Future it is stated that "The kind of preparation for the professional nurse that nurse educators have now come to advocate is strikingly like that provided by schools of engineering."

When a Jesuit missionary to Peru, desperately sick with malaria fever,
was cured by the administration of cinchona bark by a friendly Indian, and when some years later (1638) the wife of the Governor of Peru was similarly cured, it was most fortunate for a malaria-stricken world that the Indian, the priest, and the Countess of Chinchon did not keep this discovery a secret. They shared their knowledge and experience.

When the exigencies of World War II necessitated the rapid development of hemisphere solidarity and cooperation, one of the resolutions approved at the Third Meeting of Ministers of Foreign Affairs for the American Republics in Rio de Janeiro in January 1942 was that health and sanitation measures were essential to the mobilizing of the human and material resources of the hemisphere. Out of this resolution was born the health and sanitation program of The Institute of Inter-American Affairs. Health conditions in Latin America were highlighted by the dangers and the demands of the war. Eighty per cent of the people were affected by intestinal diseases. One in every ten persons had malaria. Death claimed one of every five babies born alive within the first year. Fifty-five per cent of the deaths were caused by diseases that were preventable through vaccination, better sanitation, and medical precautions. Life expectancy was less than 45 years.

In each Latin-American republic, the health and sanitation program started with an agreement signed by the government of that country and the United States of America, the latter represented by The Institute of Inter-American Affairs. Contributions by each government are stipulated in the agreement. When the original agreements were signed, the United States made almost the entire monetary contribution. As the agreements were later renewed, after a three- to five-year operational period, the Latin-American governments contributed larger amounts and the United States put in less. The point is now reached where the United States contribution is only about 20 per cent of the total funds utilized, including the cost of the United States technicians.

The basic agreement paves the way for a truly cooperative program. An agency known as the cooperative health service is established usually within the ministry of health of the national government and is run cooperatively by the two governments. The Institute provides a small technical field party, the chief of which is either a medical officer or sanitary engineer, who acts as the director of the cooperative health service. The national government of the country is represented by the minister of health. Various projects are undertaken on the mutual decision of the chief of field party and the minister of health. The cooperative health service is both a consulting agency which makes surveys and plans projects and an operational agency which carries out the projects. The Health and Sanitation Division of the Institute works primarily for the development and reinforcement of the national health organizations within each country.

Since March 1942, when the first program was inaugurated, the Institute
has undertaken health and sanitation programs in eighteen of the other American countries—all but Argentina and Cuba.

In Panama, Costa Rica, the Dominican Republic, and Nicaragua the cooperative health service programs have been incorporated into the national health ministries. In all cases the Institute and not the other government advocated the discontinuance of the program.

In each country, the work has been primarily in the fields of preventive medicine and sanitation for the purpose of controlling major diseases and alleviating conditions that keep people at a low level of health. The methods and techniques of the United States are used, but they are adapted to local conditions. The projects are chosen to complement or supplement the work of the national health organization, and in general include: training of national technicians in the field of public health, nursing, and sanitary engineering; operation of medical and public health facilities; general sanitation; construction of water supply and sewerage facilities; health education; malaria and insect control; construction of health centers and hospitals; and special health projects and disease studies.

Close liaison has been maintained with other organizations operating in the field of health both in Latin America and in the United States. The Public Health Service and the Children’s Bureau of the Federal Security Agency have made available a number of their personnel to serve with the Institute, either as regular staff members or on a consultant basis. Active cooperation is also maintained with the Pan American Sanitary Bureau. For a number of years the Rockefeller Foundation has contributed to the training of nursing personnel in Latin America as well as in other parts of the world. More recently the W. K. Kellogg Foundation has offered scholarships for basic training in various schools of nursing in the United States and fellowships for graduate nurses in the special fields of nursing education. Still more recently the U. S. Public Health Service has offered fellowships in both nursing education and public health nursing for Latin-American nurses.

By the end of December 1948, a total of 2,302 activities had been undertaken, of which 1,643 were completed and 659 were still active. Approximately 8,600 national personnel and 126 United States technicians are employed at present in fourteen countries. Included in these totals are 192 professional nurses of Latin America and 28 United States nurses. It is estimated that these activities have benefited over 23 million people, or one out of every six Latin Americans.

The heart of the preventive medicine program has been the establishment of health centers, and 108 of these centers have been established. These centers, whether in a capital city or a jungle town, are headquarters for community health work. They are staffed by nationals—physicians, nurses, dentists, sanitarians, laboratory technicians and health educators. The cooperative health service supervises the operation of these centers until such time as they are integrated into the national health organization of the country.
The main services have been in the control of communicable diseases, maternal and infant care, health education for the public, health examinations, public health nursing, sanitation, vital statistics, and some medical care. Many of the centers have laboratories and a small pharmacy for the preparation of drugs and other necessities.

The centers are often used for community activities other than health work, for the people in Latin America use such facilities more intensely than do the people in the United States. The average number of monthly visits to the main health center in Asuncion, Paraguay, is over 14,000 which represents approximately 12 per cent of the population of this capital city.

It was quickly evident that a program of sanitation had to be carried on in order to provide safe water supplies and proper sewage disposal facilities. The work in the field of sanitation is necessarily a long-term job. The projects embarked upon were indeed very popular. The people now had potable water available to them—a convenience they had not known heretofore. In addition to water supplies, an extensive number of projects were carried on for the control of malaria.

The original projects were mostly the construction of dikes, drainage, ditching, and filling, with some larvicidal work. With the development of DDT the above type of projects were superseded by house spraying campaigns. Projects were usually preceded by entomological and engineering surveys, studies of splenic and parasitic indices, and the identification of the species of plasmodia and the mosquito vector.

Sanitation projects also included the installation of safe wells, sanitary privies, slaughter houses, clean public markets, public baths, and laundries.

With the development of the preventive medicine program in the health centers, the need for other health and medical facilities became evident. There was little use of doing case finding in the tuberculosis clinics if there were no facilities to provide isolation of the newly found cases. This was also the same story in case finding for leprosy. In many of the other communities there were no other hospital facilities available for medical treatment. This resulted in the construction or renovation of some 92 hospitals and in the construction or remodeling of 128 other health facilities, including schools of hygiene, schools of nursing, nurses' residences, laboratories, dispensaries, and clinics.

To make the program effective, organized campaigns in the cause and control of disease have been carried on in all countries where the health program was in operation. Quantities of health education pamphlets have been printed in Spanish and Portuguese. A series of motion pictures was produced for the cooperative health service program by the Apex Film Corporation and Walt Disney Productions. The radio has been used in some of the countries. In Uruguay the health story is told by a comic strip in one of the daily newspapers. In Bogota, Colombia, the leading newspaper publishes each week one page of health education material without cost to the coopera-
tive service. Extra copies of the page are printed and distributed to the school teachers throughout Colombia for use in the school health programs.

While these matters are of general interest to all, the subject I am sure you are most interested in is the Institute of Inter-American Affairs program of nursing in Latin America.

Nursing is still a new profession in South America. Instead of one nurse to 316 people as we find in the United States, the figure in Brazil, a country with a population of 47 million, is one nurse to 38,000 people. It will be a long educational process before the physician engaged in the practice of medicine, to say nothing of the lay person, knows the worth of a professional nurse as we know it. The cultural patterns and prevailing social customs of the people have prevented nursing from attaining the prestige of other professions. One of the difficulties in attracting the better educated young woman to the profession of nursing is the concept that certain duties performed by nurses are identified with the servant class. Because of this factor a number of young women who are good material for nursing are entering the medical or other professions. Thus, the chief problem is one of re-education of the public as to the dignity of the profession of nursing and the worthwhileness of service to others. We feel that our cooperative health programs have made definite progress in this direction.

The scope of the activities of the nurse engaged with the Institute of Inter-American Affairs is a broad one. She may play a large part in the organization and supervision within the nursing services or she may be called upon to contribute to the nursing organizations and to planning broad programs, but she is mainly concerned with training.

The nurse who pursues any field of endeavor in Latin America must above all be "sympatica." She will be required to make allowances for many whose thinking does not exactly conform to hers. She may not enjoy the convenience of a warm shower in the morning, nor will she be able at all times to identify her favorite foods on a menu. She will often be required to operate on her own steam without the support of the scores of trained individuals with whom she is accustomed to deal. In all of this she will be the happier if she is one of those lucky people who have acquired a good sense of humor, a hobby, and a favorite sport. There will be benefits and most interesting experiences if she will open her mind to them and share them with her associates. The kind of inservice training that she receives in learning the conditions and diseases of another land will be one of her life's treasured experiences if she chooses to make it so.

Nurse training is a part of the over-all program in the field of public health and preventive medicine and may be classified in two types: (1) the training of Latin Americans in the United States and (2) local training. The Institute has made it possible for 95 graduate nurses to study in the United States, 42 in the field of public health nursing and 37 in the field of nursing education. Travel was provided for 16 students to take the three-year
basic course in the United States. Schools of nursing which have cooperated with the Institute’s training program are:

Catholic University of America—Washington, D. C.; Columbia University—New York; New York Hospital School of Nursing—New York; Skidmore College—Saratoga Springs, New York; University of Maryland—Baltimore; University of Michigan—Ann Arbor; University of Minnesota—Minneapolis; University of North Carolina—Chapel Hill; University of Pennsylvania—Philadelphia; University of Pittsburgh—Pittsburgh; University of Puerto Rico; Vanderbilt University—Nashville, Tennessee; Washington University—St. Louis, Missouri; Western Reserve University—Cleveland; Henry Ford Hospital School of Nursing—Detroit; Johns Hopkins Hospital School of Nursing—Baltimore; Margaret Hague Maternity Center—Jersey City; Providence Division, Catholic University of America—Washington, D. C.; St. Luke’s Hospital—Cleveland; School of Nursing Medical Center—Jersey City. In addition to these, many other schools and agencies have made their services available to the program.

In considering the placement of students, it is the policy of the Institute to select schools of nursing that are representative of the better schools in this country. Not only do we consider placing students in schools with a stimulating academic environment but also in those in which they will have a pleasant home surrounding. The directors of the various schools of nursing and their staffs have been most thoughtful in arranging accommodations for the students. Their patience and understanding have greatly helped these students in adjusting to living and studying in a foreign country. Although the nurse trainee may have some background in English before arrival in this country, very few have a grasp of the language sufficient to pursue an academic course. The friendships that have developed between the Latin Americans and the other students in the schools have been most gratifying.

When many of these United States trained nurses return to their countries, they are confronted with another problem of adjustment—that of applying the newly acquired techniques without all the modern conveniences and certain prejudices on the matter by the group that has not been trained in this country.

In addition to this program of training nurses in the United States, the cooperative health service in each country carries out its own nurse-training program. In this local training in the various countries 600 graduate nurses have been prepared in the field of public health, 1,029 undergraduates have been assisted, 1,171 auxiliary workers have been instructed in the techniques of home nursing and clinic services, and 551 young men and women have been trained for auxiliary work in hospitals. In general, the aim of the training program is to develop nurses to the point where the other American republics can administer their own nursing programs on a professional level.

It was evident from the beginning, however, that the schools of nursing could not turn out a sufficient number of trained personnel to staff the various
medical and public health facilities. In order to fill in the gaps in the very thin ranks of professional nurses, thirteen countries have trained auxiliary workers.

In some programs like that in Brazil's Amazon and Rio Doce Valleys the course for auxiliary workers is of six months' duration operated as a boarding school. The students not only live at the school but assist in housekeeping and preparing meals. The curriculum for the "visitadoras," as the home visitors are called, includes such practical subjects as personal hygiene, sanitation, nutrition, gardening, and chicken-raising. The students are well selected and a few have later entered schools of nursing. Upon completion of the course, placements of this young group are made in or near their home towns. One difficulty has been in securing enough graduate nurse supervision for the "visitadoras" and auxiliary hospital workers for such large areas as the Amazon River Valley. The nurse or the "visitadora" has a great many adaptations to make in rural areas. The "dobe" hut will have few conveniences; there may not be a table or chair to receive her bag nor water to wash her hands. There is no doubt that the auxiliary worker has filled a very important place in the whole community health service.

Another familiar type of worker in Latin America is the midwife, very few of whom have had training in the elements of basic hygiene. Classes are offered to this group in connection with health center activities and are enthusiastically attended by women of various age groups.

Most of the schools of nursing in Latin America are established on an independent educational basis; few have been founded by hospitals. Several of the countries have national schools and some are associated with universities. The majority of the schools receive government support through the ministry of education, state or city funds; a few are supported by private organizations such as the Religious Community of Sisters of Charity.

Preliminary studies made by both United States and Latin-American nurses revealed an urgent need for improving basic education in nursing. It was decided that support be given to the organization of new schools and the reorganization of others in existence. This was not an attempt to supply nurses in large numbers but it was done with the idea that these schools might become well established and form a reservoir for supplying capable nurses who would accept leadership in their profession.

Schools of nursing were constructed under the cooperative health program in Sao Paulo, Brazil; Bogota, Colombia; and Guatemala City, Guatemala. In other instances buildings were adapted to fit the needs of the school. This was done in Quito, Ecuador; Caracas, Venezuela; and Niteroi, State of Rio, Brazil. In each of these schools technical assistance was rendered by our United States nurses.

In Sao Paulo the School of Nursing was built to accommodate 200 students and staff and is affiliated with the University of Sao Paulo. It is located near the School of Medicine and on the grounds of the new 1,000-bed Hospital dos Clinicas which has all clinical facilities for student nurse practice. In
the vicinity is also located the School of Hygiene. The student nurses have
the affiliation in public health nursing in connection with the demonstration
clinic of this school.

The National Advanced School of Nursing, Bogota, is under the National
University. The residence accommodates 144 students and staff. It is located
in "University City" where the other schools of the University are being
erected. The University hospital has not yet been built, hence the school
has had to adapt several wards of other hospitals to serve the needs.

The National School of Nursing in Guatemala City was built to accommo-
date 180 students and staff with an additional section for 112 graduate staff
nurses. It is located adjacent to the 1,000-bed Roosevelt Hospital which,
when completed, will be the medical center of the country.

The National School of Nursing, Quito, Ecuador was reorganized in 1942.

In addition to the four schools mentioned above, two others are under
our direction—the School of Nursing, University of Haiti, Port-au-Prince,
Haiti, and the National School of Nursing, Caracas, Venezuela. A North
American nurse is assigned as director in the schools in Bogota, Port-au-
Prince, Caracas, and Quito. The other two schools have a consultant nurse
assigned to work with the national director and her staff. Consultant service
has also been offered to the School of Nursing of the State of Rio, Niteroi,
Brazil; the Luiza de Marillac School of Nursing, Rio de Janeiro, Brazil, and
others. Technical assistance is being given in connection with the organiza-
tion of three other schools at present. These will be located in Sucre, Bolivia;
Montevideo, Uruguay; and Manaus, State of Amazonas, Brazil.

Considerable progress has been made within these few years in raising the
educational standards and in improving the living conditions in the schools
of nursing. Educational entrance requirements are being raised to the com-
pletion of the secondary course. Very few schools of nursing in Latin Amer-
ica at the present time require more preparation.

Salaries of graduate nurses have been the subject of much dissatisfaction,
and oftentimes when the nurse receives her diploma she finds that the
stage is not yet set for her to emerge as a professional woman. In many
of the countries, the cooperative services are setting the pace by offering a
salary equivalent to other professions.

Little by little nursing is becoming better known and recognized as a pro-
fession. The greatest asset by far is the excellent demonstration of service.
After the staff and student nurses helped with a recent epidemic of meningitis
in a rural area in Sao Paulo, the School of Nursing, through the efforts of
a State Health Officer, was presented with a plot of land on the ocean. It
will be used for recreation purposes.

There is evidence that the better-educated Latin-American nurse is coming
into her own. For the past two years nurses have been on the program of the
national meeting of the Public Health Association in Brazil and this year
on the program of the Directors of the Beneficencia Group of Hospital Di-
rectors in Chile. The nursing organizations in both of these countries have conducted national meetings. It is not easy for us to realize the sacrifice that these nurses make in the way of finances, effort, and travel to make all of this possible. Some of the young shoulders are carrying heavy burdens because they are pioneers in showing the way to increased opportunities for service.

It is my conviction that the contribution of the nurse toward raising the standards of health in the hemisphere has been outstanding. Her spirit of enthusiasm has brought the most progressive community health procedures into the very lives and homes of the people.

**Task Force Number I—The World Health Organization**

**Lucile Petry, R.N.**

The World Health Organization is a specialized agency of the United Nations, and, as such, it performs a specialized function toward the achievement of the United Nations' total objective—world peace. A simple little story I heard will, I believe, help to crystallize WHO's function and its relation to that total objective.

One evening, a man was trying to read the newspaper. His little boy was making so much noise that he could not concentrate. Finally, in desperation, the father took a page of the newspaper on which there was a big map of the world and cut it into small pieces.

"This is a puzzle," he said to his son. "Put the world together right."

The little boy worked quietly in the next room, and in only a few minutes he returned to his father with the map of the world put together exactly right.

"How did you do it so quickly?" asked the father, in great surprise.

"Oh," said the little boy, "there was a picture of a man on the other side of the page. I found that when I put the man together right, the world was just right too."

The WHO gives the United Nations the organization to provide health, protection, and improvement for everyone—"to put the man together right." A healthy world is a big step toward a world of peace and security. The Constitution of the WHO has come to be known as the Magna Charta of Health. It defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The preamble declares further that "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States."

Our objective, therefore, is health for all men. The first step toward achieving health is by eradication of communicable diseases. Today so long as disease exists in any country of the world the people of all nations are vulnerable to it. Quarantine restrictions have become outmoded, since air transport has
revolutionized the concept of quarantine. The speed of airplane travel has shown us that it is less costly and the results more enduring to attack infections at their source. Since transit time has been reduced from days to minutes, it could be only a matter of hours that a case of Japanese encephalitis which has a two-day infectible period could be spread from East Asia, the area in which it was formerly limited, to Guam, as it did last year, and from Guam to the United States. Once in the United States it could spread rapidly, as the mosquitoes which are capable of transmitting the disease are abundant on the West Coast. The same is true of yellow fever and cholera which formerly were for the most part prevalent in India and China, but with speed being the hallmark of this contemporary era, both could rapidly spread to other countries. Even sea transport has been greatly accelerated; ships arrived from the Orient within the incubation period of smallpox as recently as 1946 and set off an epidemic on the West Coast.

The need for protection from disease perhaps can be more fully realized from the scope of disease existent in the world. Of the two billion persons alive today, it is probably safe to say that at least half are suffering from chronic or recurrent diseases, most of them preventable—malaria, tuberculosis, syphilis, schistosomiasis, kala azar, hookworm, filariasis are only a few. Annually, an estimated 300 million people suffer from malaria and an estimated 50 million from tuberculosis, as well as an unestimated number from other preventable debilitating diseases, running into additional hundreds of millions. The following figures will show the proportion of these diseases to those reported in the United States. In 1947, there were 17,317 cases of malaria reported; for the same year, 130,474 cases of tuberculosis were reported.

For some of the world's more fortunate peoples, words like schistosomiasis and ankylostomiasis are almost unknown today except in textbooks of parasitologists or medical students. But for three out of every five persons in countries such as Iraq, Egypt, or Saudi Arabia, these illnesses are a miserable reality year in and year out. Schistosomiasis, caused by blood flukes that usually enter the human body through the skin when exposed to infested water, affects over 80 per cent of the population of Egypt and Iraq, and is considered to be the most important public health problem in that large and important area.

Like its cousin, ankylostomiasis (hookworm disease), schistosomiasis on such a vast scale as this has an importance for the world that goes far beyond the persons actually afflicted by it. Both schistosomiasis and ankylostomiasis, especially prevalent in agricultural areas, are highly debilitating diseases. They affect food production through undermining the energy and vitality of the worker.

All nations, in furtherance of prosperity, recognize that greater and better integrated economic development is essential. Economic development depends upon manpower, and manpower depends upon adequate nutrition
and good health. As the story from Egypt illustrates, the procedure to be followed to obtain economic security must begin with making the man healthy, so he can produce the food for the manpower that builds economic security.

Since a healthy population is one of the pillars of economic security, of necessity a broad international program of health must have the highest priority. The WHO is the instrument through which the family of nations can bring about world-wide mobilization of health resources. WHO is one of the largest specialized agencies of the United Nations with a membership of 59 states, representing all races, colors, and political philosophies.

To refresh our memory, the organizational structure of WHO consists of the World Health Assembly, an Executive Board, and the Secretariat. The Health Assembly, composed of technically qualified delegates of the member nations, meets annually to determine the policies and program of the organization; the Executive Board, composed of 18 members designated by nations elected by the Assembly, meets at least twice a year to give effect to Assembly decisions; the Secretariat, headed by a Director General who is appointed by the Assembly for a term of five years, is responsible for carrying out the program of WHO as directed by the Assembly and the Executive Board.

Two major actions taken by the Assembly last June were election of the Executive Board and the delineation of six broad geographical areas as the basis of decentralization of its work and administration. The geographic areas defined on the basis of regionalization are: Eastern Mediterranean, Western Pacific, Southeast Asia, Europe, Africa, and the Western Hemisphere. The regional offices established thus far are: The Pan American Sanitary Organization, composed of the Pan American Sanitary Conference, as the Regional Committee, and the Pan American Sanitary Bureau whose office is in Washington, D. C., as the Regional Office of the Western Hemisphere Region. The Regional Office for Southeast Asia will be in New Delhi, India. The Regional Office for the Eastern Mediterranean will be in Alexandria, Egypt.

The present basic program of WHO is to improve existing health services and establish services in areas which have none. To date, it has been an aggressive program directed at the rapid extension of technical knowledge with special emphasis on malaria, tuberculosis, venereal disease, maternal and child health, environmental sanitation, and nutrition. These problems were given top priority in the program because they exist, to a greater or less degree, among all peoples; and the public health sciences have developed effective methods for making large-scale improvements. Other activities of the WHO program include certain continuing functions of WHO, such as International Standards for Therapeutic, Prophylactic and Diagnostic Agents, International Pharmacopoeia, and International Epidemiologic Intelligence.

The method for dealing with influenza is a good example of what the leadership of WHO can accomplish. The International Influenza Center at
the National Institute for Medical Research in London, will make it possible to detect a pandemic brewing in any part of the world. With prompt action it may be possible to halt its spread. Information on the world-wide occurrence of influenza will be assembled at the world center, and cooperating laboratories will identify strains of the virus, wherever collected, in order that appropriate vaccines may be prepared for use in threatened areas. To cooperate with WHO in its global task, United States governmental and private laboratories working together have set up a chain of 60 federal, state and local laboratories, widely distributed through the United States and its territories.

WHO's program also provides for the training of professional personnel since this is a universal, primary need. The lack of nurses and the problem of nursing education are perhaps more acute than in any other category of personnel. Sanitary engineering is another critically understaffed health profession in foreign countries. The major effort for increasing the supply of public health workers will rest with the individual nations. Their training programs need to be expanded as rapidly as possible. Most of the countries have the facilities for basic training, but specialized training will have to be arranged for elsewhere.

It may be expected that experts from official and nonofficial agencies of all nations will be called to serve as expert advisory committees to WHO. Also more nongovernmental organizations will be asked to participate in the meetings of the Assembly. One of the sixteen international organizations so far admitted into formal relationship with WHO is the International Council of Nurses.

The International Council of Nurses was one of the first international nongovernmental organizations taken into relationship with WHO. The First World Health Assembly recognized the fundamental importance of nursing in the improvement of health services. Delegations of almost every nation spoke of nursing in their discussions of proposed programs of the WHO. It is already apparent that nurses will figure prominently with regard to WHO. For instance, the following nurses have been appointed to serve with the Expert Committee on Maternal and Child Health of WHO: Miss Tehmina K. Adranvala, Nursing Superintendent, Directorate General of Health Services from New Delhi, India, and Miss Marjorie Duvillard, Director of Bon Secours Nursing School, Geneva, Switzerland. It is planned that a nurse become a member of the Secretariat. The need for one is great, especially when one realizes that in many countries, there are actually—NO nurses.

The job of training competent nurses is difficult in many areas of the world, where nursing is not yet recognized as a profession. In certain countries, the social and educational position of women remains greatly depressed. It will be necessary to combat age-old beliefs that nursing is a menial occupation.

Help may be expected, however, in this matter from the United Nations'
Commission on the Status of Women. An adviser in the U. S. Delegation attending the meeting of this Commission held in March at Beirut, Lebanon, included a nurse; she has informed us that a resolution on coordination with WHO was adopted calling attention to the world-wide shortage of nurses and recommending that WHO ascertain where the need is greatest and requesting that WHO encourage prompt expansion of training facilities for the nursing profession and take full advantage of the experience gained by women in the profession of nursing.

It is, therefore, interesting to note that a subject proposed for discussion and action at the next Assembly meeting will deal with the training of nurses and other auxiliary health personnel. Material prepared for this discussion will propose the possibility of WHO giving assistance to individual countries in the establishment and development of schools of nursing, midwives, medical assistants, and other auxiliary personnel. Training of health personnel must be aimed at meeting the needs of the people, and this should be correlated with the needs of the specific country.

There are many reasons why we Americans wish to assume a large share of the responsibility for helping other peoples. The people of the United States have become established in the minds of the peoples of the world as humanitarians. Basically I think this is true, since it stems from the fact that our democratic way of life has taught us to think in democratic terms and to act according to the good-neighbor policy as practiced in the communities in which we live. Daily we are seeing and hearing more and more about the deplorable health conditions of other nations. Our horizons have broadened and our humanitarianism forces us to offer a helping hand.

It also can be said that the people of the United States are internationally noted for being practical. One evidence is the extent that we wish to be protected from invasion of our shores by disease.

In addition to protecting ourselves from disease by eradicating it at its source, we are helping to lift the level of world economy through the strengthening of world resources in effective manpower. A fundamental basis of the modern hope for a better world lies in general economic improvement, which is essential if all men are to have the food they need and the goods and commodities which lift the dreariness of primitive life. The production and active exchange of goods visualized must be predicated on effective manpower. There are resources essential to our economy that the United States has never contained in quantity—minerals and metals, for instance, that have singular and useful properties.

A large part of the raw materials that the United States requires lies under or is grown in the earth in areas which are zones of disease. Since we must count so heavily upon the products of these underdeveloped and diseased areas, their inhabitants, for our own sake as well as theirs, cannot remain underdeveloped and diseased. If technical and scientific skill can be brought to these areas, the people will be able to produce or extract or grow their
special materials in greater volume and with greater steadiness than they can now. I am sure these were some of the considerations which helped to form the basis for Point 4 stated by President Truman on Inauguration Day.

As to Point 4, I prefer to quote from the President's address since his words express so clearly his thinking and his feelings.

We must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas.

More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas.

For the first time in history, humanity possesses the knowledge and the skill to relieve the suffering of these people.

The United States is preeminent among nations in the development of industrial and scientific techniques. The material resources which we can afford to use for the assistance of other peoples are limited. But our imponderable resources in technical knowledge are constantly growing and are inexhaustible.

I believe that we should make available to peace-loving peoples the benefits of our store of technical knowledge in order to help them realize their aspirations for a better life. And, in cooperation with other nations, we should foster capital investment in areas needing development.

Our aim should be to help the free peoples of the world, through their own efforts, to produce more food, more clothing, more materials for housing, and more mechanical power to lighten their burdens.

We invite other countries to pool their technological resources in this undertaking. Their contributions will be warmly welcomed. This should be a cooperative enterprise in which all nations work together through the United Nations and its specialized agencies wherever practicable. It must be a world-wide effort for the achievement of peace, plenty, and freedom. . . .

The amazing thing about the Point 4 concept is that it is so far-reaching, and yet the coin is knowledge rather than dollars. Also it can prove that, in opening up new territories that never had a chance to enjoy free institutions, democracy is an effective way of life.

Although WHO is financed by funds from its member nations, the United States is assuming the major responsibility for financing WHO, as it is for financing the United Nations and other specialized agencies other than WHO. The budget for WHO's first year of operation was 5 million dollars; the United States' portion of this was 38 per cent. The program now being drawn up for discussion at the second Assembly meeting in June estimates that the 1950 budget for the regular operating program will be around 8 million dollars; however, a supplemental budget of technical assistance will be proposed for an estimated 9 million dollars.

Governments will be invited at the second Assembly to make additional contributions for the supplemental budget. It is to be hoped that the United States can make a generous contribution to this budget. The WHO offers so much for so little. Literally, then, the total amount is small. This can be seen by comparing WHO's estimated operating budget for 1950 of 8 million
to the budget of Ohio's State Health Department for one year. Last year, for
eexample, the Ohio budget for the fiscal year was approximately $7,750,344.85.

WHO's proposed supplemental budget would finance an operating pro-
gram of advisory and technical services which will include a broad training
program of health personnel as well as an extensive program of health
demonstrations. Demonstration areas are defined as an entire county or dis-
trict typical of conditions in a region. In a demonstration area program, all
available resources are poured into the area to show how disease can be effec-
tively prevented or controlled and the entire living standards of the popula-
tion improved at a relatively low cost through complete collaboration.

The proposal for demonstration programs has been proved worth while
by several of these demonstration projects. I would like to tell you about
the one done in Greece.

In 1946, the first nation-wide campaign against malaria with the use of
DDT took place, and led to spectacular results. It was started by the Greek
government with the technical and material assistance of UNRRA. Seven
hundred thousand houses were sprayed with DDT by hand, and 96,000
acres of malarious swamps from airplanes. The results brought an immediate
decline in the death rate. Blackwater fever too declined, and no new cases
were reported from areas where the disease had previously existed. The 1947
campaign was carried out by the Greek government under the direction of
the Athens School of Hygiene and the Interim Commission Field Mission.
Every community in Greece in the malaria-endemic area has been protected.

A typical example of the impact of disease on agricultural production is
reflected in the results from this program. During the first year after the
WHO program was in force, one village showed a 20 per cent gain in agricul-
tural output, and during the second year production rose 40 per cent.
Before the program started, rice could not be planted within a mile and a
half of villages because the fields bred malaria mosquitoes. Now DDT, by
eradicating the mosquitoes, makes possible the increased output of rice. The
yield of olive trees has been increased by 25 per cent owing to the DDT
destruction of the Dacas fly. Malaria completely incapacitates an average indi-
vidual for thirty days out of the year, and reduces his productive capacity
at least 33 per cent and often as much as 75 per cent. The decrease in malaria
achieved through this program alone has saved Greece more than 30 million
man-days a year for agricultural production.

United States participation in WHO calls for taking the leadership in other
respects besides budget. In addition to being the production line for technol-
gists, official and private organizations alike have much to offer to the WHO
program.

Our mass production of technologists and drugs and our methods and tech-
niques for control have helped to prove the effectiveness of WHO's coopera-
tive program. As an illustration, a little over a year ago, millions of cubic
centimeters of cholera vaccine and blood plasma, together with thousands of
syringes, needles, and other medical supplies, were unloaded at Cairo's airport from international transport planes. These were the outward signs of teamwork among the nations fighting an epidemic which threatened not only the people of Egypt but also Egypt's neighbors in a world grown too small for indifference toward disease or ill health anywhere.

This is the work WHO is doing.

Since what we see and hear about the World Health Organization during the interval between its annual meetings is sporadic, it is well to remember that WHO, through its daily functions, is bringing us closer and closer to our basic economic security and that long-desired world peace. The long-range program of WHO is directed toward putting the people of all nations together right. If we can but succeed in putting the men of all nations together right, the world may stay right.

PRESENTATION OF THE MARY ADELAIDE NUTTING AWARD
TO ANNIE WARBURTON GOODRICH

ELIZABETH S. BIXLER, R.N.

Tonight we honor our beloved Annie Warburton Goodrich.

It is my great privilege, in the name of the National League of Nursing Education, to present to her, in absentia, the Mary Adelaide Nutting Award. This medal is but one bit of tangible evidence of our recognition of her "outstanding leadership and achievement in nursing education." Perhaps the more meaningful evidence lies in the minds and hearts and actions of all those who have come under her influence, and who are carrying on in their own teaching an appreciation of the scientific knowledge, the technical skills, the social awareness, the philosophy of nursing as a great social force, as exemplified by her. At the Post-Graduate, St. Luke's, New York Hospital, Bellevue, the New York Education Department, Teachers College, Henry Street, the Army School, the Yale University School, the Institute of Living, and as chairman or member of innumerable committees of the League and of state, national and international organizations, she has put into effect her ideas—far-seeing and visionary but, as proved in the passing of time, eminently practical.

Her span of life covers the history of nursing in these United States. Her influence has been felt around the world. She has laid the firm foundation for nursing of the future.

We revere her for her wisdom in matters great and small. We love her for her wit and humor which make lighter seemingly oppressive problems. We salute her as our Dean of Nursing, and present this award with gratitude for all that she has given to us.
PRESENTATION OF THE MARY ADELAIDE NUTTING AWARD
TO MARY M. ROBERTS

LOUISE KNAPP, R.N.

It is an honor to be asked to present the Mary Adelaide Nutting Award of the National League of Nursing Education to Miss Mary May Roberts. The occasion of an award gives us a chance to review the progress of nursing as it is reflected in the achievements of an individual. We are proud to have tonight an outstanding member of the profession to receive the award. Miss Roberts' professional career has spanned a period marked by significant changes in nursing. After her graduation from the Jewish Hospital School of Nursing in Cincinnati, she had many positions of responsibility which gave her an intimate knowledge of different sections of the country and many kinds of nursing. She studied at Teachers College, Columbia University, and received her Bachelor of Science degree in 1921 with a major in Nursing School Administration.

Immediately following this, she took up her duties as Editor of the American Journal of Nursing. Under her wise guidance, the Journal has become larger and better. The information is so timely and practical that it is read, enjoyed, and used by thousands of nurses. She has never withdrawn into a writer's cell, but has shown in countless situations her clear thinking and her ability to work with others and to harmonize differences. She has been an active member of local, state, and national leagues, and was a trustee of Teachers College. She has served effectively on many committees.

She organized and directed the Nursing Information Bureau of the American Nurses' Association to supply information about nursing to members of the profession as well as lay groups. Her earnestness and deep concern in the welfare of patients and the provision of adequate nursing care are apparent to anyone who meets her. She has been an inspiration to many nurses and has, by her example, encouraged them to participate in community effort in the promotion of health and care of disease.

Recently, it has been said that a doctor who treats a patient is not really responsible for the patient's recovery. All the doctor does is apply the information discovered by many scientists to his particular patient. In this sense, Miss Roberts' work is vital to each one of us for she gathers information, serves it to us in the Journal, and so provides us with the information necessary for adequate care for the individual patient or for solving community problems.

It is fitting that the award is given to one who has crowded so many achievements into her professional life.
Response of Mary M. Roberts to the Presentation of the Mary Adelaide Nutting Award

When I came out of Teachers College, the only thing I was tempted to do was to edit the *Journal*. I've been tempted to do it ever since. World War I had created opportunities in nursing very similar to those of the present postwar period. Any nurse with special preparation could choose from a wide variety of positions in schools of nursing or in public health nursing.

Morning Session

Tuesday, May 3—9:00–11:30 a.m.

(Combined Program of the Association of Collegiate Schools of Nursing and the National League of Nursing Education)

Planning is a Professional Responsibility

Presiding: Elizabeth S. Bixler, R.N., President, Association of Collegiate Schools of Nursing

Speakers:

Maurice F. Seay, Ph.D., Dean of the University, University of Kentucky, Lexington, Kentucky

Helen C. Goodale, R.N., Secretary, Joint Committee on Implementing the Brown Report

Katharine Faville, R.N., Dean, College of Nursing, Wayne University, Detroit, Michigan

Some Principles to Guide National Planning for Professional Education

Maurice F. Seay, Ph.D.

I. Planning for a profession should be based upon a knowledge of the kind of a world in which the profession is to serve—the kind of international world, national, regional, state and local.

May I give some characteristics of our world which impress me as I think of this topic. Remember that I am only giving a few characteristics and that I know you will think of others more important to you.
1. Change is an obvious characteristic of today and an inevitable characteristic of tomorrow—the rapid, dramatic changes of a supersonic age. Normal times are always in the past. We speak of the return of prewar conditions, of the coming again of the "good ole days," but we fool ourselves. History does not necessarily repeat itself. Today will be the "good ole days" of tomorrow. Each day, each week, each month and each year has its crises.

2. Along with sudden and dramatic changes, our world is also characterized by controversy—controversy in all phases of our life: political, social, economic, scientific, religious. We have not learned how to live together in peace. We find controversy even in the everyday problems of life. My friends argue with considerable feeling about the kind of radio which one should buy—standard band, FM band, or television. My friends who are politicians or who are political scientists argue about the kind of government which we should have—what kind of a deal do we want, the new deal, the fair deal or no deal at all.

Yes, controversy is a characteristic of our world.

These two characteristics of our world—controversy and change—are negative; they cause us to worry. And I could list more. Let me now give you two positive characteristics of our world.

3. Our world is a beautiful world and its beauty does not have to be bought—it is free to all. Remember the Psalmist's words, "The heavens declare the glory of God; and the firmament sheweth His handiwork." And do you know the real meaning of the song we sing so often: "I love thy rocks and rills, thy woods and temples hills. My heart with rapture thrills like that above."

Now the world's beauty is not confined to natural resources. There is beauty in human relationships—the relationships between student and teacher, between nurse and patient; there is beauty in the play of children; there is beauty in the worship of youth.

Yes, our world is a world of beauty.

4. Our world is one of mystery and unexplored areas—full of adventure and romance. We too frequently hear that there are no more frontiers, no new worlds to conquer. Why, my friends, two hundred years from now the history books will describe 1949 as part of the Dark Ages, so great will be the discoveries that are to come.

Those today who think we're so smart should look at our unsolved problems; those who think possibilities for adventure are all gone should make a list of things we haven't learned how to do. Here are some "simple" ones:

(a) We don't know how to prevent accidents on highways or in homes.
(b) We don't know the best way to raise money for education or the church.
(c) We in Kentucky have a great college of agriculture, but we don't know how to kill wild onions.
(d) And we don’t know how to keep boys from sowing “wild oats”—particularly in the spring.
(e) We don’t even know how to make fish bite; at least, I don’t. Why is it the fish were always biting the day before I got to the lake?
(f) We don’t know how to predict an election—faces red last fall.
(g) We don’t know how to predict the results of a basketball game.
(h) We don’t know how to prevent a cold, and some of our particular remedies don’t always work.
(i) We don’t know the best method of curing tuberculosis or cancer.
(j) We don’t know how to govern our communities so that these murders are no more.

Yes, my friends, our world is full of mystery and possibilities for adventure, and romance of achievement. The theme of this meeting, according to your program, is “Planning Is a Professional Responsibility.” I am suggesting in this first principle that all of the planning be based upon a knowledge of the world in which your profession is to serve.

II. My second principle is that leadership in the planning of professional education must recognize the necessity for an understanding of democracy and of the use of the democratic method.

1. From de Huzar’s delightful book, Practical Applications of Democracy, we learn of three types of democracy.

   (a) Talk-Democracy—Just a lot of words; beautiful theory—no practice. Many wonderful ideas have been drowned in words.

   (b) Don’t-Democracy—Forbidding this; prohibiting that; restricting these; limiting those. The key words are “Forbidding, prohibiting, restricting, limiting.” The big word is “Don’t.”

   (c) Do-Democracy—Doing things. The key word here is participation. Doing things! This is true American Democracy.

2. I like to think of democracy as a belief in people; a belief that people will themselves, if free and informed, find the best answer to their problems.

   So, as I see it, leadership finds ways of keeping people free to participate and gives people information that makes them competent in their participation.

3. The democratic method within a profession leads to genuine cooperation—cooperation among the various groups of a profession.

   In the literature of your profession, I notice you use the “Team approach,” meaning the cooperative effort of those responsible for medical and health care. May I quote from A Program for the Nursing Profession by the Committee on the Function of Nursing.¹

In the present context, the word "team" pertains to the systematic cooperation of a self-directing group of individuals in the performance of certain tasks, each of whom has a job to do and knows how to do it, whether independently or under supervision. The members of the team have a sense of responsibility toward each other and toward the outcome of their efforts. Specifically, we refer to a number of associates, all subordinating personal prominence to the efficiency of the whole. The direction of the team comes from within, from its members.

4. Kipling has given us a beautiful statement showing how we gain strength through cooperative effort or through the democratic method.

Now this is the law of the jungle,
As old and as true as the sky,
And the wolf that shall keep it shall prosper,
And the wolf that shall break it shall die.
As the creeper girdles the tree trunk,
So this law runneth forward and back,
The strength of the pack is the wolf,
And the strength of the wolf is the pack.

5. Maybe it is appropriate for me to remind you that the democratic method is not a process for getting our own way. I have observed that in the teaching profession frequently when groups are dissatisfied because they do not get what they want, they clamor for the democratic method. What they really mean is that they want to have their way. The democratic method is a process of compromises and, if you are unwilling to give as well as to take, you will not succeed in the cooperative efforts between groups of your profession.

III. The third principle to guide national planning for professional education is that we must give more emphasis than formerly was given to the general education of those who are to enter a profession.

1. The importance of this third principle is immediately recognized if you agree with the first two principles which I have discussed. In order to understand democracy and the democratic method, general education must be expanded and improved. It seems to me exceptionally appropriate that I emphasize this now at a time when we are inclined to give emphasis to specialization, forgetting that people cannot follow their speciality if they do not have at the same time a sound general education.

2. In a world characterized by sudden changes, by controversy, by beauty, and by opportunity for discovery, our professional people must have adaptability.

It is in general education where the ability to adapt is learned.

IV. My fourth principle to be observed in planning for professional education is that we should use all the facts which we can secure as to supply and demand within a particular profession, but we must be sure we understand the facts and interpret them correctly.

1. National figures are often misleading. The average situation may be reasonably good, but one should remember in statistics 50 per cent are below
the average. The fact that the situation with respect to a profession is good in my home town of Lexington does not guarantee that the situation is good in a mountain county of Kentucky.

What I am trying to say is that a profession has an obligation to be concerned about those regions of our country which are far below the average in professional services.

V. My fifth principle is that inservice education is always essential since it is impossible to complete one's education today for life tomorrow. One of the characteristics of a real profession is that the profession maintains for its members an adequate program of inservice education.

VI. My sixth principle is that service will be the reward you will prize most of all in your profession.

1. He profits most who serves best—Rotary

2. My college buddies who went out after money are the unhappiest of my class.

3. In the 20th chapter of Acts we read, "Remember the words of the Lord Jesus how he said, It is more blessed to give than to receive."

4. And in the Sermon on the Mount, Jesus said, "And whosoever shall compel thee to go a mile, go with him twain."

An engineer explained this statement: The Persians began the custom of compelling a traveler, when he reached a post house (toll house), to return to the last post house with a message if the King's representative said so. Jesus advises us to do more than custom demands, to go the second mile voluntarily!

As you think about planning professional education, I suggest you ask the question: What service is to be rendered in this kind of work?

I have discussed six principles to guide national planning for professional education. I believe they apply to nursing education. They are:

I. Planning for a profession should be based upon a knowledge of the kind of a world in which the profession is to serve—the kind of international world, national, regional, state and local.

II. Leadership in the planning of professional education must recognize the necessity for and understanding of democracy and of the use of the democratic method.

III. More emphasis should be given to the general education of those who are to enter a profession.

IV. All the facts as to supply and demand should be used, but we must be sure we understand the facts and interpret them correctly.

V. Inservice education is always essential since it is impossible to complete one's education today for life tomorrow.

VI. Service will be the reward you will prize most of all in your profession.
In a recent issue of *Time Magazine* there was a sentence which read something like this: "The American businessman is the planningest creature to appear since Noah, unimpeachably advised, built, stocked and sailed the Ark." I would like to take exception to this, or perhaps suggest that as nurses we have not made *Time* aware of our potentialities for planning! A quick glance at the agenda for nurses' meetings, an eye sweeping across the desks of directors of nurses, a casual conversation with general staff nurses, a glimpse into any senior student's notebook. What do we find? Plans! I have a few myself, and I might add that they never did include being on this platform addressing all of you. However, when I was asked to discuss this topic I was glad to accept the opportunity, for it has many challenging aspects.

Clarification of a fundamental issue involved in national planning for nursing and nursing education may help us in our thinking. First, who is to do this planning? Not the Joint Committee on Implementing The Brown Report alone, not the National League of Nursing Education, the Association of Collegiate Schools of Nursing, the American Nurses' Association, or any of the other equally important nursing organizations. You are going to help do it, you individually and collectively. The task is not easy, the goal is not in sight, but the potentialities for exciting experiences and personal growth are legion. Are you a good salesman? Do you have a persuasive way about you? Can you interpret your profession to other citizens in your community? Are you a dreamer? Do you believe that opportunity "lies just around the corner"? There is a role for each and everyone of you in this drama, Nursing for the Future.

Dr. Brown, in her masterful report, has paid tribute to the accomplishments of nurses in the past, but also has pointed out that in the future we must meet the needs of society in a more comprehensive fashion. How is the profession to know what the needs of society are? To be fully aware of these is a responsibility of the planners. They will not be discovered solely by reading great tomes on modern civilization, by diligent research in the files of famous social scientists, by detached discussions on an abstruse level. The needs of society are evident all around us in our everyday living if we will but notice them. One which we are well aware of is the cry for additional resources for the maintenance of the health of the nation. Newspapers, magazines, books, radio programs, and even television broadcasts are emphasizing this fact. This is not a new idea to the profession, but such widespread recognition of a definite social need provides a golden opportunity for us to capitalize on the interest generated, and, even more important, it charges us with the necessity of directing this dynamic interest into constructive channels which will answer the need and at the same time preserve the hard-won gains of our pioneers.
Deft handling of the conceit of mankind can work miracles. Have you ever experienced having one of your pet ideas rebuffed by a hospital administrator, only to see it emerge, veiled in different words to be sure, as the *sine qua non* at the next meeting of the Board of Trustees, whereupon you devote all your efforts and energies toward carrying out the *new* idea? Or are you one of those who goes to a new hair stylist who guarantees to make you beautiful and when he begins to arrange your hair in a new fashion says, "Not that way! I've always parted it in the middle!" So you come out, disappointed, looking the same and convinced that that man doesn't know his business.

Now, admittedly, we do want help and suggestions as we proceed with our planning. Let's be open-minded; let's invite opinions from varied groups of people. Try gathering together the socially minded citizens in your community and presenting them with the facts on health services in their town, outline the points on which you need advice and counsel, and let them put their collective brains to work. Be appreciative of their suggestions, try some of them out, and report back the successes and failures. Show your willingness to be venturesome, to try an uncharted path! You may come out with a plan that will so greatly improve health care that it can serve as a model to other communities. When a student, a little more self-confident than her classmates, says, "Why do we struggle to make all the beds before ten o'clock in the morning?" do you answer, "It's always been done that way!" Or do you find out why she is asking the question, what other ideas she has about the way she is practicing nursing? Students are astute beyond belief sometimes. Are we agreed then that all who are interested in the health of the country will take part in planning for nursing and nursing education?

When the nucleus of the Committee on Implementing The Brown Report held its first meeting in September 1948, there was considerable discussion about the implications in the Report and there was agreement that the profession was embarking on a long-term program for the improvement of nursing service and nursing education. A tentative forecast of the initial phases of activity included dissemination and interpretation of the Report during the first year, coordination of plans during the second year, and initiation of plans during the third year. It was recognized, of course, that there would be changes in the time table as our society is not a static one.

However, let us review briefly the evidences of wide distribution and discussion of *Nursing for the Future*. To date over 17,000 copies have been sold and permission has been granted to print a Swedish edition. Nurses have discussed the Report before several state medical associations. Several states, some through their universities, have held work conferences on the subject, and others are planning to hold such conferences in the near future. A regional council of several southern states pondered intensively for two days the pros and cons of Dr. Brown's book and in the end set down constructive recommendations which will guide the states in their efforts to improve nursing in that area. The national Committee on Implementing The Brown Report
has had its experience with a conference, too. The W. K. Kellogg Foundation sponsored a National Nursing Planning Conference at Battle Creek, Michigan, for five days in January. There were twenty-one nurses present, ten of whom were members of the Committee in addition to consultants from the field of higher education and members of the Foundation staff. It was a stimulating conference and a work conference in every sense of the word. Recommendations emerging from it have been a major factor in guiding the continuing activities of the Committee.

In general these recommendations covered several areas. Suppose we examine some of these areas briefly in order to estimate the scope our planning must cover.

First, university education. There are at present some ninety-odd basic nursing courses under university or college control. This represents about 8 per cent of the 1,215 state-accredited schools of nursing and falls far short of the dreams envisioned in the illustrious Goldmark Report. To raise nursing to a higher peak in professionalism we need to strengthen the academic structure of our schools. We should like to see more basic nursing schools set up as autonomous departments in universities. But herein lies a great hazard. Just to link one's name with a university or college does not guarantee academic respectability or insure a sound educational basis for nursing students. There must be complete understanding of the responsibilities involved in planning a well-balanced curriculum, both academic and clinical, and the benefits to be derived from such an association, in addition to provision of adequate finances for such a program.

If we had the power ascribed to magic wands and, tomorrow, should find in our hands millions of dollars ear-marked for the establishment of university schools of nursing, we would still find our hairs turning gray. Why? Because we would not have enough well-qualified faculty to staff such schools. That brings us to another phase of university responsibility, the establishment of more advanced programs for graduate nurses in order to insure a continually increasing supply of highly qualified professional nurses prepared to assume leadership and accept positions of great responsibility.

There is need for still another type of program in the university, one which may be called "supplementary" and which provides the general education component as well as all additional experience needed to prepare nurses for first-level positions in hospitals and public health agencies. The value of further study beyond the three-year course does not lie solely in the magic of obtaining a degree, but rather in the personal growth which results from continued study of other fields so closely related to nursing, such as sociology, psychology and philosophy. More than the attainment of a degree is offered you. You become the possessor of tools which will enable you to practice your profession with a greater depth of vision and understanding.

Our next area relates to hospital schools of nursing. They are in the spotlight now as never before. Their contribution has been great in the past, and
will continue to be so for a good many years. But we must also be realistic and face the fact that some of them are not schools in the true sense of the word. Their graduates are handicapped and suffer personal frustration, which in some instances may lead to psychic trauma, besides which their patient care may be of very poor caliber. Schools with extremely small registration are operated at an economic loss and the faculty, sometimes consisting of only one to three members, is completely overwhelmed. Careful study and evaluation of programs in hospital schools of nursing is one step in the regional planning of educational facilities. It is a responsibility which each of you must share.

No discussion of nursing today would be complete without recognition of the great service rendered by the practical nurses; and we foresee that they will be an even more important part of our picture of nursing in the future. Therefore we shall need many more schools for practical nurses and candidates for these schools. We must accept them openly as valuable members of the nursing team and offer our staunch support in efforts to raise the standards of practical nurses. Lip-service will not be enough; positive evidences of our willingness to work with them must be forthcoming. And their social status must be one of dignity and respect.

Facilities for clinical and field experience are a "must" for the preparation of all members of the health team. Do these need to be considered as designs in the national pattern? By all means! Many kinds of experience contribute today to the well-prepared nurse. Psychiatric hospitals, well-baby clinics, rural communities, nursery schools, to mention only a few, are types of facilities that are not yet fully utilized. This may be due partly to the fact that we did not recognize their values earlier, but also it may be because, again, we have lacked supervisory staff in these agencies. Textbook pictures of cases are never as meaningful as the actual experience of caring for patients. Therefore we must make optimum use of all available facilities. In our zest for providing supplementary field experience for our graduate nurses we must not overlook the necessity of keeping some of the fields clear for students. An alert nurse, curious about her community, may turn up new possibilities. Group therapy classes, cancer detection clinics, Golden Age clubs. What an opportunity to observe interpersonal relationships firsthand! What vast potentialities for developing the art of inspiring confidence! What a rod for measuring one's emotional maturity!

And what a special something nurses can bring to these people! Perhaps we can revise our requirements, streamline our programs, and make better use of what is at hand. Who knows? Out of our efforts toward national planning may come a sounder way of recording clinical experience than the number of days one is on duty in a given unit. The hours of duty, types of assignment, length of stay vary so from learning situation to learning situation that the statistics we compile faithfully year in and year out are not indicative truly of what our students know.
This points up the need for research in nursing. Innumerable projects are probably stirring around in your imaginations now, but surely to many of you the words "functional analysis" must be forming. Yes, that is one of the most urgent areas for research. It is one which will not be solved by one set of experiments and observations but which will need to be done in various regions of the country, in different frames of reference and by observing many kinds of workers. A pooling of the results of many functional analyses will be essential before final definitions of nursing and its functions can be formulated.

Does this discourage you? It shouldn't! Rather, let's get on with the job which has been delayed too long already! We need research in the use of "teams" in caring for patients. For fun and a real preview of what may happen put on a skit using a team. You will see your pitfalls before you try it out in a real situation. We hear considerable talk about reducing the length of the educational program in the three-year hospital school. Maybe this is a possibility, but first we must have experimentation, demonstration, evaluation, research! For years irrational and senile patients practiced early ambulation before it was accepted as good therapy, but after research on the subject early ambulation was acclaimed widely, and now try to get a rest in a hospital after surgery or childbirth! Just so, perhaps many of the schemes you have always wanted to try would be wise solutions to some of our nursing problems. But until they are tried out in a systematic, scientific fashion, written up, shared and substantiated, they are not helping nursing advance.

All research does not take place in the dark corners of a library, surrounded by dusty books. Several splendid bits of research have been performed by nurses in their actual working situations. The opportunities are many and your chance lies before you.

The areas of federal legislation and accreditation are going to be presented at later sessions of this Convention, so I will not discuss them this morning.

Our next area, then, is recruitment. This is a year-round job, not something that is carried on only during one week or one day of the year, although many communities emphasize the opportunities in nursing at certain specific times. Nor is your success in recruiting potential nursing students confined to the prepared speeches you deliver. When a prospective student comes to your hospital do you greet her with courtesy and a sense of warm friendliness? Or is she made to feel that she is intruding and interrupting your busy day? Does she go away from your hospital aglow with anticipation of the day when she will enter as a student, or is she confused and uncertain as to her interest in nursing? Successful recruiting also may depend upon how you talk about your profession in unguarded moments. As a private duty nurse your patient may ask you why you chose nursing. Do you answer, "I don't know" or do you tell him, with conviction, of the satisfactions
that you have found? When the daughter of one of your friends asks your advice about becoming a nurse, do you tell her in a few short sentences about how fine the profession is and then go into a lengthy description of your "aching back" and your "tired feet"? At a small dinner Sunday night Miss Roberts, who last night received the Mary Adelaide Nutting award, was asked to reminisce about her professional life. Without a moment's hesitation she remarked, "All I can think of are the funny things that have happened." What a wonderful philosophy to follow! We do have lots of fun along with our difficult times. When we are discussing our careers let's be fair and emphasize the good points and the fun!

Upon the individual relative success of each of you in interpreting nursing to the public will depend the kind of help, understanding, and support which the public will bring to nursing in the future. The task is before you; some of the areas have been brought to your attention today. The decisions as to what progress is to be made in the fields of nursing service and nursing education rest with you, not with a select group of women. All of you are select women, and the way is open for you to make a real contribution. Familiarize yourself with the needs of the profession, identify yourself wholeheartedly with the areas in which you are equipped to work, and then work!

In closing I would like to tell you about Charles Beard, the eminent historian, who after the publication of one of his books, was approached by his publisher who asked him to begin thinking about writing a book on the "Lessons from History." Beard was not interested, at that moment, in writing another book, but after many requests from the publisher finally stated that in his opinion the lessons from history were contained in the following four quotations:

"The mills of the gods grind slowly, but they grind exceeding fine."
"He whom the gods would destroy, they first make mad."
"The bee fertilizes the flower it robs."
"When it is dark enough, you can see the stars."

The picture in nursing has seemed dark, but now I see lots of stars, each and every one of you!

**Michigan Plans for Nursing Service and Nursing Education**

**Katharine Favelle, R.N.**

In order to bring the broad subject of planning down to a consideration of actual details, I have been asked to tell briefly about how the nurses in one state—Michigan—have gone about planning for the improvement of nursing education and thereby of nursing service throughout the state. I am sure that any one of a dozen states might have been selected for this purpose for many are engaged in state-wide surveys and are developing long-range plans. So,
we lay no special claim for our way being unusual—it's just an illustration of what has been begun.

Michigan nurses have always been fortunate in the constructive quality of the leadership which they have enjoyed. They have demonstrated to their own satisfaction, at least, that much more can be accomplished for the common good by working together than by each pulling her own way. They have long appreciated, too, the opportunity to work with representatives of other professional groups and members of the general public. The Detroit Council on Community Nursing was one of the first nursing councils to be established in this country, and for many years it has carried an active program. It has always had strong non-nurse membership; in fact at present all of the officers happen to be non-nurses. The Michigan Nursing Council for War Service was organized and accepted its responsibilities promptly at the beginning of the war. It was found to be so valuable that, at the close of the war, it was continued as the Michigan Council on Community Nursing, and then was merged into the Michigan Nursing Center Association when the Structure Study pointed out the advantages of such a centralized state organization. To work and plan together, therefore, has become a pattern well established in Michigan, and newcomers in the state are quick to feel the strength that results.

Several years ago, when the Murray-Wagner-Dingell Bill was being widely discussed, and the hospital construction act was being planned, the American Hospital Association pointed out the need for a nation-wide hospital survey to be done state by state. Funds for this were secured in part from the W. K. Kellogg Foundation, and as a result, Michigan was selected as a state in which to make an experimental study of hospital resources and needs. As this was discussed, it seemed to the nurses that any plans for increasing the number of hospital beds and for distributing them out into rural areas would need to include a plan for nursing care also. It also seemed to us that plans for nursing care should be a responsibility of the Michigan Nursing Council rather than of the State Hospital Association. Accordingly, the Michigan Nursing Council drew up a plan for a study of Nursing Resources and Needs in Michigan, securing funds from the W. K. Kellogg Foundation and the services of Mrs. Genevieve Bixler to make the study. A large committee was appointed to sponsor the study which later the State Hospital Association accepted as the nursing part of the over-all hospital study.

This nursing study brought to light little new information as such, but it did assemble pertinent information from many sources in such fashion that our resources and needs were pointed up on a state-wide basis, and we could see for ourselves the next steps that we must take in order to develop a program that would furnish more adequate nursing care throughout the state.

The Council had funds remaining from the study budget for a series of workshops for its members, at which the findings of the survey were studied and next steps planned. The recommendations of the survey fell into several
large classifications, and, for each of these, appropriate committees with nurse and non-nurse members were set up to follow through and take responsibility for action. The recommendations concerned the following:

1. Three university basic degree programs were already established in Michigan and each needed considerable strengthening. Several recommendations pointed to these needs.

2. Centralization of hospital schools around several university centers was considered desirable. Over half of the schools in Michigan are administered by Catholic Sisters. Most of these were already centralized into several large units, and in addition six nonsectarian schools secured instruction at one university. The study recommended that the few schools remaining outside one of these groups be helped to find a centralizing group, so that all of the thirty schools might be brought together into from four to six groups around colleges or universities.

3. Development of advanced clinical programs at one of the universities for the preparation of head nurses, instructors, supervisors, and so on, was recommended, in recognition of the fact that it would be impractical for the majority of the nurses to afford to study outside of Michigan.

4. A state-wide program of continuous staff education for nurses employed in hospitals throughout Michigan was recommended, to be set up under university leadership in cooperation with the Michigan League of Nursing Education. The State Department of Health, Bureau of Public Health Nursing, had for years established such an inservice program for public health nurses, but nothing had been provided consistently for hospital and school of nursing personnel.

5. A state-wide plan of practical nurse education to furnish well-trained practical nurses in sufficient number to secure good care for patients was seen as a necessity underlying every other need. Cooperation with the State Department of Vocational Education, which already had a small program under way, seemed feasible.

6. A plan was suggested for the smaller community hospitals whose resources were not adequate for conducting their own schools of nursing. In order that their clinical services might be utilized as a part of the total program, it was recommended that they be used either for rural affiliations for student nurses or as practice fields for practical nurse students in so far as it was practicable.

7. The great need for much improvement of the nursing care of the mentally ill was stressed.

8. The importance of a strong recruitment program for students for all of these schools was emphasized, as well as the strengthening of our counseling and placement programs.

9. Need for improvement of working conditions was discussed, and the relation of recruitment to personnel policies pointed out.
As you can imagine, this outline of our needs was a bit overwhelming, but we realized that our resources were equal to such a program if we were all willing to work together and work hard. For the following year it seemed as though most of our free time was spent in Council workshops or committee meetings. Since the W. K. Kellogg Foundation had been generous enough to finance the study, we felt a very real moral obligation to have it result in action and not just gather dust in bookshelves.

Each committee took a piece of the program, breaking this piece down into smaller projects and lining them up in the order of their priority. We were fortunate to have the continued interest of the staff of the W. K. Kellogg Foundation, and much helpful advice was secured from them to keep the various groups headed toward common objectives. The following progress can be reported; but, although we have been working for over three years, we have only made a beginning, and undoubtedly our activities will be pointed in this direction for many years to come.

Program for Practical Nurse Education

One of our most urgently needed activities related to our preparing enough well-qualified practical nurses so that they could actually affect the quality of patient care throughout the state. The Michigan Nursing Council, therefore, set up a committee to sponsor a project for the development of practical nurse schools throughout Michigan. Joining with the Michigan State Department of Vocational Education, funds were requested from W. K. Kellogg Foundation for a three-year demonstration and study. The National Association for Practical Nurse Education was permitted by W. K. Kellogg Foundation to join with the group in order that it might learn from the Michigan demonstration what might be of value nationally. After a year and a half we now have seven schools located over the state all established in public high schools. The State Department of Vocational Education gives administrative supervision; the Michigan Nursing Center Association conducts a state-wide recruitment program for students as a part of its total student recruitment program; and one of the universities was selected to develop the teacher training program. The Michigan Nursing Center Association keeps a strong committee advisory to the total program to see that all aspects are developed and that all knit into a strong over-all, united program.

We have learned that such a state-wide program can flourish only with the active interest, support and participation of the graduate nurses of the state, for it must be seen as a part of the total nursing program—not as a competing, different or separate program.

This is a principle that sounds simple, but is not. For unless all needs are analyzed and their relative values weighed, misunderstandings develop and competition can be keen. Recruitment programs for all types of students, unless coordinated, can result in great confusion to high schools. Also, the
smaller community hospital must be helped to make a wise choice as to the best way to use its clinical material—whether by student nurses in a school of its own, or by student nurses in a so-called "rural affiliation," or as practice for practical nurse students who live in the area. Unless the Michigan Nursing Center Association has an over-all plan that clearly defines alternatives and points out relative needs, confusion results. There is also the necessity for planning for placement; the Michigan Nursing Center Association must know how many practical nurses are needed in Michigan, where they are needed, and how they can be directed to fill those needs. Much more study is required here, which the Michigan Nursing Center Association plans to give during the coming year. The practical nurses themselves are organized into a state organization which is one of the five agency members of the Michigan Nursing Center Association. Their representatives on the Michigan Nursing Center Association Board of Directors have contributed helpfully to our group thinking, and their organization joins in financial support of the Michigan Nursing Center Association.

Program for University Education in Nursing

Here we have to consider two kinds of programs, those for basic degree and those for graduate nurse students.

Basic Degree Programs. Each of the three basic degree programs in Michigan differs from the other two in its strengths and weaknesses, but each institution has taken seriously the suggestions made in the Bixler report and each is making real progress. The Michigan Nursing Center Association is now calling a meeting with the presidents of institutions of higher learning in Michigan that have already developed programs in other types of professional education and have shown an interest in the education of nurses. Six of them are state-supported and two are privately supported colleges and universities. With them, we plan to discuss nursing education needs in the state and how best we can use the available resources to meet these needs. Again we want to avoid wasteful competition and to develop friendly constructive understanding that will make for progress toward a carefully coordinated state-wide plan. The presidents have all indicated their interest in attending this meeting and we are anticipating much help from them.

Graduate Nurse Programs. A Michigan Nursing Center committee was set up to develop plans for further educational opportunities for graduate nurses in Michigan. Money was secured from W. K. Kellogg Foundation with additional help from U. S. Children's Bureau for the development of advanced clinical programs, and the College of Nursing, Wayne University was selected by the Michigan Nursing Center Association since a major program in nursing education was already established there but needed much strengthening. The clinical nurse faculty thus secured then became available also for participation in a state-wide inservice program of workshops, insti-
tutes, and so on, as recommended in the Bixler study in order to meet the needs of nurses employed in hospitals throughout Michigan. Many of these hospitals are small, the nurses are fairly isolated, and few have inservice programs of their own.

This program has been developed and carried on in active cooperation with the Michigan League of Nursing Education, units of study being set up at the request of any group that feels need for help. Private duty nurses wanting help with newer nursing procedures, operating room supervisors, obstetric supervisors, clinical teachers of various types each have their own groups who meet according to their own desires—a day each month, or in longer periods once or twice a semester, coming together regularly to discuss their common problems. About one thousand nurses participated last year in this program.

Centralization of Hospital Schools

Several conferences have been held by the Michigan Nursing Center Association to consider this problem, and, while progress is slow, we know that every school has it in mind and is giving it consideration. Less than half a dozen schools now teach their own preclinical subjects, some of those not centralizing having made their own arrangements with local colleges. Two of our smallest schools have recently announced they will admit no more students.

Committee on Community Nursing Affiliations

Recently the Michigan Nursing Center Association appointed a committee on rural nursing affiliations, at the special request of one of the university schools that desired assistance in securing such opportunities for its students. The committee promptly changed its name to "community nursing affiliations" and now is busy setting up objectives and standards and surveying the state to learn what facilities are available both as relates to small hospitals and to adjacent community health services. In public health nursing, we have long pooled our graduate nurse student field resources and needs with the State Department of Health's Bureau of Public Health Nursing. The universities notify the Bureau of the number of graduate nurse students needing field experience, and the Bureau assigns them to community units according to the best interests of all concerned. A number of universities from outside of Michigan send students to public health agencies in Michigan, and all are expected to work through the Bureau of Public Health Nursing. We visualize a similar plan for administration of these community nursing affiliations for basic students. Instead of having each school compete with all of the others for facilities and dash around to make its own plans, we hope this Committee will develop a plan for helping us all to share what is available in the state. Also it is important that each hospital understand the total
possibilities and study the best use of its own facilities, balancing the con-
tribution made by professional versus practical nurse students since Michigan
needs the best opportunities for both groups.

Committee on Mental Nursing

The Michigan Nursing Center Association has worked along on this
problem without too much success. It secured a state Civil Service position
for a nurse consultant in the office of the State Commission, and we had it
filled with an excellent nurse leader for one short year. Since then, the posi-
tion has been vacant. Like all such institutions, our mental hospitals are
desperately short of qualified medical and nursing personnel. We have set up
a study of the nurses who, as students, have received an affiliation in psychi-
attric nursing, and we hope to interest more of these younger nurses in return-
ing to this service. We are also trying to keep an interest at state budget
time, hoping to secure increased appropriations for nursing service in these
hospitals. There is also the problem of the mental health clinics which are
being established and of what nursing has to contribute to these in case-
finding, case-holding, and follow-up of discharged patients. The public
health nurses of the state have much to contribute here, and also to the child
guidance programs which are being established.

We appreciate that the nurses working in our mental hospitals have proba-
ibly the most difficult work in nursing today, and that in the past they have
been fairly isolated from the rest of us, but we hope that the total situation
will gradually improve as the Michigan Nursing Center Association becomes
more successful in developing resources to meet these tremendous needs.

I have not enlarged on the success of the Michigan Nursing Center Associa-
tion itself, but it seems basic to all that we do—a federation of our five
state nursing associations—the State Nurses' Association, the State Organiza-
tion for Public Health Nursing, the State League, the State Industrial Nurses
Association, and the Practical Nurses Association. The Michigan Nursing
Council was originally the sixth member of the Michigan Nursing Center
Association but voted itself out of existence when it was seen to be no longer
necessary, since the Center Association itself assumed the functions previously
carried by the Council. The Michigan Nursing Center Association helps us
to plan as a group, to pool our funds for one state office, to avoid duplication
in committee activities, and to move united into new activities. This year the
staff added a well-qualified public information member to assist in interpre-
tation to the public of our total program. The Michigan Nursing Center Asso-
ciation itself has also joined with representatives of the State Medical Society
and State Hospital Association to form what is called the Permanent Con-
ference Committee, a group designed to study total medical care and health
needs of the state. This furnishes a good opportunity for further planning
and seems a useful device for clarification of programs and needs.
Recently we were chagrined to see ourselves described as a "debtor" state in the U. S. Public Health Service state study of nursing education reported in December Public Health Reports, and to learn what a poor showing our schools had made in the U. S. Public Health Service evaluation. We know that we have a tremendous amount to do if we are to furnish the people of Michigan with the amount and quality of nursing service which they need, and we know that our best efforts are but a beginning. There aren't enough of us, nor enough hours in each day, to accomplish all that we need to do, but we believe we do more than would otherwise be possible because we enjoy working and planning together.

Moreover, we think the approach to our problems, as advised by the W. K. Kellogg Foundation, is a good one. First, to study our state resources and needs—learn what we have to work with and agree upon our objectives. Then to get this information to our membership, nurse and non-nurse, and to break our problems down into reasonable sized projects. Next to assign responsibility for these projects to interested committees, but to keep a centralized control over their activities so that they all pull together instead of against one another.

Every once in awhile, we have had to stop and take stock, evaluating how far we have gone and what our next steps should be; otherwise, we get confused by the very multiplicity of our undertakings. Every effort has been made to interest the entire membership, not just the few "old faithfuls," in the program, bringing the younger nurses in to take an active part wherever possible. We have found that they contribute much with their fresh enthusiasm and viewpoint. And as we have worked more closely together and have come to know each other better, we have found ourselves liking each other better too; and much to our surprise we have discovered that while it keeps us more than busy, it actually is fun to work together in the Michigan Nursing Center Association and to work together for Michigan.

And why not make it fun! Our workshops frequently must be held on week ends so that everyone can attend, and when the weather is good, we often hold them at some camp where mattresses are apt to be lumpy but food and scenery are fine. Or, in the winter, we may come to Detroit so that the upstate nurses can sandwich in some shopping and a theatre or concert. We take time to tell each other what's new and interesting—who's up to what and why; we have coffee in the morning and tea in the afternoon, and try to treat ourselves as well as we know how. Michigan is a big state and many nurses feel isolated and alone. The Michigan Nursing Center Association has brought us together and helped us to realize that our problems are similar, and that we all have them; that far fields really are no greener than those near by, and that, if we each will work hard on our problems with a long-range plan in mind, the sum total of our accomplishments can be worth while. By pooling our successes in the Michigan Nursing Center Association, we make further success possible, for nothing succeeds like success,
and the fame of our strength spreads. We can point to many accomplishments that happened because of the respect which has developed for our group and the stand it takes on state issues. Although we began the Michigan Nursing Center Association as an experiment and for the past two years have voted to continue it from year to year until some better structure plan is evolved, I think I can say that some such plan is now considered essential in Michigan. It's the best way we have found to insure continuous improvement in the quality and quantity of nursing service for the people of Michigan and we like to think of it as the Michigan way.

**AFTERNOON SESSION**

**Tuesday, May 3—2:00-4:30 p.m.**

(Combined Program of the Association of Collegiate Schools of Nursing and the National League of Nursing Education)

**PLANNING NURSING EDUCATION TO MEET CHANGING NEEDS IN NURSING SERVICE**

*Presiding: Frances C. Thielbar, R.N., Treasurer, Association of Collegiate Schools of Nursing*

*Leader: Sister M. Berenice (Beck), R.N.*

*Speakers:*

- Margery Low, R.N., Instructor, and Katharine J. Densford, R.N., Director, School of Nursing, University of Minnesota, Minneapolis, Minnesota
- Marjorie Bartholf, R.N., Dean, School of Nursing, University of Texas, Galveston, Texas
- Mildred L. Tuttle, R.N., Director, Division of Nursing, W. K. Kellogg Foundation, Battle Creek, Michigan
A discussion of the role of public education in the preparation of the practical nurse logically cannot start with any other statement than that public education has had an almost negligible role in the preparation of any kind of nurse. It was not until about thirty years ago that educators began to recognize any responsibility for occupational training or even that the school should have anything to do with real life situations. With that attitude on the part of educators, nursing education grew up outside the public school. My only recollection of any recognized relationship was that girls were told if they were going to be nurses they should take Latin and chemistry and would have to graduate from high school.

Evidence of change is now at hand. We, of course, can expect that some people in public school groups and some people in nursing groups will resist any effort to bring together the public school and practical nursing on an extensive scale.

We are met here to discuss possible new relationships brought about by changing conditions and attitudes on the part of public school people and those in the nursing profession. Today these two groups recognize a common ground. Both are now concerned with a functional education that will improve the standards of living of millions of people.

Up to this point my discussion has been limited to the general phases of public education. Lest I leave the impression that public education has had no concern for the preparation of practical nurses, I want to cite certain accomplishments of the vocational program which is an integral part of the public schools.

About twenty-five years ago at the request of an organized group of practical nurses, a systematic program for the training of such nurses was established in the Miller Vocational High School in Minneapolis. Since that time this school has been supported in part from federal vocational education funds under the Smith-Hughes and subsequent Vocational Education Act. A similar school in Rochester, New York, has had a long history. This school was organized by people in the home economics education field and from the start enlisted, as is true in all programs, the help of professional nurses. In 1939, a training program for practical nurses was established in the Vocational Division of the Public Schools of Detroit, Michigan. This school was initiated at the request of the Detroit Nursing Council and is administered as a part of the trade and industrial education program. At the present time twenty-two states have at least one public vocational education program providing training for practical nurses. In all, there are about fifty classes graduating approximately eleven hundred practical nurses per year.
We recognize that this is a small beginning, but believe it to be of sufficient scope and to have been operating long enough to provide a wealth of experience upon which vocational and nursing educators can build a vigorous program for the future. To those who might ask why the program has not been more extensive, I call attention to the fact that the vocational education program as originally established by the Smith-Hughes Act in 1917 provided for training in only three fields—agriculture, home economics, and trades and industry. Obviously nurse training was not contemplated by the Act. However, as the need for training in more and more fields became apparent and certain similarities of the recognized fields and the new field were evident, trade and industrial education was interpreted to cover any field not clearly agriculture or home economics. Since practical nursing has many features in common with home economics it might be expected that nursing would be classified in the field of home economics. However, on the basis of the fact that nursing is a wage-earning occupation and in that respect similar to trades and industries, it was decided that federal funds appropriated for trade and industrial education could be used in nurse training.

In some states those in charge of training of registered nurses declared that such training was of less than college grade and asked the public schools to provide related instruction for the trainees, and such courses were paid for in part from federal funds. Neither vocational educators nor nurses, generally, have thought too well of this arrangement. Although there still may be a few such classes in operation, as the training of registered nurses becomes more universally recognized as professional education of college grade, such work in vocational education will have to be discontinued.

While public vocational programs for training practical nurses are reimbursable from federal funds and the need for training practical nurses has been recognized, there have not been enough federal funds to support an extensive program in addition to the programs for which the Acts were primarily intended. Then, in some cases, nurse organizations have opposed the public school program, and, in other cases, the schools have looked upon practical nurse training as an outsider.

Nurse educators and vocational educators now stand looking into the future. We are confronted with a critical need for thousands of practical nurses. We have in vocational education an instrument that has trained practical nurses but under presently available funds cannot do more than train a few persons in this field. We are now trying to add to the vocational program special provisions to do the job. H.R. 3894 and S. 1453 are identical bills in Congress. H.R. 4312 and S. 1679, the National Health Insurance and Public Health Bills, contain substantially the same provisions. If enacted these bills would enable the Office of Education to add a staff of nurse educators to promote and develop the program. Each state board cooperating in the program would do the same.
Provisions of the Bills

At first, consideration was given to the possibility of amending the George-Barden Act, which is in a sense an extension of the Smith-Hughes Act. It soon became apparent that a separate bill authorizing federal funds for training practical nurses was advisable not only to avoid legal difficulties but to give practical nurse training certain advantages peculiar to its needs. The bills now before Congress would give the new program the benefits of the established public vocational education program operating on the local, state, and federal levels. The administrative channels for vocational education are well defined, effective, and set for quick action on short notice. Vocational educators are at home in dealing with realities and are ready for action. They were ready in 1940 with a War Training Program that trained over eleven and a half million people for hundreds of different jobs by the end of the war. They then turned to training veterans by the thousands.

It was apparent in developing this bill that nurse and vocational educators would need to develop a terminology that would mean the same to all of us. We found the term "supervisor" connotes a different kind of position in the nursing field than it does in vocational education. Early drafts of the bill used the term "nurse technician" instead of "practical nurse." This was changed because the term "practical nurse," through long years of usage, has become associated in the lay mind with a very useful type of individual, and to avoid the lengthy explanations that might have to be made if the term "nurse technician" were used. It may be that, as the program develops and the position of the practical nurse evolves and its scope becomes more clearly defined, the term "nurse technician" will more exactly describe the occupation and be commonly used. Other terms such as "director," "coordinator," "clinical," "nurse educator," "teacher trainer," "technical" as distinguished from "professional" teacher training courses and others may need clarification. This word of caution is given. In discussions between vocational educators and nurses about the proposed project, let's be sure in all cases of apparent disagreement that we understand each other's language, even though the words sound alike.

You will be interested to know that the bills in Congress provide that nurse educators will have the major responsibility in the operation of the program. You will also note that a state cannot participate in the program until it has employed a qualified state supervisor of practical nurse education.

The bills provide that the program is to be administered at the local level by the local public school board, at the state level by the state board for vocational education, and at the federal level by the Office of Education. Policies would be formulated by the Division of Vocational Education with the assistance of advisory committees with members representing both the educational and nursing professions as well as others concerned.

In order for a state to participate in the benefits of the program under
these bills, it would be necessary for the state board for vocational education to submit a state plan for practical nurse training. It is an established practice that advisory committees participate in the formulation of these plans. Such state plans would be submitted to the Division of Vocational Education to determine conformity with the Acts and policies. These state plans would include the standards for the program and the conditions under which the work would be done. As with the other vocational programs, this one would apply only to programs under public supervision or control and to training of less than college grade. In particular, the plans would specify duties of teachers, supervisors, teacher trainers, and directors and qualifications for the certification of these; that only persons with experience in nursing would be eligible to enter teacher training classes; that state laws for licensing practical nurses would apply to the certification of such nurses and only courses meeting such requirements would be reimbursable from federal funds; that, in states where licensing laws do not exist, such standards would be set up in the state plan; that a representative advisory council of not more than ten nor less than six would be established, of which at least two of the members would be registered nurses. Federal funds could be used for salaries and travel of teachers, supervisors, teacher trainers, and directors, and for the travel of nursing students from the school to a hospital, if the hospital in which they get their work experience lies outside the community where the school is located; for instructional equipment and supplies; for costs of operation of necessary buildings, and for limited alteration of buildings; for promotion and recruitment of students and teachers, and for paying the cost of supervised practical hospital experience, under the supervision or control of the state board or local board of vocational education, in public or nonprofit private hospitals. This arrangement, whereby training on the job can be given in hospitals under other than publicly owned institutions, is not new to vocational education. Such cooperative programs are common in the fields of business and industry.

The present bills would authorize an appropriation of fifteen million dollars to be allotted to the states. Half of the amount appropriated in any one year would be distributed among the states on the basis of the ratio of their total population to the total population of the United States. For the first five years federal funds would be available for all costs of the program; thereafter, states and local schools would have to match on an ascending scale until there was matching on a dollar-for-dollar basis.

*Fundamental Principles of Vocational Education*

An understanding of some of the fundamental principles of vocational education should give you an idea of how the program would work. I have already stated that vocational education is a part of the total public education program. The Smith-Hughes Act recognized that persons receiving
vocational education should have a "well-rounded training," that is, training for citizenship, health, worthy home membership, and other attributes of complete living. Vocational educators look to the general educator to supply such training, but believe that such values also accrue from training for an occupation. An examination of the subjects taught in the practical nurse training programs now in operation will reveal that the programs provide some of these general values.

The first principle of vocational education, stated in terms of practical nurse training, is that such programs shall be based on and designed to meet society's needs for practical nurses and individuals' needs for training as practical nurses. In other words, practical nurse training should be established and maintained in accordance with occupational requirements, both as to numbers to be trained and the content of the training program.

The exceedingly popular bulletin, *Practical Nursing, An Analysis of the Practical Nurse Occupation* and the companion curriculum bulletin that have been worked out cooperatively by vocational educators and nurses and published by the Division of Vocational Education, Office of Education, would serve as the suggested basis of the instruction. Occupational analysis was developed by vocational educators as a means of insuring that the training would meet occupational standards.

This principle also implies a careful selection of the persons who would be admitted to training as practical nurses and the provision of systematic occupational information and guidance as a part of the training. It also means that administration at all levels shall, if necessary, recruit eligible persons for training.

The program would include placement service. The purpose of vocational education is to fit for useful employment. Vocational education loses its status as such if the trainees do not enter the occupation for which they are trained. Vocational education does not perform its full duty to trainees unless it performs follow-up services even after placement.

A corollary to this principle is that practical nurse training would make extensive use of the advisory committee which has been developed effectively in the field of vocational education. The bills now before Congress provide for such advisory committees. These committees would be composed of nurses, doctors, hospital administrators, educators, and laymen. It would be the function of these committees to recommend standards and to evaluate going programs. It is only through such committees that a training program can be kept in line with needs and trends.

A second principle of vocational education is that *practical nurse training shall be provided for those who need, want, and can profit by it*: those who have had no experience or training and who wish to become practical nurses; those who are employed as practical nurses and who attend classes for additional training; those who have been practical nurses but have not worked at it for some time and who enroll in classes for refresher training.
A school may conduct one or all types of classes. The duration of courses, the length of class periods, the proportion of classroom and practical experience, and the scheduling of programs would be determined by experience and research. Some groups, depending upon their experience and previous training in practical nursing, might need only a short, intensive one or two weeks' course; inexperienced, untrained persons might need nine to twelve months' continuous instruction; others might need merely a class period or two to train for some specific new technique.

A third principle of vocational education is that practical nurse training shall be provided with facilities and equipment comparable to that used in hospitals by practical nurses. This implies that training programs would not be established in communities where there were inadequate hospital facilities to provide the clinical training. Schools should provide training with every instrument and piece of equipment that a practical nurse would use on the job. This equipment should be the best obtainable. A constant study and recheck of facilities and equipment will be necessary for up-to-date instruction. In addition to the facilities and equipment, practical nurse instruction should be given under conditions which duplicate those in hospitals where the practical nurse will eventually work.

A fourth principle of vocational education is that supervisory and instructional personnel shall be qualified and competent registered nurses who have had some training for teaching. Such training might be secured under present auspices or in additional public educational institutions. State plans will be required to contain adequate standards of training and experience in the nursing profession for teachers and supervisors. This is necessary because vocational education carries training to the "doing" level. Vocational educators believe that a teacher cannot teach effectively to the doing level that which he cannot do skillfully himself and that a supervisor cannot supervise instruction effectively unless he has had experience in that field of instruction. Vocational educators believe that it is better to make a teacher out of a registered nurse than to try to make a registered nurse out of a teacher.

Training a person to be a registered nurse could not be a part of the vocational program, but training the registered nurse to be a teacher of practical nurse courses could be. The latter we call "teacher training." This professional training in how to teach would be provided by either the state board for vocational education or by colleges and universities or city boards of education whose program of teacher training would be approved by the board. It would be possible for nonpublic institutions to be so approved even though they would not be eligible to receive federal funds. It would be necessary for persons giving the courses in special methods of training practical nurses to be nurse educators. Other teacher training courses, such as the philosophy of vocational education, might be given by others.

It is important that teachers and supervisors should be provided with
inservice training and periodically given courses of advanced training both in the technical field of nursing and in the field of nursing education.

A fifth principle is that a continuing program of research regarding methods of administering, supervising, and teaching practical nurse training and related subjects and the content of such subjects is necessary. Such research should be the basis of continuous planning and appraisal of going programs. Much of such research would necessarily have to be cooperative ventures of the nursing and educational professions.

BROADENING THE BASIC CURRICULUM TO MEET TODAY'S NURSING NEEDS

RURAL NURSING

KATHARINE J. DENSFORD, R.N., and MARGERY LOW, R.N.

In these days of democratization of opportunity of all kinds and in this month when public attention centers on President Truman's presentation to Congress of health legislation, it is timely to consider movements in nursing which reflect the trend. "All the people all the time" is a slogan of our era. Among the aspects of expansion in the nursing profession which embody this spirit is that of rural nursing.

The expansion of nursing in this field traces its beginning back to prewar interest. Over ten years ago the values of nursing experience in rural areas for students in basic nursing were being discussed and evaluated. In rural states such as Minnesota, graduate nurses in small rural hospitals were already becoming too few in number to maintain a high standard of patient care. With the advent of war and the resulting call of nurses into military service, the situation became acute. The faculty in the state University of Minnesota School of Nursing felt a responsibility for providing graduate nursing service in rural areas. It was felt that in the rural community lay a rich source of experience for students of nursing. If, by utilizing this experience, the student could also find that she wished to return to the rural area as a graduate, two objectives would be reached by one route.

Therefore, in 1943, the University of Minnesota School of Nursing, assisted by federal funds, planned and carried out an experiment in rural nursing for its basic professional students. The instructor, Mabel Larson Roach, in cooperation with the faculty, carried through the plan, using concurrently two small hospitals in rural areas. The three-month experiment utilized two six-week affiliations in each hospital.

The success of the experiment was so great that, with the coming of the U. S. Cadet Nurse Corps, it was converted into a senior cadet affiliation, administered by the Minnesota State Board of Examiners of Nurses. Five
rural hospitals and most of the schools of nursing in the state participated in the senior cadet program.

The end of hostilities and the return of nurses from military service found rural hospitals having even more difficulty in securing graduate nurse service than did urban hospitals. A common misconception was that rural hospitals paid smaller salaries and that their equipment was often scant and obsolete. Graduate nurses who as students had found that this was definitely untrue and who had also experienced the satisfactions of working in smaller places returned to rural communities.

Thus, as the termination of the U. S. Cadet Nurse Corps approached, the Minnesota League of Nursing Education, the University of Minnesota School of Nursing, and the rural hospitals made plans to carry on a rural nursing program. With the help of funds from the W. K. Kellogg Foundation, the following two-point program was developed. This program is now in operation.

On the graduate nurse level, the University School of Nursing offers an advanced clinical curriculum for the preparation of instructors in rural communities. This program includes classes and field work in rural situations and leads to a Bachelor of Science degree.

On the basic nursing level, the University School of Nursing provides the instructor who, as a part of her function in developing the practice field for graduate nurses, gives guidance to the basic program. She does this through such activities as conferences with personnel of participating agencies and planned visitation to rural communities.

At present five urban schools of nursing and three rural communities are participating. The program has the approval of the Minnesota State Board of Examiners of Nurses, and each rural hospital is approved by that Board for student experience.

Criteria for the community including the rural hospital have been set up. The community must have demonstrated its interest by establishing an advisory committee for the program. There must be available a public health program in which qualified public health nurses are employed who may assist in guiding student experience. There must also be available for this experience doctors’ offices, health clinics, farm organizations, social welfare agencies and religious, social and cultural facilities.

The rural hospital must have a daily patient average of not less than 30 and not more than 100. It must be approved by the American College of Surgeons. Though without its own school of nursing, it still must provide a full- or part-time instructor for the students.

Before students have rural nursing experience, they must have completed their basic work in medical and surgical, operating room, maternity, and pediatric nursing. The curriculum, therefore, is built upon this basic knowledge. It provides a minimum of four hours of class and one field trip per week. Often the student has more than the minimum.

The first ten hours of class are spent in orienting the student to the com-
munity including the hospital. Before the student leaves her home school she is given one hour of this orientation by the instructor from the University. In the rural area the local instructor completes the orientation which includes an introduction to the community and to the hospital, its policies, personnel, and departments. This orientation includes a tour, sponsored by a civic group, of the town and surrounding areas.

Clinical experience is usually divided between care of medical, surgical, maternity, and infant patients. The student’s week, including classes and field trips, is the same as that of the local graduate nursing staff. Conferences with the instructor, head nurses, and doctors occur frequently.

The second ten hours encompass the nurse’s participation in community health facilities and community life. In the comparatively simple organization of the rural community it is possible for students to observe, and in most cases to participate in, the functioning of health and welfare agencies. It is also possible for them to become acquainted at firsthand with community problems, their possible solutions, methods of cooperation, and the challenge of work still to be done in the community. Communities vary, but the classes and field trips, planned to utilize learning experiences available in the area, follow a general outline. A suggested plan follows:

1. Protection of health of children through school nursing. Class and trip with school or county nurse.
2. Protection of health of the people of the country and state through federal and state health departments. Class with district health officer. Class with district advisory nurse. Class and field trip with sanitary engineer.
3. Individual care in illness, prevention of disease, and health education by the county nursing service. Class and trip with county nurse.
4. Assistance to individuals with financial and social problems by the social welfare agency. Class and trip with welfare worker.
5. Protection of community by isolation and care of tuberculous patients, with follow-up of contacts and discharged patients. Class and trip to tuberculosis sanatorium.
6. Solving of medical problems of individuals. Class and visit in doctor’s office or clinic.
7. Health promotion by farm agencies. Field trip with home demonstration or county farm agent.

The final four hours are devoted to reports of field trips and case studies. The studies are of patients cared for in the home as well as those in the hospital. The reports are then discussed by students and instructor.

During the learning experience in rural communities, special emphasis is placed upon clearer knowledge and understanding of patients as indi-
iduals, as members of families and of communities. For example: when Mrs. Brown came into the hospital to have her gall bladder removed, she was not just another cholecystectomy, but Mrs. Brown who had had that ten-pound baby two years before, whose five-year-old son had been in the hospital with a broken leg because he had ridden his bicycle in a forbidden street, and whose husband had just started the radio store at First and Main Streets. The students learn that the doctor as a general practitioner has an honored place in the lives and hearts of the people, that he is highly skilled, and that he frequently is called upon to give and does give services "beyond the call of duty."

Our experience to date in sending students from urban schools of nursing to rural communities leads us to believe that rural nursing should be a part of every student's basic nursing curriculum. With the broader understanding gained from rural nursing experience she should, as a graduate nurse, be able to contribute more fully to maintaining and improving the health of rural as well as urban communities.

BROADENING THE BASIC CURRICULUM TO MEET TODAY'S NURSING NEEDS

PREPARING THE PROFESSIONAL NURSE FOR THE HEALTH TEAM

MARJORIE BARTHOlf, R.N.

When I was asked to participate in this program, I was given the subject "The Preparation of the Professional Nurse for the Nursing Team." I asked the liberty of changing the title to "The Preparation of the Professional Nurse for the Health Team." The reason I asked for the change is not that the position of the professional nurse on the nursing team is not important but that the place she makes for herself on that team as its leader will depend largely on the preparation she has for her place on the health team which our society is demanding of her today.

It is not my intention to renew the historical development of this team, nor any of the philosophical discussion associated with it. But I would like to approach the subject as a definite concrete problem facing our profession today, and to express some purely personal convictions as to its solution. Many of my ideas will not be new. A few of them may be considered visionary, and to some of you impracticable, but I believe that we can make most of them at least work.

The health team is beginning to emerge as a group of professional workers with the responsibility for the preservation and promotion of health, both physical and mental—the prevention and curing of disease and mental and emotional disorders. The list of professional members of this team is large. It includes the physician, the nurse, the social worker, the dietitian or nutri-
tionist, the sanitary engineer, the health educator, the clinical psychologist, the epidemiologist, the physical therapist, the occupational therapist, the technologists in the diagnostic fields, the teacher, and others. All of these are colleagues with the same objectives, at least in part. Some are more closely related and interdependent than are others, but the work of any one of these in health areas is greatly influenced by the activities of each of the other. Consequently, in the education of each of them must be found elements common to all with the degree of emphasis varying with the function of each. These elements are found in a broad general education and includes the following areas:

First—skill and ability in the use of language to communicate intelligently and effectively with individuals and groups in the course of functioning in one's own job. This is important to the individual in understanding what the other members of the team are saying and writing, and expressing himself effectively to the other members of the team for their full understanding of his contribution to the individual patients and groups of patients or other social groups who are being taught.

Second—an orientation in the basic sciences on which the science of health and disease is based. These include the biological, physical, and social sciences.

Third—an orientation in the humanities.

On this common foundation which all students have shared by having the same experiences and, we hope, by actually being together in the same classes, each profession represented on the team has built its own curriculum in preparation for its special functioning. Some of the professions have some areas which overlap with those of another profession, so that two or more groups of professional students may share class and work experiences. But I will now turn my attention to the preparation of the nurse.

It is unnecessary and inadvisable at this time to chart a detailed outline of the entire nursing curriculum. I will confine my emphasis to those areas which actually help in the preparation of the nurse for a place on the health team. One area in which the nurse student shares knowledge with the medical student and the social worker is psychobiology or the anatomy of personality. The placement of this subject early in the professional curriculum enables the student, first of all, to better understand herself, both in relation to her associates, social and professional, and in relation to her patients. It helps her understand her co-workers in relation to each other, and it helps her understand her patient and his reaction to all those about him.

A second area where the nurse student shares the same educational experience with those of allied professions is in community hygiene and the application of the social sciences in which she was oriented during her professional education. This includes additional and richer knowledge of the social structure and social problems of the community with some background knowledge of the present-day trends as they may affect individual and group health and
disease problems. This is most effectively taught by a combination of library study, observational field trips, class discussions, and seminars.

During this period the nurse is also learning her specific knowledges and skills in patient care, as well as anatomy and physiology and all of the rest of the so-called preclinical sciences. She is now ready to be of some constructive help to the patient while going through her learning experiences in the various clinical phases of the curriculum. Under guidance, of course, she will learn how to make a professional contribution to the patient’s recovery, in the prevention of further illness and the promotion of health. Care must be taken at all times to see that the student brings all of this background of the social and personality factors into the picture and applies them to the solution of the nursing problem along with the medical sciences and nursing techniques.

During the early months of her professional educational experience the student should also become thoroughly familiar with the health team. She should know which groups, other than her own, are concerned with health and disease. She should know the scope, responsibilities, and limitations of each, including her own. She should know where each impinges on her own professional activity and how to function with it. It would be well for her to know something of the background of those most closely related to her. To help meet this need, we have included our students with the medical students in a course in the history and philosophy of medicine. This has a broad concept and both student groups find it advantageous to participate in this learning experience and appreciate that the two professions share, at least in part, a common background. Also, the nurse appreciates how her profession is influenced by the development of the medical profession.

From this sharing of some of the same curricula in preprofessional and some areas of professional education, a mutual understanding and respect is born. It has been very enlightening and gratifying to see both the faculty and student groups develop a healthy curiosity about the professional knowledge and activity of the other profession. This works two ways—the nurse in her relations with the doctor, and the doctor in his relations with the nurse. If the social case work students could join the group, it would be as mutually advantageous.

The nurse student in her clinical experiences has long worked side by side with students of some of the other professions, chiefly the medical, social service, and dietetic groups. If during this experience some seminars with all these student groups represented could be arranged, a healthy team relationship could be engendered. I realize that this poses some practical problems in providing time in each curriculum. But we in nursing have conducted this type of seminar using expert practitioners of these professions as consultants. How much better it would be if the student in these other groups could participate as well during the basic preparation of the various practitioners! This is being done in a limited way in some out-
patient clinics and in psychiatric hospitals, but more emphasis on this type of learning in the basic curricula would be of immeasurable value.

Thus, if the professional nurse student knows who is on the health team, shares some of the same experiences with as many other members of the team as possible, learns where she fits in the team by working with other student groups as well as with the practitioners of the other professions, we have every reason to assume that she should be able to fit into that team as a contributing member.

It has been an interesting and exciting experience of all of us to obtain the reports of three separate groups which have recently studied the problems facing nursing today. I refer to Nursing for the Future, the report prepared for the National Nursing Council by Esther Lucile Brown, A Program for the Nursing Profession by the Committee on the Function of Nursing, and the American Medical Association report on Nursing. Each of these groups, working independently and with various methods, has arrived ultimately at the conclusion, though not stated in so many words, that a nursing team is desirable. Each has defined certain members which make up the team, and considerable unanimity of opinion has emerged as to the membership on this team, though different terminology is used to define these members.

It is not the function of this discussion to elaborate on these reports, but they all serve one major purpose in relation to this discussion, that is, to give a certain weight of authority to what many of us in nursing have long believed, namely, that the whole nursing activity should not be carried by one group of nurses, but should be divided according to function and necessary preparation for performing that function.

So the nursing team of today seems to have emerged to include the following groups:

1. The professional nurse, whose preparation has just been briefly described, and whose function includes not only skills and techniques in the physical care of patients for comfort and therapeutic effect, but skill and ability to make judgments concerning the use of these techniques in relation to the total health needs of the patient. These needs will take into account the social and emotional factors which affect the illness. These judgments in no way conflict with those of the physician, but should be made within the scope of responsibility of the nurse in assisting the doctor. The professional nurse also has the responsibility for planning to meet the total nursing needs of the community which include the prevention of illness and the education for and promotion of optimum health of the community, as well as curative nursing.

2. The trained practical nurse or nursing technician. This worker has technical skills in bedside nursing, but has had no background of preparation to give her any great degree of judgment which would allow her
to modify the program of treatment. As a result she must always work closely under the direction of the professional nurse or, at times, the physician directly.

3. Housekeeper or maid. Our profession added this group of workers to our team long ago and it poses no problem at the present.

The greatest single practical problem facing the professional nurse today is how to assure a smooth team relationship with the nursing technician or practical nurse. The answer is simple to state, and if the professional student nurse clearly understands which elements of her activities are professional and which are the technical activities that assist her in carrying out her professional responsibilities, she will have little difficulty in taking her place on the team. The profession’s real difficulties lie in educating the graduate of former years who thinks this worker is superimposed on her group and so is taking over her job.

Throughout the curriculum for the preparation of the professional nurse, the professional aspects of her responsibility should be defined and emphasized. The professional student needs to become skilled in the truly professional techniques, such as the ability to converse effectively with patients to a definite purpose; the ability to evaluate a patient situation and make necessary modifications of routines in order to safeguard the patient’s expenditure of energy and to provide for his personal cleanliness and his rest and recreation; the ability to make intelligent observations concerning the patient’s condition and report to the physician. This last has been called being the “eyes and ears of the doctor.”

The professional nurse also must be skilled in her purely technical skills of nursing, but as she is learning those while she is a student, she should learn that the nursing technician is also learning them. The old course name of “Practical Nursing” which we threw out of our vocabulary in professional schools, was not wholly bad, and might be used today to help point up that part of the professional nurse’s nursing technique which is the same as that of the practical nurse or nursing technician.

After the professional nurse student has learned her own techniques and has learned to evaluate which part of her activities may be delegated and when they may be delegated based on the judgment of the patient situation, she should have some opportunity to have practice in making these judgments under supervision. During the first clinical experience, the student should have the total nursing care responsibility of each patient assigned to her including the purely technical aspects. This should be true in her first experience in each clinical service. However, the ward personnel should include nurse technicians who are assisting graduate nurses so that the student can observe how the responsibilities are delegated. Care should be taken to see that the student recognizes and understands that the total nursing care is always the responsibility of the professional nurse; therefore, she needs
to be skilled in all aspects of the work—not only the exclusively professional aspect but also the techniques which make the professional responsibilities effective.

During her senior experience in any of the clinical areas, the ward assignment should still be the case assignment method with nurse technicians assigned to the student to assist her and perform the purely technical aspects of the job. This requires a high degree of supervision both on the part of the head nurse and the clinical instructor in making the assignments. The clinical experience needed to round out the student's curriculum must be considered, but of equal importance is experience needed in making judgments and assigning part of her work to the nurse technician. The group conferences held with students during this ward experience should always include the discussion of this division of responsibility.

It is not my thought that a formal presentation of ward management and principles of supervision should be included in class. These are other areas entirely, but the team functioning needs to be stressed. This team relationship should be easily learned if the student is reminded again that the team is just another manifestation of personal relationships which she learned early in her professional education beginning with the course in psychobiology or personality structure. She also should recall which parts of the nursing care are truly professional and which may become technical. She should be guided so that she recognizes when the patient requires those of her services which are of a technical nature. She also needs to learn how to make use of the technician in the care of these patients. For example, a patient who is ill enough to be in an oxygen tent may need a professional nurse to give the bath, but the technician can help the professional nurse make the bed and with her adjust the tent. The nurse needs to adjust the flow of oxygen but the technician should be able to read the dials to help the nurse observe the dials to see that the flow is continuous and constant.

Another example could be cited in connection with a patient with a Wagenstein suction apparatus. The responsibility for observing and seeing that the suction is working properly is clearly that of the nurse. But the technician can also be taught to recognize when it is functioning properly and report to the nurse if it is not, so she may adjust the apparatus or call for the help of the physician.

Care must be taken on the part of the clinical instructor that the student still provides the full professional nursing care to patients who receive the complete technical care from the nonprofessional worker. In order to do this, the student must have time to get acquainted with the patient and to discuss his needs. This means constant supervision on the part of the instructor and the ability to help the student make these decisions.

To summarize, the preparation of the professional nurse for the health team should include the following areas: a broad general education which any professional person should have, with emphasis on communication skills,
that is, the use of the English language; physical, biological and social sciences; and some knowledge of the humanities.

The professional education should include specific preclinical sciences; knowledge of the social structure of the community and the forces which modify that structure; knowledge of the personality structure and its implications in health and disease; knowledge of the history of nursing and of allied professions; knowledge and skills in clinical areas—medical, surgical, obstetric, pediatric and psychiatric nursing, including preventive, curative and health education factors; knowledge and ability to function in community nursing; knowledge of the other professions on the team and the ability to function with them. Lastly, it should give the student a knowledge of the composition of the nursing team and how to take the place of leadership on that team, which includes a thorough understanding of which portions of her activities are truly professional in nature and must always be carried by her and which portions are purely technical, and when it is safe to delegate the responsibility for performing the technical duties to the non-professional members of the nursing team.

THE RESPONSIBILITY OF THE UNIVERSITY SCHOOL OF PROFESSIONAL NURSING FOR CONTINUING EDUCATION

MILDRED L. TUTTLE, R.N.

The present and future objectives of nursing relate directly to the improvement of nursing service. Improvement will come through a series of transitional steps. Each step will be directed to a goal which will always be in sight but perhaps never quite reached. Professional objectives will provide the motivating forces in the improvement of nursing service. Attainment of these objectives can come only through challenges to improve present patterns through experimentation, study, and evaluation. Constant appraisal of results, goals, methods with constant dissatisfaction of progress will result in improved methods in preparing nurses for professional service.

University schools of nursing are facing new challenges and ever enlarging educational responsibilities. One word is becoming a strong, stimulating force. The word is professional. In the past, schools of nursing have accepted the word but have failed to accept the full meaning of the word as evidenced by the average product from the average school of nursing. Moving out of amateur status into full professional status can only be accomplished through "constant experimentation; constant reappraisal of results, goals, and methods; constant striving for improvement." The future professional school of nursing will be a "disturbing and exciting community in which to live. . . .
and an uncomfortable community for the one (faculty or student) who wishes to settle down."  

To what extent will this type of educational environment be nurtured and preserved after the student leaves the professional school of nursing? This problem immediately becomes an interesting but disturbing challenge to the faculty of the university schools of professional nursing which are not prepared and are not ready, at the moment, to meet this challenge. Schools of nursing, in moving toward truly professional status, will in the future need to guard against complacency. The attitude of complacency has been one of the major inhibiting factors in the development of professional schools of nursing. A new era in nursing education is gradually evolving. The increasing demands for service to society, the increased complexity in the social needs of society, the improved methods of studying social forces and social needs all present educational obstacles to the curriculum experts. At the moment, nursing schools are greatly handicapped by the lack of curriculum experts. The university school of nursing is in the most favorable position for professional growth. There is considerable evidence to indicate that progress in new curriculum patterns is being made in some of the university schools. As professional status of the university school of nursing becomes a reality, vigilance must be used to guard against attitudes of complacency.

One might suspect that some professional schools may still be organized as though it were possible to equip an individual with certain knowledges and skills which, like the proverbial fountain pen, will be good for a lifetime. It is also possible to find individuals whose learning interests terminated with the receiving of the academic or professional degree as conferred upon him by the faculty of the educational institution. Professional schools cannot take for granted that the results of their instructions will guarantee competency in the field of professional service. In fact, it is not safe for the university to predict the degree of professional competency its graduates will achieve. Certainly grades earned or degrees conferred are unreliable criteria for predicting professional competency in the actual field situations. The handwriting on the wall is clear that one of the major responsibilities of any professional school is the development of a plan to follow up the graduates from its school. Provision should be made whereby the faculty of the professional school can have direct access to living field material through direct contact with the graduates from the school and other professional workers who live and work in the regional area within the educational reach of the university.

Nurses who are employed in various community agencies should be able to look to the faculty of the professional school for consultation and guid-

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ance in dealing with nursing problems and needs and in ways to improve nursing practice. Thus, through an enlightened sense of professional and social responsibility, the faculty of the professional school will become more and more interested in knowing wherein the graduates of the school succeed or fail in their work.

Providing consultation field service to nurses employed in community agencies places additional demands upon members of the faculty. Many problems can be prevented or at least lessened by the planned inclusion of such educational services as an integral part of the total program of the school. Planning for continuing education service will move forward concurrently with total planning and will be influenced by curriculum experimentation, evaluation, and revision. Participation in continuing educational experiences will enable each faculty member to have direct contact with the field where the problems exist and where ways have to be worked out to meet adequately the existing problems.

This trend toward the development of closer relationships between the professional school in the university and field services in the community is affecting the programs of many professional schools such as schools of medicine, dentistry, social work, education, law, and business administration. The content and orientation of professional education may best be derived from the continuous interaction of student needs and the demands of the profession. Failure of the professional school to follow up its own graduates in the service fields might be interpreted to mean that the faculty of the university might be more interested in what was taught rather than in who learned. It is this increasing concern about students as persons, as well as prospective professional workers, that is creating greater interest on the part of the professional school to widen their contacts and strengthen their relationships with the service areas in the community.

The psychology of extending educational service through continuing education programs presents interesting challenges to the professional faculty. The professional school should avoid sending out from the university a top-flight person to give an inspirational lecture to a group of on-the-job workers in the hope that the group will be inspired to study its own problems as a way to improve professional service! It is obvious little will be accomplished through the use of this technique!

The members of the faculty of the university school of nursing have opportunities for contact with faculty members in other professional schools in the university. Teachers' colleges and schools of education have perhaps progressed as far as any group in developing the know-how for improving the preparation of teachers and in experimenting with various methods in developing closer relationships with (1) the graduates from the school of education and (2) those teachers employed by educational agencies in the regional area served by the college or school of education.

In this connection, nurse educators will find interesting reading in the
RESPONSIBILITY OF UNIVERSITY SCHOOL

final report of the Commission on Teacher Education published in 1946 by the American Council on Education. The book is entitled *The Improvement of Teacher Education*. Between the covers of this book is food for thought, much of which has direct bearing on current problems in nursing education. Techniques are described for providing educational opportunities to teachers in service. The service field becomes the laboratory for cooperative studies by university faculty and teachers in service. The Education Commission found acceptance, interest, and participation could be secured by placing the emphasis on the job, the problem, the study, rather than using the more obvious means directed to the individual's growth. For example, one field study placed the emphasis upon child study. The emphasis in a subsequent cooperative study was on the child's environment—his home and family, neighborhood and community. University faculty and teachers in service worked on these studies in a cooperative relationship, through which process there resulted growth and understanding within each participant. The results of the field studies were used by the professional school as a guide to curriculum planning in the preparation of teachers.

University schools of nursing, planning to include continuing education service to professional workers in service, will probably spend the first year in exploring the field. Visits will be made to hospitals and health agencies located in the area to receive educational service from the university. The university visitor to the community will talk informally with nurses in hospitals, public schools, public health departments, visiting nursing services, industry, physicians' offices, and so on. The purposes of the first exploratory visits are to discuss nursing problems, to identify some of the needs as expressed by the nurse in service, to make observations of current practices of nursing in the field situation and to record these impressions for future use, to indicate to nurses in service the ways in which members of the faculty might be called upon to assist the nurse in improving nursing practice. In many states the nurse working in the community has no recourse to the professional consultant either from a state agency or from a university. Nurses employed in public health agencies have had slightly better opportunities for consultant service than have nurses employed in hospitals, physicians' offices, industry, and public schools.

Cooperative study of the faculty and professional worker on the job needs to be a continuous process year by year. The professional school is responsible for taking new knowledge, techniques, and skills to the worker in the field. The professional worker on the job (working with guidance from the professional school) will participate in the recording and collection of source materials which, when pulled together and compiled, will provide live-case material. The improvement of nursing service and the preparation of nurses for the future to attain professional status will be in direct proportion to the development of close working relationships through cooperative study efforts.
of the faculty of the professional school and the professional worker in the field!

Time does not permit a discussion of the many and varied types of field study opportunities and methods which the school and field will find useful. Nursing faculty members, if they have not already done so, should get in contact with members of the Commission on Teacher Education for the purpose of learning more about the experiences members of the group have to suggest in program-planning to include continuing education opportunities to workers in field services.

I refer you particularly to the eighth report of the Commission, *The Improvement of Teacher Education*. Please read or re-read the summary of the Commission's conclusions based on its experiences with inservice education of teachers. On page 173, there are thirty-five conclusions! Try applying these conclusions to nursing. Substitute the word nurse for teacher! You will be interested in the significance of the Commission Report to the field of nursing education.

**SYMPOSIA**

**Tuesday, May 3—2:00—4:30 p.m.**

(*Combined Program of the Association of Collegiate Schools of Nursing and the National League of Nursing Education*)

**TRENDS IN CLINICAL TEACHING**

Symposia on Trends in Clinical Teaching in Medical Nursing, Surgical Nursing, Obstetric Nursing, and Pediatric Nursing were held in four Cleveland hospitals. These symposia were open to instructors, supervisors, head nurses, and students.

**MEDICAL NURSING**

*Presiding*: CYNTHIA MALLORY, R.N., Instructor and Supervisor, Medical Nursing, The Johns Hopkins Hospital, Baltimore, Maryland

*Chairman of Arrangements Committee*: MARY WELSH, R.N., Clinical Instructor, Medical Nursing, School of Nursing, Cleveland City Hospital, Cleveland, Ohio

*Participants:*

MARGARET PERRY, R.N., Student in School of Nursing, Western Reserve University, Cleveland, Ohio; formerly, Administrative Supervisor
on Medicine, Grace-New Haven Community Hospital, New Haven, Connecticut

Catherine Connell, R.N., Instructor in Medical and Surgical Nursing, College of St. Scholastica, Duluth, Minnesota

Esther K. Sump, R.N., Instructor in Medical Nursing, University of Michigan, Ann Arbor, Michigan

Maryann L. Grace, R.N., Medical Clinical Instructor, School of Nursing, Marquette University, Milwaukee, Wisconsin

Jane Furnas, R.N., Medical Supervisor, Miami Valley Hospital, Dayton, Ohio

Ruth E. Sperry, R.N., Associate Professor of Nursing, Harris College of Nursing, Fort Worth, Texas

The symposium on Medical Nursing was held in the Cleveland City Hospital. Teaching students to appreciate all the aspects of a patient's life in planning for his care was the theme common to all the various contributions, each person seeking to find the best method of accomplishing this in her teaching.

Teaching by Problems Instead of Systems

Miss Perry emphasized the fact that there are certain problems in nursing which can be isolated, and, regardless of the diagnosis represented, the underlying nursing care is fundamentally the same. For example, there are patients with restricted activity which is either the result of disease or which has been imposed as a therapeutic measure. From the standpoint of nursing care, the fact that there is restricted activity is more important than the fact that the patient has had a cerebral accident or is a cardiac patient. The important thing is: how does this restricted activity affect the patient's fundamental needs for food, elimination, fluids, personal hygiene, diversion, and physical and mental security. Fever, unconsciousness, maintenance of body fluids, long-term and recurrent illness, the critically ill and dying, extensive skin destruction, communicable disease, emotional states, and intractable pain were discussed from the viewpoint of nursing care rather than diagnosis.

The difficulty of such an approach was discussed in relation to the limited number of textbooks and the fact that state board examinations are based on the system method. Miss Perry suggested that perhaps the logical place to experiment at this point would be in ward teaching programs and in advanced professional programs.

Medical Nursing Care Plans

Mrs. Connell centered her discussion around the need for nursing care plans as a teaching method. She demonstrated clearly how a student under-
stands all the aspects of patient needs and care after she has made a detailed nursing care plan for that patient.

The Role of the Medical Nurse in Health Teaching

Miss Sump stated that people are probably more health conscious now than ever before, and the nurse is in a unique position to engage in effective teaching. In making a plan of instruction, she must consider the following factors: (1) Is there motivation of learning? (2) Is there intent to learn? (3) Is a learning situation provided? (4) Is there sufficient repetition for the patient and his family?

What can the nurse teach the patient and his family after the physician has informed the patient of his diagnosis, treatment, and the probable cause of the disease? (1) A simple explanation of the disease condition, (2) cause of the disease, (3) what the patient must do to control his condition, (4) general hygiene measures, (5) wholesome attitude toward his medical condition, (6) importance of medical follow-up, and (7) what to do should he develop some other type of disease.

The Use by the Nurse of Diversional Therapy

"Almost everyone recognizes that life is more satisfying when something holds the interest and consumes the energies. This activity must consume the mind, the body, and the emotions. This is true in illness as in health."

Miss Grace suggested that, in the absence of a diversional therapist, a nurse must assume the responsibility of such activity with patients. Many illustrations of student work with patients were shown.

Nursing Care of Diabetic Patients

In discussing the nursing care of diabetic patients, Miss Furnas made many practical suggestions which have proven invaluable in her work with patients.

SURGICAL NURSING

Presiding: BARBARA HAVILAND, R.N., Assistant Professor of Nursing Education, University of Georgia, Athens, Georgia

Chairman of Arrangements Committee: BARBARA MACIVOR, R.N., Clinical Instructor in Surgical Nursing, School of Nursing, St. Luke's Hospital, Cleveland, Ohio

Participants:

BARBARA J. BROOKS, R.N., Clinical Instructor of Surgical Nursing, School of Nursing, Ohio State University, Columbus, Ohio
The symposium on Surgical Nursing was held at St. Luke's Hospital, Cleveland, and was attended by approximately 160 persons. It concluded with a tour of the surgical division of the hospital.

Pre- and Postoperative Care in Chest Surgery

Miss Brooks discussed "Pre- and Postoperative Care in Chest Surgery," illustrating her talk with slides, under three main divisions: (1) the nurse's responsibility in aiding in diagnosis, (2) preoperative nursing care, and (3) postoperative nursing care.

The nurse's responsibility in aiding in diagnosis pertains primarily to the collection of sputum and the taking and recording of oral capacity.

Reassurance of the patient and accuracy were points emphasized with regard to pre- and postoperative nursing care. In addition to routine nursing care, chemotherapy, postural drainage, the taking and recording of vital capacity, good sedation, and daily weighing are necessary in the preoperative care. To render good postoperative care, the nurse must be skilled in the maintenance of closed drainage, the direction of deep breathing, encouragement of coughing, a program of early ambulation, and maintenance of good oral hygiene.

Postoperative Care of Patient with Scleroderma

Miss Duerk discussed the "Postoperative Care of the Patient with Scleroderma." Scleroderma, defined as a localized or diffused contraction and atrophy of the skin and subcutaneous tissues, is a disease infrequently seen and, if diagnosed as such, is usually treated on the surgical service. As the etiology of and treatment for this disease are unknown, the nursing care is mainly supportive. Nursing problems encountered by the nurse are many. The use of long, very sharp needles and more frequent giving of subcutaneous medications are necessary because of the thickening and slowness of absorption by the tissues. Many nursing problems arise from the fact that much voluntary and involuntary motion is restricted. Some of these difficulties are in opening the mouth, contractions of extremities, dyspnea, and inability to
talk. The care is primarily that of treating the various symptoms, striving to prevent infection, and making the patient as comfortable, mentally and physically, as possible.

**Nursing Care for Operations of the Cervix**

Miss Endress discussed "Nursing Care for Operations of the Cervix." An extensive discussion of types, locations, and treatment of many cervical conditions was illustrated with slides. Many of these conditions are found and diagnosed in office visits of patients. The hospital routine is similar, although more extensive procedures are used. Much of the nursing care consists of teaching the patient to care for herself by such means as douching and insufflations.

**Opportunities for Teaching Aseptic Technique**

Miss McCowen discussed the "Opportunities for Teaching Aseptic Technique." The value of teaching the course in Operating Room Technique, concurrently with operating room experience, early in the students' nursing course, is universally recognized. This experience affords many opportunities to integrate basic sciences and scientific principles of nursing. The teacher preparing this program should have a full realization of the importance of total care of the patient and of the fact that the operating room is just one phase of the patient's restoration to health. The best teaching aids are identified with the actual situation, and the operating room offers invaluable material. Other aids which have proved satisfactory are films, operating room technique file (which provides cards with each surgeon's special requirements such as gloves of the right size and skin preparation), projects, and field trips. Television, combining the best elements of eye-ear instructions, can be considered as a valuable adjunct to teaching in the not too far-distant future.

**Patient Participation in the Teaching Program**

Miss Miller discussed "Examples of How Patients Can Help and Be Helped by Participation in the Teaching Program." The clinic method of teaching is one of the best methods in which both the student and the patient learn. As it is far from easy, the student must be shown how to talk to patients and how to get patients to participate in patient-centered teaching to the advantage of all concerned.

**Amputees**

Miss Moskopp discussed "Preparing the Student's Experience in Care for Amputee Patients." Although amputees were the patients discussed, this method could be applied to any condition. By means of conferences the entire program is planned by instructors and supervisors of various departments.
in advance of the actual experience of the student. These conferences continue throughout the experience. The student in the classroom and laboratory is provided with information concerned with body mechanics, mental health, nursing problems, and facilities (hospital and otherwise) to care for this condition. Conferences and symposia concerning various aspects of the patient and his problems are carried on concurrently with the actual nursing experience. This program is continued throughout the patient's stay in the hospital and continued in the outpatient department and home of the patient. The student learns and gives total nursing care from admission through the fitting of the prosthesis.

OBSTETRIC NURSING

Presiding: VIRGINIA LANE, R.N., Clinical Instructor, Chicago Lying-in Hospital, Chicago, Illinois

Chairman of Arrangements Committee: HELEN C. BATES, R.N., Obstetric Supervisor, St. Alexis Hospital, Cleveland, Ohio

Participants:

MARIAN ROBERTS, R.N., Clinical Instructor in Obstetric Nursing, School of Nursing, St. Vincent's Hospital, Indianapolis, Indiana

SISTER JOHN, R.N., Supervisor of Obstetric Nursing, Good Samaritan Hospital, Cincinnati, Ohio

SUE EVITTS, R.N., Head Nurse, St. Louis Maternity Hospital, St. Louis, Missouri

L. FRANCES GORDON, R.N., Director of Nursing Arts, School of Nursing, Medical College of Virginia, Richmond, Virginia

FLORENCE E. SHERBON, R.N., Assistant Professor of Nursing, College of Nursing, Wayne University, Detroit, Michigan

ESTHER LEADER ALBRIGHT, R.N., Clinical Instructor in Obstetric Nursing, School of Nursing, University of Pennsylvania Hospital, Philadelphia, Pennsylvania

The symposium on Obstetric Nursing was held in St. Alexis Hospital, Cleveland. A summary of the discussions is presented here.

Advancements in medicine and the changes in patient care which have come about as a result of these advancements call for a redefinition of obstetric nursing which we are not prepared to give because of the expanding possibilities that we are only beginning to explore in the field. The nurse gives less physical care than formerly but can help the patient in many other ways. Understanding the patient and giving her emotional support while she solves her problems are important aspects of her care. Teaching is likewise important.
teaching not only self- and infant care, but teaching in relation to marriage, family living, and child guidance. It is obvious that a nurse who gives such care must be well prepared and must have the necessary time and the inclination to help people.

This symposium considered obstetric nursing from two directions: the application of some of the newer concepts of obstetric care to the nursing situation, and the preparation of the nurse.

In considering how the obstetric nurse functions in different nursing situations, the primary aim seems to be that of helping the patient achieve a peace of mind by allaying her fears.

This is probably accomplished in four different ways: through teaching, our own attitudes toward childbearing and children, through our understanding and acceptance of the patient, and lastly, through the use of available community resources.

In teaching, we should start where the patient is. What we will teach and how it will be taught, then, will be gauged by the patient's capacities, both intellectual and emotional. This should make teaching more effective and make it easier for the patient to acquire basic knowledge which will help her to understand what is happening and what is likely to happen. This should, to a degree, eliminate some of the natural fears of the unknown which she may have.

Teaching can also improve relationships within the family. If, in fathers' classes, the husband has learned of the emotional changes that are associated with pregnancy, he will be able to handle conflicts which may arise because of it.

The patient acquires not only knowledge, but also feelings, in relation to her hospital contacts. If she feels warmth from the nurse, her hospital experiences will be made easier. If she feels that the nurse is interested in her, she can accept what is being taught and develop increasing confidence in hospital personnel which will influence her reactions in future experiences. If she feels acceptance of the ambivalent feelings that any mother naturally has, she may be helped indirectly to accept her pregnancy. By sensing a "willingness to listen and a permissiveness in her expression of feelings," the mother may, by catharsis, relieve tension that would interfere with her interpersonal relationships within the family.

In the postpartum period, rooming-in, or a modification of it, helps the mother to develop a greater security. In a reality situation, under supervision, the mother learns to observe and interpret the baby's behavior, as well as to give him physical care. As she becomes more skillful in doing these things, she develops greater feelings of adequacy in relation to motherhood. This security makes it easier for her to relax and enjoy her baby. Not until this has been achieved can you hope to have a good mother-baby relationship.

The baby benefits from the rooming-in plan in that he has his needs met more promptly. Because the mother learns to interpret her infant's cry, she
subsequently becomes familiar with his individual pattern of behavior and is able to satisfy his needs. Having his needs met, the baby feels that he is in a friendly world and that he can function.

In discussing the preparation of the nurse, I think we would all agree that if she is going to be able to give the type of care described, her experiences must be carefully selected. Good student records will be helpful in evaluating her experience at different points in her clinical service.

Institutes and workshops, as part of an inservice teaching program, can be a means of providing learning experiences needed for the continued professional growth of the nurse at various levels.

A clinical instructor needs a background of experience which makes it possible for her to function as effectively with patients as in the classroom. This is essential if she is going to be able to provide the kind of environment for the student which will be conducive to meaningful learning. Preparation in nurse-midwifery has been cited as an excellent source of desirable experiences. The advanced clinical course in a university is another possibility for acquiring more insight into the problems of the patient. It provides the opportunity for a nurse in an ideal laboratory to learn to give more expert patient care in a special field.

Both the nurse-midwifery course and the advanced clinical course help the prospective clinical instructor to acquire a more practical approach to teaching at the bedside.

We have said we would like the nurse to have more understanding of human behavior. How is this increased understanding to be acquired? One recommendation that has been made is that the study of personality development be introduced in the preclinical period and be integrated into each new clinical subject. Such a course would help to give the student better understanding of herself, as well as insight into the feelings and reactions of those with whom she is working.

This symposium today serves again to re-emphasize the need for continued analysis and research in nursing. Only through this type of investigation will we be able to discover better methods of providing opportunities for nurses to experiment and develop a working philosophy which may become satisfying to them and their patients.

PEDIATRIC NURSING

Presiding: Harriet Maddock, R.N., Pediatric Instructor, Skidmore College School of Nursing, New York, New York

Chairman of Arrangements Committee: Sarah Hooper, R.N., Instructor in Pediatric Nursing, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio
Participants:

ARLICE ASHWILL, R.N., Assistant in Nursing, School of Nursing, University of Wisconsin, Madison, Wisconsin

EDNA MAE MARSETT, R.N., Assistant to Director in Clinical Instruction, School of Nursing, Mary Fletcher Hospital, Burlington, Vermont

ELEANOR M. LOFTHOUSE, R.N., Instructor-Supervisor in Pediatric Nursing, School of Nursing, University of Rochester, Rochester, New York

MARY K. DARK, R.N., Clinical Instructor in Pediatrics, School of Nursing, St. Louis University, St. Louis, Missouri

DOROTHY W. MILLER, R.N., Instructor in Pediatric Nursing, School of Nursing, Kansas City General Hospital, Kansas City, Missouri

The symposium on Pediatric Nursing was held at Babies and Childrens Hospital, University Hospitals, Cleveland. It was of considerable interest to note that, while each participant selected her own topic, each discussed some phase of the child's emotional needs and adjustment. It was agreed that technical and manual skills in pediatrics must be correlated with a better understanding of the child's emotional and mental structure in order to perform skilled pediatric nursing.

The presentations were followed by questions and discussion from the audience. Questions on the use of nursery schools and the role of the nurse in sex instruction seemed to support the emphasis on emotional needs. Guided tours of Babies and Childrens Hospital followed the discussion.

THE EMOTIONAL NEEDS OF THE CHILD UPON ADMISSION TO THE HOSPITAL

ARLICE ASHWILL, R.N.

Of all the traumatic emotional experiences that the child has while he's in the hospital one of the most difficult for him is his admission—his first encounter with these new and strange situations.

There are so many complex factors which may influence his adjustment to this new experience that the admitting nurse has a great responsibility and challenge. The child's reactions to strange people, taking medication, receiving treatments, and bed rest are greatly influenced by this first experience in the hospital. The nurse who is charged with the responsibility of first caring for this child should certainly have a thorough understanding of children. In our instruction of student nurses it seems most important to me to stress the emotional needs of the various types of children she may encounter.

There can be no routine admission rules or techniques in meeting the child's emotional needs but rather a genuine understanding of children, their par-
ents, and their problems, for the young child may often take his cue from the people he knows and loves the best and respond to the situation as they do. Therefore establishing good child-parent-nurse relationships seems to be of the utmost importance. The nurse cannot solve all the emotional problems that the parents have, but she should recognize their importance in the child's life. In order to establish an interpersonal relationship with the parents and the child, a nurse needs an intelligent understanding of children as individuals. She needs to know what they are like and she needs the ability to see things from their point of view, to understand what they are thinking through observing their behavior.

The admitting nurse may admit many children in one day, and each one will display a different personality pattern with different needs for understanding and affection. Among these are the timid and sensitive child, the acutely ill child, the rebellious child, the two-year-old who because of his age alone needs special consideration; these children all need a special and individual understanding.

The nurse should be aware of the many factors which influence the child's adjustment to the hospital. His emotional make-up, or, if you will, his emotional constitution will direct many of his responses. The child's previous experiences and training are supremely important in the influence that they have on the child's reactions. Has he been honestly dealt with at home? Was he prepared for this trip to the hospital or was he tricked into coming peacefully with promises to "see grandma" or "go to the zoo" or "a ride in the car"? If the child had been expecting any of these it certainly shakes his faith and sense of security to find himself in the hospital. Has he ever been away from home before or is he faced with leaving his parents for the first time? What experiences has he had with doctors or nurses before? If he has had experience with them, was it pleasant or very upsetting? Some children may never have known a doctor but they may have been threatened into good behavior with words such as, "If you aren't good the doctor will hurt you," or, "If you aren't good you'll have to go to the hospital." How much easier it would be for the child if doctors and nurses had been portrayed as friends.

What the illness means to the child is important. Is it chronic or acute? Has his position in his family been altered because of his illness? He may have been over-protected or in some cases rejected because of it. We must conclude that each child needs individual understanding and care.

For example, the acutely ill child needs a sympathetic, self-assured nurse to meet him—one who will smile at him and hold his hand, handle him gently and quietly. He does not feel like laughing and should not be pressed to do so with clever jokes and a barrage of toys that he is not interested in now. But that beloved teddy bear which he clutches so tightly to him should be respected. In the textbook Essentials of Pediatrics by Jeans, Rand and Blake which many of you are familiar with, we are warned against trying
to make a child laugh which is only temporary manifestation of happiness when we should be trying to make him content, a permanent state.

The child of between the ages one and a half and three who is being admitted to the hospital probably presents the most challenging situation of all. In the most well-adjusted home and family this small child has many emotional conflicts, and upon admission to the hospital these are greatly multiplied. It is at this time that he needs his parents more than at any other time. He will cling to his mother and most likely resort to temper tantrums when he is taken from her. The nurse must meet this situation with a poised and calm manner if she is to be successful in admitting this child with the least amount of emotional trauma to him. She should handle him deftly and confidently but never roughly or in any way that may appear rough to the parents. If she becomes angry she is meeting the child at his own level and thereby makes him hold up his end of the battle. She should remain as a friendly leader. In order to avoid the charged atmosphere of a scene she should keep her own emotions out of these situations.

The attitude of the parents is extremely important in the adjustment to the hospital. As we said before the nurse should make every effort to establish good rapport with the child’s parents. She must have sympathy and understanding for their problems. In many instances, especially in large clinic centers or state hospitals, the parents have had a very tiring journey to the hospital. Traveling with children is never easy. The parents are concerned about how things are at home and about the other children they may have left at home. They may be in a city which is strange to them. Many patients are admitted to state hospitals through some legal formality for part or all of their expenses and this experience may have influenced the parents’ attitude toward hospitalization for this child. These factors combined with their concern for their sick youngster may make them very apprehensive and anxious and sometimes just too tired to be the most cooperative. The parents will appreciate a nurse who meets them in an unhurried and friendly manner, who makes them comfortable, who makes suggestions as to where they might stay in a strange city, who kindly explains the visiting hours and something about the child’s routine while he is in the hospital, who shows them the playroom and where the child will sleep, who has a genuine affection for children and real interest in the child’s past experiences and habits. The parents will feel friendly toward this nurse and have faith in her ability to care for the child. They will then feel more relaxed and secure and will more readily volunteer valuable information about the child’s habits and illness. The child will sense this feeling in his parents and usually respond accordingly. These interpersonal relationships are not only pleasant and interesting but very helpful.

When the child sees the hospital for the first time he notices many strange things. The hospital itself is a type of building he has never seen before—the long, wide corridors, the big doors, the people hurrying about dressed in
strange clothes. The whole situation may appear very weird to him and he is anxious and frightened. Many children will be terrified and believe that they are being abandoned by their parents and will have to live here forever. They should most certainly be reassured about this and a simple explanation of the visiting hours and why they are in the hospital is in order. Because of this fear of being abandoned they may jealously guard something they have brought with them from home. They may object to hospital clothes and want to keep their own as their clothes may be symbolic of home—their last tie with home. Recently we admitted a six-year-old boy to our pediatric department who was very cooperative during the admission procedure until the nurse admitting him brought out the white hospital pajamas that he was to wear. He strenuously objected by kicking and screaming and hitting at the nurse. She then gave him his own pajamas which fortunately his mother had brought along and he was again cooperative although still somewhat anxious. Within a few days, however, when he became more familiar with the ward, the staff, and the other patients, he was quite willing to wear hospital pajamas.

Most children will be resistant to new things and changes and reluctant to cooperate. It is a good idea to introduce them first to something that may be familiar, such as the playroom. A child may want to stand back and just watch for quite some time before he is ready to join in the activities. Don’t press him to participate. The longer he has to watch the easier he will conform.

The child should never be taken by surprise; explain briefly what’s coming next. Even a scale and possibly a bathtub may appear strange and frightening to him and he should be allowed to look it over before he has his first experience with it. Tell him what to expect next. The child who is old enough will want to undress himself, and he will usually be very slow about it. For example, he may dawdle at great length over taking off his shoes. Telling him to hurry is a waste of words but to explain what the next step is will be more effective. For instance you may say to this child, ”When you get your shoes off, Billy, you can put them on the second shelf.” When his attention has been brought to the second step—putting his shoes on the shelf—he will hurry through the first step of taking them off.

The admission of a child should not be hurried, but we should avoid drawing it out longer than necessary. It can become less confusing and drawn out if the nurse is confident in her own ability and believes she will get cooperation from the child. It can also go more smoothly if the child is not inadvertently given a choice in things that he is not really free to choose. Children like to make simple choices, and if, for example, it is possible for him to choose which bed in the ward he wants it’s good to give him that opportunity to choose, but if there is no choice the nurse must guard herself against accepted mannerisms in adult culture when speaking to children. We say, ”Will you please pass the salt?” which, in reality, simply means
"Pass the salt." We expect it to be passed to us. But if you ask a child, "Would you like this bed, Johnny?" Johnny is more likely bluntly to say "No" than "Yes." This puts the nurse in an awkward and somewhat foolish position as she then tries to explain that he must take the bed that she indicated. It's much better to simply say, "Johnny, this is going to be your bed while you're in the hospital."

The nurse should explain how and when the meals will be served. The child may wonder if he will be fed while he's in the hospital. She should show him where the bathroom is or how to ask for a bed pan or urinal when he's in bed. He may be very embarrassed about asking these things and spend a lot of time worrying about them. Children will need explanations about many things that most adults take for granted.

Finally, the nurse who admitted the child should be present when the parents leave for the first time. She is the one person the child knows in this new place and it will be of some comfort to him to be able to hold her hand as his parents leave. If the nurse is present she may also discourage overdrawn, emotional farewells which are so hard for the child. By comforting the patient and his parents the parting will be easier. The parents will be comforted to see the child's room and know that he is in kind and capable hands. If the admitting nurse has established good contact with the child he will probably want to follow her around—literally hang on her skirts for some time until he feels secure and safe with the other nurses, doctors, and children. He shouldn't be pushed away. This child needs to be held, talked to, cuddled, and comforted quite often until he gets his bearings in the hospital.

The nurse who has thoughtfully directed the admission of a child so as to cause as little emotional trauma as possible will be generously repaid for her efforts by the child's response to her. To some extent she is replacing his mother and will always be an important and favorite person to him while he's in the hospital. He will proudly point her out to his roommates—"That's MY nurse!"—and what could be more gratifying to any nurse than to hold that intimate position in the life of this hospitalized child?

THE MANIFESTATIONS AND ALLAYING OF FEARS IN THE HOSPITALIZED CHILD

EDNA MAE MARSETT, R.N.

Mrs. Ashwill has already spoken of a child's emotional needs upon admission to the hospital and the inevitable psychic trauma which must be met by the nurse on the Service. It is my privilege, now, to discuss briefly with you the fears which may be manifested by the hospitalized child and the ways of allaying a few of these fears.

Each and every individual—child and adult—is subject to innumerable fears. According to psychiatrists, the child is born with three innate fears:
fear of sudden and shrill noises, fear of falling, and fear upon sudden arousal from sleep. You might add a fourth one to this group—that is the fear of restraint.

These are the fears of the infant which may be met by a direct, calm and friendly approach on the part of the nurse and by holding the baby firmly, but not tightly, to provide a feeling of security. Perhaps we could call it by the familiar expression, T.L.C. In relation to the third fear, that of sudden arousal from sleep, I should like to mention a practice I have seen many times which in my opinion is deplorable. That is the administration of a hypodermic or intramuscular injection to babies while they are asleep, rather than waking them slowly first, giving them the security of knowing someone is there, then giving the injection and remaining with them until they are calm again. One may condition a child to all but lifelong fear by startling him, by appearing suddenly from behind, laying a heavy hand upon his shoulder, or speaking to him in a manner which arouses fear.

Between the ages of two and six years, strange and violent fears are common. The child of this age has an extreme curiosity and vivid imagination yet has no perspective to distinguish the real from the unreal. He fears the strange and unfamiliar because he does not understand, and to this child everything is "big." As ridiculous and foolish as a child's fears seem to the adult they are very real to the child and must be respected.

Beginning at this time we have two kinds of fear developing: first, a normal fear—that which is present in the face of real danger. There is a protective value in reasonable fear. It has been an invaluable ally of human survival. Of course, as civilization advances and as children grow older, primitive fear-thought should be transmuted into helpful forethought. But this does not always occur, and we have the second kind of fear—the anxiety. The individual is upset without knowing why and worries without understanding why. The essential difference is that normal fear is the response to what goes on outside of himself, but the anxiety is related to deeper uneasiness within himself.

Normal fears which begin at about two or three years of age are fear of being left alone, fear of pain and injury, fear of animals, fear of crippled people, and fear of death. Many of these are due to painful experiences of the past. As an example of the first, I should like to cite the case of a child who would play quietly in a room if someone was present, but the moment the individual left the room the child would scream. Upon investigation, it was found that this child had been habitually left alone, locked in a room, while his mother went to the movies. Experiences of the past had taught this child to fear being left alone. An example of the second fear, fear of pain and injury, is well exemplified by a six-year-old boy who was burned severely. For many months it was difficult to elicit any type of response. Very slowly one nurse was able to gain his confidence and finally a verbal expression.
During the past year this child has gradually gained trust in a few individuals but has only started to accept the cause of his deep-seated fear.

Anxiety begins when the young child for any reason feels unloved, but a child may be frightened at any time. However, it is an accepted fact that children are more easily frightened when their parents are absent.

In the hospital we immediately bring the child into contact with three fear-making elements: new surroundings, the absence of his parents, and pain. It is essential, therefore, that we immediately attempt to make friends with the child, preferably while the parents are still present, and next, to explain briefly, in a matter-of-fact way, what is going to happen to him. Telling him in a form of a story often helps, because all children like to be told a story, but keep it simple and understandable; too much detail may make him more frightened. Under no circumstances should you tell him anything which is not true.

I think you are all familiar with the frightened child who screams and cries, who tries to get away from the fear object and clings to you. It is possible you may be embarrassed by this experience, especially if there are other adults present; you may think he is too old to behave in this manner; and you may try to reason with him, or be a little severe. This method of handling the situation is most unsatisfactory. At that moment he needs to be soothed and reassured, to be picked up and held briefly. Let him "feel" protection. Do not attempt to reason or shock him out of his fear but divert his attention. If possible, do not force him into the situation again at this time, but drop the whole thing until he shows signs of wanting to get over the fear; then help him. Encourage him at this point to talk, but never tease him about his fear reaction.

Many fears can be prevented if we will stop and think, "How is this going to appear to the child?" and, when possible, remove the objects of fear or remove the child from the area which presents the fear, rather than relying on language, as the constant repetition of "don'ts" is in itself a producer of fear. For example, the child is playing in a room with a stove nearby. Rather than repeatedly telling the child, "Don't touch the stove. It will burn," surround the stove with a protective play pen, or encourage the child to play in another area.

Another type of fear reaction which is more difficult to deal with is the child who is sensitive and retiring and withdraws in response to fear. The same approach will usually bring results but it may take a great deal longer. Sadler, in Modern Psychiatry, says, "The so-called tough or extrovertish children survive all sorts of mishandling in the nursery. They grow up to be fairly normal and well-socialized citizens regardless of the mistakes their parents and guardians may make. But the tender-minded child, the sensitive, retiring, introvertish youngster suffers grave consequences from being misunderstood and mismanaged during his early years."

Fear has many disguises. It may present itself as fantasy, dreams, night-
mares, stuttering, paralysis, aggressiveness, or innumerable other reactions. Billy, a five-year-old, was admitted to the hospital for an operation. Even when he was very ill, he insisted that his mother stay with him a great deal of the time, and often ended their visits by saying, "Now, don't go see Daddy." Billy knew that "Daddy" was also in the hospital, and had been most of Billy's short life. When Billy was able to be up and around the ward, he was somewhat of a behavior problem and his biggest weapon was "I will be Buck Rogers or we won't play." (Billy had the gun.) One day, when the nurse entered Billy's room, Billy pointed the two guns at her and seemed to be secure in his approach to her at that time, but the next time the nurse entered the room, she used her pencil as a gun and pointed it at Billy. Billy was bewildered. Apparently he could not accept that situation. There are many things in Billy's past that point to his aggressive behavior as fear. In the first place when Billy was about a year old and should have had his father added to his list of social contacts, his father was still in the hospital, so his only contact was still his mother, who had been ever present since birth. When his father did appear, at a later date, Billy could not accept him and considered him a threat to his security. When Billy could dominate a situation, he was building for himself a false sense of security and, in his own manner, masking his fear. When the nurse unexpectedly pointed a pencil at Billy, which to him was just as real as a gun since that age group still has little discrimination between the real and unreal, Billy again saw threat to what he considered his security. It might have been better if the nurse had allowed Billy to pull his guns first and then had engaged in a little game, pretending that she too had a gun but that it was a make-believe gun, and helping Billy to understand that she was real and in her he could find some security. He might then have accepted the nurse in addition to his mother and made the first social contact; this would help him in later years to overcome this fear of losing his mother rather than feeling that she was a part of a larger society.

Most children who come into the hospital have less well-grounded fears than Billy had, but new situations, unless explained and made pleasant, may produce a fear. The child who must be put into an oxygen tent should be shown the tent first and may accept it as a "little house," for nearly all children like to play house. The child going to the operating room needs an explanation of what will happen when he receives anesthesia. He must be told that something will be placed over his face, that he may smell something very strange, and if he does not like it he may "blow it away." Something in the anesthesia room to distract him might be helpful in allaying the fears of a child in a strange environment. Balloons filled with helium gas are quite effective as they are colorful and familiar objects among the strange surroundings.

In conclusion, I should like to emphasize that in dealing with fears and other well-set behavior patterns, neither reason nor ridicule will accomplish
much. If a fear has been conditioned, persistent reconditioning training will be required to effect its removal. Adults may sometimes be taught to ridicule their fears, but not the little tots in the nursery.

Children are most influenced by example, by observing the daily living of people who are self-controlled, fear-free, generous, non-jealous and affectionate. Precepts are futile in child culture if they are not backed up by example.

AN OVER-ALL PLAN TO AID IN THE EMOTIONAL ADJUSTMENT OF THE HOSPITALIZED CHILD

ELEANOR M. LOFTHOUSE, R.N.

The nurse’s relatively brief contact with the child in the hospital will not determine per se his future emotional growth, but surely his hospital experience will affect him emotionally and therefore should have a constructive rather than a destructive influence. We have learned that psychosomatic medicine and comprehensive nursing care help immeasurably in aiding the patient toward physical health more quickly. Furthermore, the hospital experience of the child can afford the pediatric nurse an excellent opportunity not only to teach the child but also to teach his parents and the community insofar as physical and emotional health is concerned.

With positive values such as these one cannot be haphazard in attempting to reach these goals. Yet I’m afraid in many instances we are careless. We trust or hope these results will be obtained merely because we are aware that they should be attained. One needs more than the members of the various staffs in the hospital attempting to work with the child through individual actions, words, and deeds to accomplish these ultimate goals. This primary or individual aspect is important, but there is also the secondary or group aspect. Both of these compose the over-all plan to aid in the emotional adjustment of the hospitalized child.

I feel that most professional people are trying to carry out in some degree the individual aspects of this plan—that is, attempting principles of child psychology in their dealings with children—but they need further help. The secondary aspect to aid in the emotional adjustment of the hospitalized child is also being carried out in varying degrees but needs more emphasis placed upon it. This aspect takes into account the physical arrangement of the pediatric department. A great deal can be done in this respect if one can assist in the architectural plans when the hospital is being built. Then the opportunity should be seized upon to plan pediatric divisions which will best serve the child, such as treatment rooms away from the division proper, a dining room for up-children, and properly situated playrooms and study rooms, as well as conveniences and efficient planning to aid the staff’s work. I believe that nurses should have a definite place in designing hospitals and should assert
themselves in this area, since this field can aid tremendously in the emotional adjustment of the hospitalized child.

However, failing this, much can be done within whatever physical design is provided. For example, treatment rooms can be soundproofed, cupboards of instruments can be refashioned with opaque doors, and the field of interior decorating can be fully explored. An excellent book *Hospital Color and Decoration* by Raymond P. Sloan, written several years ago, discusses the interior decorating of children's floors. Briefly, this decoration should be as near homelike as possible, yet suited to the purpose for which a hospital is intended—friendly, simple, with pleasing wall, floor, and ceiling colors and designs, proper lighting, interesting pictures, attractive curtains, drapes, bedspreads, and furniture—all suited to the various age groups. Suitable furniture for each child would consist of over-the-bed tables, toy stands, safe bedside lamps, and book-stands, in addition to the usual conventional furniture needs.

Although the larger hospitals may have a convalescent division, the smaller hospitals should have a playroom provided for the convalescent or not acutely ill children, so that these children in play will not interfere with the care of the acutely ill child, or vice versa. Perhaps an enclosed porch can be used for this purpose. The playroom can be converted at meal hours into a dining room suitable for up-patients. Of course, appropriate furniture for the playroom will have to be provided as well as adequate storage space for toys and other equipment.

An outdoor courtyard, or roof, is ideal for those children permitted to be outdoors, and, if possible, plans should be made to include some such arrangement.

Perhaps one might also suggest a schoolroom where the patient who is allowed a tutor can spend his study period. This is psychologically much more conducive to study and less tiring to the child than attempting to master lessons in a patient-room or in the playroom.

Sufficient equipment must be included such as materials for crafts, toys for play, and supplies for recreational therapy. The equipment might embrace such things as indoor gardens, aquariums, ant-hills, birds, and turtles. Libraries, too, are of immense value—not only the conventional library of children's books and magazines, but also libraries of phonograph records, motion pictures, and various still pictures which are enjoyable to the child. For more detailed suggestions, may I refer you to a very useful article in the March 1949 *American Journal of Nursing* entitled "Play for the Hospitalized Child" by Rita Davidson.

There are other factors besides these material needs necessary to aid in the emotional adjustment of the hospitalized child. I am referring to the so-called "visiting hours." Again may I suggest for your reading an excellent article in the April 1949 *American Journal of Nursing* written by Maria M. Stevens, "Visitors Are Welcome on the Pediatric Ward." I cannot improve
upon Miss Stevens' statement regarding the value of properly regulated visiting. Through visitors the child can be aided in his emotional adjustment to hospitalization. One can also take this opportunity to teach and help visitors to adjust to the child's hospitalization and illness.

Before any such over-all plan can be put into operation one needs a firm basis upon which to work. For our purposes this foundation is composed of four fundamental cornerstones. First, one needs a pediatric nursing staff which is not only aware of the basic philosophy of psychosomatic medicine and comprehensive nursing care, but also has a working knowledge of child psychology. This is essential, for only through such nurses can we build a good program which will function smoothly. The nurse who is constantly with the patient and who does not believe in such a program or understand its purpose can cause the plan to fail. This awareness and knowledge can be developed in many ways and at various levels—through inservice teaching programs for the graduate nurses; through the nursing school by teaching the students early and continuously from preclinical to senior year the meaning of comprehensive nursing care and the sciences of psychology, sociology, and psychiatry; and, finally, through actual practice of these theories on all the various services.

Secondly, one needs a medical staff which is in agreement with the plan. Their help is valuable in determining the stages of physical progress reached by each child and the extent to which a child may participate in the program.

Thirdly, the psychiatric and clinical psychology staffs are necessary as supporters of the plan for they can render assistance in preventing and solving emotional conflicts and behavior problems which may be manifested in the children.

Fourthly, one needs an administrative staff which is sympathetic to the emotional needs of the hospitalized child. It is usually this group which provides the budget without which the program cannot function.

Once the awareness and desire for an over-all plan emphasizing the emotional adjustment of the hospitalized child has been firmly established, some one person must be responsible for the program. Perhaps we may call this person the diversional therapist. This specialist is known by various other titles, but whatever her title is, she must be well versed in child psychology and nursery school techniques. She must understand play therapy, recreational therapy, and occupational therapy. It is not necessary that she be a nurse. She will work in close cooperation with the physician and nurse. A recent article, "Understanding the Sick Child's Behavior," by Mildred Wallace and Violet Feinauer in the August 1948 American Journal of Nursing, describes the duties of the person who is in charge of such a program and has the title of child guidance instructor at the Children's Hospital in Cincinnati, Ohio. May I quote briefly her duties:

The guidance instructor assists the nursing staff in the application of child guidance to the daily care activity program. In addition she plans and supervises the
play and activities of the children, works with student nurses, graduate students, and staff nurses, and acts as consultant for children who present special problems. She is in charge of equipment and play materials and plans and supervises projects and special events for the children.

I should like to add one more duty to this list—the diversional therapist coordinates the activities of non-nursing volunteers who work with the children or provide entertainment for the children. One may ask why the so-called "play-nurse" cannot assume responsibility for this job. First, this plan is more than just a "play" program. Secondly, the fields of pediatric nursing and diversional therapy are too huge for one person to supervise adequately or efficiently work in both simultaneously. Both fields demand the full-time activity of the worker. Today we are handicapped because our nurses are attempting to manage both jobs and are therefore neither successfully nor adequately caring for either job, or are neglecting one field for the other. Either field is too important to neglect even partially. The nurse should be free to work in her own specialty. Psychiatric medicine and psychosomatic medicine have realized the need of the occupational-diversional therapist. Should not the pediatric field acknowledge the same need?

Besides the diversional therapist other personnel are necessary to the program. These would include student nurses (perhaps medical students also) who would be assigned to the therapist for a period of time as a recognized essential part of the student's total pediatric experience. These would also be the many non-nursing volunteer aids—men and women—who would help in the over-all plan. These people would all have to be taught by the therapist.

I have not discussed the daily program or the various individual programs which are under this over-all plan. This program lies within the diversional therapist's field of specialization. As a pediatric nurse with a smattering of knowledge concerning the diversional therapy field I would not presume to work out a detailed program. An over-all plan such as this is expensive, but there are other advantages which far outweigh the actual cost. Namely, these are:

1. It will aid the child to meet more equably and easily those trials which illness and convalescence bring to him, thus aiding him in returning to physical health more quickly and with a minimum of emotional trauma.
2. It teaches parents, family, and friends the interrelationship of emotional and physical health, and helps them provide for the child's needs to a better degree.
3. It enhances the hospital to the parents and impresses the community favorably.
4. It provides a body of children and adults who are better suited to a necessary hospital visit in the future, and who do not fear to seek medical assistance when needed.
5. Lastly, it provides for less confusion on the divisions, and thus aids the
pediatric nurse in her specialty which is to give comprehensive nursing care to her patient.

May I say in conclusion, one must be aware of trends; one must develop a basic philosophy in relation to those trends; and then one must implement that philosophy. In childhood the future behavior of the adult is established. Therefore, provide for the child and one provides for the adult.

THE RELATIONSHIP OF THE PEDIATRIC NURSE AND COMMUNITY RESOURCES IN MENTAL HEALTH

DOROTHY W. MILLER, R.N.

First of all, let us look quickly at the formation of the personality of the individual. We could show the total personality as a tree, the roots of which form the personality core or style of life that will determine how we face and solve the problems of life and that will manifest itself in these situations whether it be during late childhood, adolescence, or adulthood. The personality core is formed in the first five years of childhood.

The various roots are the constitution, physical and intellectual make-up, social and economic position of the family, family constellation—that is, whether an only child, oldest, youngest and so on— the sex of the child, and the most important root—the formative education.

The formative education comes before books and is dependent primarily on the parents teaching their children to have positive attitudes. It begins first with the mother whose role is twofold: (1) to give the child the feeling that there is at least one person on whom he can count unconditionally in case of necessity—(the mother's worst mistake is being counted on when not necessary)— (2) to enlarge the co-feeling established between mother and child to father, to others in the family, and beyond to all human beings.

An adequate formative education and a positive personality core or style of life will manifest themselves on the positive side of life—it is the side of self-confidence, courage, and facing of difficulties, of psychic proximity, friendship, and union, of cooperation, creation, and social usefulness, and of happiness. Children with these roots will meet the problems of life in a way that will gain true and lasting significance and happiness for them and recognition of such by others.

But what happens to children with the negative style of life—the over-indulged, the underprotected, the pampered child, the neglected child? They manifest themselves on the negative side of life. There is a lack of self-confidence, discouragement, and flight from difficulties, distance from others, hostility, and aggression, useless activities and social harmfulness, and unhappiness. They attempt to gain self-recognition but others only ignore, disapprove, or despise the significance the individual believes he has. It is the
side of problem children and problem adults. Their symptoms are shyness, timidity, disobedience, stubbornness, selfishness, quarrelsome, daydreaming, and idleness.

We could go further and show the types of reactions of the individual with a positive personality and of one with a negative personality.

The individual with a positive personality core will be social and show spontaneous cooperation with others and self-confidence. His typical motto will be, "I shall be useful to people," and his occupation will be socially useful; he will find happiness that is true and lasting.

An example of a negative personality case shows a discouraged person with a feeling of distance from others and co-living without enthusiasm. A typical motto is, "I must live my own life." His occupation is often one of limited activity—just enough to carry on—and he finds only temporary happiness.

Someone with a more negative personality core may be asocial and neurotic, despondent, and feel aversion and mistrust of others. He feels, "They must show due regard for my needs." Such people are often egotistic, tyrannical, or isolationist and preoccupied with themselves. They have an "obligatory" consideration of others, and find only temporary happiness.

The third type of negative personality core may be antisocial or criminal, with false courage, hostility, and aggression. Such people feel they must use force against others. Their typical motto is, "I shall show them who I am." They attempt to live without effort at the expense of others; they enjoy "free" expression of their own personality without consideration for others, and again find only temporary solutions.

We are not here concerned with the perception or style of life of the individuals with the positive tendencies, since they become socially useful citizens of the world. It is the individual with negative attitudes we must think about. These negative attitudes may be changed to positive personality cores through psychological intervention, preferably by a trained person. The sooner that is done the better it is for the individual’s well-being and happiness, and the easier task it is.

The pediatric nurse happens to be a key person in mental health. First of all, she is in an advantageous position to observe the reaction and adjustments of the children on her ward. They come to the ward with their present personality based on the formative period and their reactions there will be in the same pattern in which they meet all experiences and will continue to meet them in the future. Also, the nurse has an opportunity to observe the child-parent relationship during visiting hours. With the understanding of the importance, meaning, and interpretation of the life pattern of reaction of persons she will be able to pick out the children with negative personality cores. This would be important in facilitating the adjustment of the child on the ward. But does her responsibility stop there? Can she ignore the fact that the problem child will continue to adjust in the same manner he did
on her ward, that he will grow up to become an adult with a negative personality, unhappy, neurotic, or perhaps even mentally ill? The pediatric nurse who is conscious of mental health will answer these questions with a firm "No."

The pediatric nurse is not equipped to attempt psychological intervention. She may help, however, by making herself familiar with the community resources that may be employed to help the child.

This will demand close cooperation with the pediatrician and the social worker to determine how great the child's need actually is. Secondly, after the need is established, will be the collaboration of the three individuals to make the parents realize this need also. This will probably be the most difficult part of the task and must be done tactfully, honestly, and as simply as possible so as not to antagonize completely the parents so that they refuse any help whatsoever.

If the need of the child is not too great, perhaps education of the parents in family living and responsibilities to their children will be adequate. Sundry pamphlets can be obtained for use on the ward. They are available from such national agencies as the National Committee for Mental Hygiene, 1790 Broadway, New York; National Mental Hygiene Foundation, Box 7574, Philadelphia; Child Welfare League of America; U. S. Children's Bureau; Association for Family Living, and Federal Council of Churches of Christ in America.

If more than just parent reeducation is needed or you are unable to accomplish anything through this means, local mental health facilities should be employed. The best means are child guidance clinics in your locality. Since the passage of the Mental Health Act, mental health programs have been initiated in twenty-two states. The only states not participating are Alabama, Missouri, Indiana, Pennsylvania, and Wyoming. In thirty-four states, 103 clinics had been established or expanded by the end of 1948. Besides state programs there are private clinics set up under the guidance of the Mental Hygiene Society which has national, state, and local organizations.

A recognized child guidance clinic has at least one psychiatrist, one clinical psychologist, one psychiatric social worker, and usually a pediatrician. Anyone may refer the child to the clinic but it is more easily done through the help of the social worker. These clinics are set up for children and adolescents up to the age of eighteen.

The well-equipped pediatric nurse is consciously practicing community nursing by feeling responsibility to the child with personality and emotional problems upon his discharge from the hospital. Not only is she doing a great service to that individual but she is performing a greater service to the society in which we live.
SCHOOL DATA ANALYSIS

MORNING SESSION

Wednesday, May 4—9:00-11:30 a.m.

ACCREDITATION FOR SCHOOLS OF NURSING

Presiding: Lucile Petry, R.N., Chairman, Joint Committee on Unification of Accrediting Activities of the Six National Nursing Organizations

Speakers:

Louise Knapp, R.N., Chairman, Subcommittee on School Data Analysis of the Joint Committee on Implementing The Brown Report

Paul C. Reinert, S.J., President, St. Louis University, St. Louis, Missouri

William J. Haggerty, President, New York State Teachers College, New Paltz, New York

Mary Schmitt, R.N., Director, Study of Advanced Psychiatric Nursing and Mental Hygiene Programs of Study of the NLNE and NOPHN

Miss Knapp: The Subcommittee on School Data Analysis, of which I am chairman, was appointed by the Committee on Implementing The Brown Report to compile accurate information about schools of nursing. The survey has been undertaken for the following reasons:

1. To facilitate planning of nursing education on a regional and national basis.
2. To furnish information to community and state planning groups.
3. To indicate present needs in nursing education.
4. To identify basic degree and diploma programs so that lists of schools with certain characteristics can be prepared.
5. To assist in the recruitment and guiding of prospective students to schools best suited to their capacities.
6. To demonstrate what additional funds are necessary for nursing education.
7. To give an analysis of the nation's nursing education facilities upon which to build nursing service for the future.

It was also believed that, in the event that federal legislation made money available for nursing education, a list would be needed which would include those schools which the professional nursing organizations were willing to sponsor.

The Subcommittee on School Data Analysis will send the findings of this survey, with recommendations, to the Committee on Implementing The Brown Report (a joint committee of the six national nursing organizations) for approval.
The profession as a whole has for many years realized that conditions have not been satisfactory in nursing education and that improvement has been indicated. In 1923 the Goldmark Report indicated obvious weaknesses that needed to be improved. It was originally planned by the Grading Committee to classify schools, but, as the work progressed, the objectives were changed somewhat and this was not done. At the present time nurses are aware of the fact that poor schools are definitely impeding recruiting in that their policies and practices as well as their graduates constitute sources of adverse publicity for the nursing profession.

It is realized that a certain amount of courage on the part of the profession will be necessary to bring about the needed improvement. We realize, however, that changes will not be made abruptly and that radical action will probably not take place. It is hoped that leaders in the states and regions will be able, with this specific information from the Subcommittee on School Data Analysis, to review local situations, and, in the event that certain schools of nursing are not equipped to carry out programs for educating professional nurses, to see that every attempt is made to utilize the facilities in such hospitals for the preparation of nonprofessional groups or, under suitable safeguards and adequate supervision, for affiliating students from professional schools of nursing.

BASIC PURPOSES AND VALUES OF ACCREDITATION

PAUL C. REINERT, S.J.

Lest you think that I am laboring under a serious delusion, let me say at once that I know the minimum about nursing and nursing education. I have the courage to appear before this group only because I have had considerable experience with accreditation in collegiate and university education, a process which, I think, should have many elements in common even though it is applied in widely divergent fields.

The fact that many of you may have serious doubts about the advantages to be gained from unified accreditation simply means that the members of the nursing profession are following the normal pattern in the history of accreditation among other academic and professional groups. I can remember twenty years ago when I was a student in a Jesuit high school I more than once heard Jesuits criticizing that bugaboo of the North Central Association. Imagine the Association's impudence in trying to tell Jesuits how to teach! On the basis of the last two decades of experience, however, I am sure that no one hears such foolish and unfounded remarks in Jesuit schools today. It is too evident that the quality of education in Jesuit schools as well as in all others has been enhanced immensely by contact with the North Central Association.
Purposes of Accreditation

My remarks will be concerned with two fundamental ideas: the purposes and the values of accreditation. In elaborating the first consideration—the purposes of accrediting—I shall draw heavily from the official statement of the purposes of the North Central Association in accrediting institutions of higher education.* In fact, I shall merely paraphrase the Association's statement of purposes and apply it to the nursing profession.

1. The first purpose of accrediting is to describe the characteristics of such institutions as are worthy of public recognition as schools of nursing. As in all highly technical and professionalized fields, the judgment of experts should be called upon to inform the average layman as to the validity of the claims which individual institutions may make. This can be accomplished only if those who are competent to do so set down in broad but concrete terms the essential features of a bona fide school of nursing.

2. The second purpose of accreditation is to guide prospective students in the choice of a school of nursing that will meet their needs. This particular purpose is obviously of much greater importance in the case of liberal arts colleges whose curricula may and do vary considerably than it is in the professional fields. Nevertheless there should be provision for at least some variation even among the schools of nursing that would be considered of excellent quality. Prospective nurses should have some reliable means of discovering these differences before making their final choice.

3. The third purpose of accreditation is to serve individual schools of nursing as a guide in interinstitutional relationships, such as the transfer of students, the conduct of student activities, the placement of graduates of schools of nursing, and the selection of nursing school faculties. Any business which operates more or less in a vacuum, which loses contact with its collaborators and its competitors, inevitably becomes a second-rate institution. In due proportion the same is true of educational institutions. Norms set up through accrediting procedures provide ready-made information concerning the best practices in schools recognized as superior.

4. The fourth purpose of accreditation is to assist secondary schools in advising prospective nursing students as to a choice of institutions and to promote in any other way the coordination of secondary education and professional training in nursing. Typical high school student counselors cannot possibly know the qualities and characteristics of all the colleges and various pre-professional and professional schools in which their counselees may be interested. Hence, it is essential that there be put at their disposal accurate, comparable information concerning the opportunities available both locally and elsewhere in any type of post-secondary education including that of nursing.

5. The fifth purpose, and to my mind more important than the other four combined, is the constant improvement of training in nursing through accrediting practices sponsored by the profession itself. If there is one idea which I would particularly wish to emphasize and to recommend for your earnest consideration it is this: that a system of accreditation, properly understood, must be an organized effort of your profession toward continuing improvement in the performance of the noble work embodied in your basic objectives.

Values of Accreditation

Rather than expand more fully on these five purposes I would now like to turn to my answer to the question: what values, what advantages will accrue to the nursing profession from unified accreditation? These values might be considered under four headings, those pertaining to: (a) the institution itself; (b) the students and subsequently the graduates of nursing schools; (c) the professional nursing group; and (d) the local community and general public.

1. If your school of nursing should participate in a nationwide, unified plan of accreditation, what would it stand to gain thereby?

(a) First of all, your school would receive an outside stimulus to improvement which I am confident that all of us in our more honest moments will admit is something highly desirable. Pulling oneself up by the bootstraps is not a common but a rare human characteristic. With outside pressure most of us will perform the duties we should, even though left to ourselves we might partially or completely neglect them. Hence, far from being a threat, accreditation will become your school’s greatest protection. This statement is based not on theoretical considerations but on the actual history of accreditation in other areas. In the fields of medical, dental, and legal education for example, accreditation is the only process that has succeeded in removing quackery and shysters, in outlawing the school with a profit motive. Fifteen years ago the North Central Association received an application for accreditation by a state university in the middle-eastern section of the United States. On inspection it was found that three faculty members of this institution were listed as having Ph.D. degrees from a so-called Oriental University in another eastern city. This “university” was eventually found to be occupying two rooms in an office building. The doctoral dissertation of the head of the department of chemistry at the university in question had been written by hand on a pad of yellow copy paper. It was stolen verbatim from a chapter in a high school chemistry textbook. It was further discovered that the degree had cost him $75 since Oriental University’s prices were $75 for a Ph.D., $50 for an M.D. or M.A., and $25 for a Bachelor’s degree.

In connection with the value of external stimulation toward internal improvement I think it should be emphasized that such stimulation can lose its effectiveness if it is applied from too many sources. This is the reason
for the concentrated effort in recent years to coordinate all evaluative and accrediting activities into one single organization for each clearly defined area. All my remarks, therefore, suppose that the type of accreditation whose values I am emphasizing will be the type that avoids duplication of effort and cost, confusion and conflict in norms, and fractional rather than comprehensive evaluation.

(b) Secondly, I would particularly insist that unified accreditation is of unique value to the school of nursing which for one reason or another finds itself outside the majority group. I assume that there are minority groups among schools of nursing, schools which are set apart because of denominational administration or economic problems or some other basis of distinction. So often these particular institutions fear that they will be the first ones to suffer from such a movement. For example, in the very early years of accrediting in this country the National Catholic Educational Association carried on an evaluative procedure for Catholic colleges and universities. As the values of comprehensive, unified, universal accreditation became more evident this Association discontinued its accrediting functions. I am absolutely certain that if Catholic institutions had chosen to continue separate accreditation, the educational quality of these institutions would be considerably below its present level. And, on the other hand, the fact that Catholic colleges and universities are accredited by regional and national associations has proven to be their constant source of protection. The fear, therefore, that unified accreditation spells doom for schools of nursing which belong to any type of minority group is entirely ill-founded.

(c) The third value of accrediting to the institution, one which follows immediately from what has just been mentioned, is the promotion of the institution's specific and unique purposes. It is particularly in this matter that the North Central Association has provided conspicuous leadership. As is stated in Father Mallon's article "Accrediting of Professional Education" in the November American Journal of Nursing (p. 712), the North Central Association "recognizes and gives full weight to distinctive objectives, attitudes, atmospheres of institutions; and thus preserves in the face of accrediting the wholesome opportunities for distinctiveness, for initiative and originality, for experimentation." The Association is fully cognizant of the possibility that, for example, a denominational school of nursing might have certain educational objectives that would not exist in a school of nursing operated by a state institution. Its philosophy of evaluation can be reduced to this simple formula: tell us what you are aiming at and we will judge you on your effectiveness in attaining these purposes.

(d) The final advantage which will accrue to the individual school of nursing if the ideal form of accrediting is adopted will be the prevention of academic stagnation. After it qualifies for admission, the North Central Association does not allow an institution to rest on its oars. Otherwise, the situation would soon arise in which there would be better qualified institutions
outside the Association than inside, thus defeating the whole purpose of accreditation. By various devices such as requiring yearly studies in at least one area of an institution’s work, the Association makes it clear that it considers accrediting a continuing process, one which does not allow either its own norms or the individual schools to “freeze” into rigidity. I was happy to read, therefore, in the report of the Working Group on the Project in Accrediting in Nursing that “accreditation should be a flexible process and that the techniques of operation should be constantly adjusted to the ultimate purpose of stimulating growth in institutions in order that they may become better places for education.”

2. I have spent much time in emphasizing the tremendous values of accreditation to the individual institution. By so doing, I do not wish to imply that such procedures are not equally valuable to the student and the graduate of a school of nursing. A school of nursing is a social agency which has a definite moral obligation toward those to whom it guarantees training in the nursing profession. Obviously, that obligation is discharged much more adequately and completely by a superior school than by one which merely meets the minimum requirements. Probably few students during their actual period of training fully realize the tremendous differences that may exist between the integrated professional development which they may be receiving and the minimal fractional training given to friends of theirs in another institution. It is only after graduates of the various schools of nursing get out into the field where they can compare notes and observe the attainments of others that they come to a strong feeling either of resentment or of deep satisfaction toward their alma mater. With accreditation operating at its best a nurse can acquire no small amount of that feeling of assurance even during her student days. From the viewpoint of social justice, therefore, schools of nursing have an obligation to exhaust every means of guaranteeing their product somewhat as industries and business agencies must make every effort to keep their production processes as efficient and perfect as possible.

3. The third significant value of accreditation is the prestige it will give to the entire professional nursing group. Unified accrediting will force all administrators of schools of nursing to become acutely conscious of the fact that they are working together in a task whose attainment is vastly more important than considerations of petty competition. Recognition of this common goal will give your professional group an esprit de corps that will necessarily result in efforts towards constant improvement at all costs. Incidentally, I might mention here that I am convinced that this unity and singleness of purpose among the various educational and professional groups is particularly important today in order that they may protect themselves from domination by state legislatures and federal agencies. It is my observation that the clearest thinking administrators of colleges, universities and professional schools are at this moment more eager than ever before to promote
accrediting on a broad, voluntary, professional basis if for no other reason than to prevent the hazards of accreditation by unqualified state or federal officials.

4. Finally, unified accrediting carries with it intangible but very real values for the community and public at large. This is preeminently true in your profession which, together with that of the ministry and medicine, is concerned with the greatest values in human life. If even an inferior workman in a machine shop is something of a liability to human welfare, what can we say of the dangers to the very souls of our citizens that may spring from the mediocre training of a nurse? In many ways the vast majority of people in our society are at the mercy of our professional schools of nursing, medicine, dentistry and law. Only if these professions themselves will through such effective means as accreditation maintain the standards consonant with the high ideals proper to these professions, only then will they be agencies of inestimable power in the advancement of human welfare.

Following Father Reinert's speech, William J. Haggerty spoke on the process of accreditation in institutions of higher learning.

NATIONAL NURSING ACCREDITING SERVICE

MARY SCHMITT, R.N.

A brief review of the accrediting movement in nursing will bring us to the new National Nursing Accrediting Service which was authorized at the first meeting of the Joint Board of Directors of the Six National Nursing Organizations on January 29, 1949. The principal function of the National Nursing Accrediting Service is to provide a means for accrediting educational programs in nursing, professional and nonprofessional, through a single national nursing accrediting agency.

Accrediting activities were begun in nursing on a national scale in 1920, at which time the National Organization for Public Health Nursing published its first list of university-controlled programs of study in public health nursing for graduate nurses. Twelve years later, the Association of Collegiate Schools of Nursing came into existence. This association has not been primarily an accrediting agency; however, its requirements for membership have had this effect. It has been mainly concerned with basic collegiate and advanced professional nursing programs. A list of its member schools has been published.

The Council on Nursing Education of the Catholic Hospital Association of the United States and Canada began its evaluation of educational programs in nursing in 1938. It has prepared a list of schools.

The National League of Nursing Education launched its accrediting program in 1939. Throughout the last ten years, it has been concerned primarily with basic diploma, degree, and affiliating programs. In 1948, this organi-
zation, jointly with the National Organization for Public Health Nursing, undertook a study for the purpose of setting up criteria for the evaluation of advanced programs of study in psychiatric nursing and mental hygiene. The National League of Nursing Education has also published a list of accredited schools for basic nursing students which includes hospital, collegiate, and affiliating schools.

The National Association for Practical Nurse Education was established in 1940. It has conducted a limited program of accrediting independent of the professional organizations.

A meeting of representatives of the ACSN, NLNE, and NOPHN, held at the Biennial Convention in Philadelphia in 1940, was important in centering attention upon the need for the unification of accrediting and influential in precipitating the first steps toward this end. Subsequently the NLNE and NOPHN undertook the joint accreditation of basic collegiate schools.

Besides these organizations with their direct interest in accrediting, there have been other groups concerned with standards and procedures. Among these groups were the American Red Cross Nursing Service and the Division of Nurse Education of the U. S. Public Health Service.

The professional nursing organizations, educational institutions, and the public have recognized the fallacy of accreditation in any professional area through a multiplicity of agencies. The results have been a duplication of our efforts and cost, confusion on the part of our educational institutions, profession, students, and public, and fractional evaluations and accrediting. Upon this realization the majority of nursing accrediting activities have presently been suspended temporarily while unification of accrediting activities is taking place.

In 1946, the results of the Study of the Structure of Organized Nursing done by Raymond Rich Associates were made available. This group suggested certain steps which were felt to be prerequisite to the consideration of the accrediting process. Then, during this same year, under the auspices of the National Nursing Council for War Service, a Committee of Interests to Plan for a Single Professional Body in Accrediting was appointed to make a careful study of accrediting activities in nursing.

Between 1940 and 1946, increasing need for unified effort was felt and plans were developed for interchange of committee membership and joint discussion of mutual problems.

The boards of the ANA, NLNE, and NOPHN on January 24, 1948, recommended that provision be made for the continuation of efforts toward unification of accrediting activities which had been initiated by the various nursing organizations. It was proposed by these boards that this work be authorized by the boards of the six national nursing organizations, the activities to be directed by a joint committee under the aegis of the NLNE and a chairman appointed by that organization. As a result the Joint Committee of the Six National Nursing Organizations on Unification of Accrediting
Activities was formed. Tentative plans of procedure for the unification of accrediting activities were formulated by this committee in April 1948.

Under the direction of the Joint Committee on Unification of Accrediting Activities, with Lucile Petry as chairman, a considerable amount of progress has been made since September 1948. About this time, a temporary nucleus staff, representing the three national nursing organizations primarily concerned with accreditation, the ACSN, NLNE, and NOPHN, undertook to analyze and compare the policies, criteria, and procedures in current use and then to integrate them. The end products of the work of this staff, a Statement of Policy, Procedure, and Descriptive Statements of Criteria, have been sent for review to more than three hundred nursing representatives throughout the country. Nearly 80 per cent responded with helpful and stimulating suggestions. These comments were tabulated, summarized, and used in the revision of the Statement of Policy, Criteria and Procedure.

A tentative plan of organization for the National Nursing Accrediting Service was also devised by this staff.

The National Nursing Accrediting Service, its plan of organization, and all materials have now been approved by the Joint Board of the Six National Nursing Organizations as of January 1949.

Accrediting in nursing has been conceived as the responsibility of the nursing profession regardless of the special group within the total structure in nursing to which it may be administratively assigned. This is in general accord with the currently accepted principles of accrediting in general and professional education. As such, it is an important means of improving nurse education and, in turn, nursing service to the community. Accreditation is a voluntary process based upon mutual cooperation between the accrediting service and the educational institution.

The National Nursing Accrediting Service has accepted a dynamic philosophy of accreditation. It will be a democratic venture arising from the manifest interest and willingness of the different accrediting groups to merge into a unified service and will be guided by the wishes and needs of the profession and the public.

It will be a flexible process so that the techniques of operation may be constantly adjusted to the ultimate purpose of stimulating growth in educational practice in order that graduates of educational programs may render service in a changing society. It will be the responsibility of appropriate groups within the profession to set up criteria for the evaluation of educational programs. The accrediting service may initiate the development of criteria as recommended by boards of review and assist with it; however, the major responsibility of the accrediting service will be to attempt to encourage educational institutions to meet the criteria developed by the profession. The accrediting service will prepare materials as requested by the various boards of review which may be referred to the appropriate groups within the profession. Hence, evaluative criteria will be requested by the various
boards of review through the established channels from the appropriate
groups within the profession as they are needed and will be submitted by
these groups as they feel they should be used. For example, if the public
health nursing board of review were to need some new criteria, criteria would
be requested from public health nursing committees whose field of activity
is most closely related to the problem at hand; or, if they were to develop
some new criteria, these would be submitted to the accrediting service.

The present policies and descriptive statements of criteria, which will be
used in evaluating educational programs and necessary facilities, are a syn-
thESIS of policies and essentials which have already been used in accrediting
and pronouncements found in the official publications of the ACSN,
NOPHN, and NLNE. These policies and criteria have now been formulated
in such a way that they will be applicable to a nonprofessional nursing pro-
gram, a basic diploma program, a basic degree program, or a postgraduate
program. It must be understood that, in order to do this, the emphasis was
necessarily on qualitative criteria rather than on quantitative criteria and on
flexibility rather than rigidity. There are a few minimum or specific criteria;
however, it is safe to report there are less than a dozen. These criteria in
each section—eligibility of institution, philosophy and purpose, administra-
tion, faculty, student personnel service, curriculum, instruction, library, fi-
nance, and so on—are stated in a positive form so as to facilitate self-
evaluation and assist the boards of review in making refined judgments on
the general excellence of a program of study.

An educational program will be evaluated for accreditation upon the basis
of the total pattern it presents or, in other words, upon the excellence of the
program as a whole. Recognition will be given to the fact that there may be
wide variations in attainment and that superiority in some characteristics may
be regarded as balancing, to some extent, the deficiencies in other character-
istics. In evaluating the characteristics of a program, investigations will pro-
cceed from the merits of declared objectives in terms of professional goals and
extend to the competence and effectiveness of the program in fulfilling these
objectives. The individuality of purposes and objectives, and methods of
achieving them, will be recognized and encouraged.

The purposes of accreditation in nursing are:

1. to stimulate progressive changes in education that will develop stu-
dents' potentialities, improve nursing service, and provide better
health care.

2. to indicate, through published lists, institutions offering educational
programs in nursing worthy of public recognition.

3. to guide prospective students in the selection of an educational pro-
gram in nursing.

4. to assist those responsible for educational programs in nursing and
state boards of nurse examiners in providing better preparation for
nurses.
5. to encourage appropriate groups to engage in planned and suitable experimentation and research in nurse education and nursing service.
6. to encourage institutions to study their educational program in nursing and nursing service problems.

The National Nursing Accrediting Service has been assigned administratively to the NLNE by the profession through the boards of the six national nursing organizations. Authority therefore is placed in the Joint Board of the Six National Nursing Organizations. Policy-making responsibility rests with an administrative group known as the Joint Committee on Unification of Accrediting Activities and its various subcommittees such as finance, organizational planning and publicity. The responsibility for the operation of the accrediting activities is shared between the boards of review for the various categories of nurse education and the professional personnel of the Service.

There is an Executive Board of Review which consists of the chairman of each board of review of the category of nurse education represented, and three members at large from the Joint Committee on Unification of Accrediting Activities. The function of this Executive Board of Review is to assume responsibility for the over-all programs and activities of the separate boards of review requiring coordination.

The general plan of the service provides for a separate board of review for each category of nurse education which has already been accredited by one or more of the former accrediting agencies such as basic noncollegiate, basic collegiate, public health nursing, and advanced professional nursing. There will be five members on each of these boards of review. Qualifications are being set up for the members of these boards of review and appointments will be made by the Joint Committee on Unification of Accrediting Activities with due consideration given to the competence of the prospective members to evaluate programs in the specific category of education represented by the boards on which they will serve. Wide geographic and professional interest representation is desired. The composition of these boards is being carefully planned and tenure of office will be regulated for effective service.

Some of the functions of the separate boards of review are: evaluating educational programs in the light of available criteria, interpreting criteria and accepted policies of the accrediting service, acting upon applications, schedules, original reports and annual reports submitted for approval, and establishing the list of accredited programs of a particular category of nurse education for publication.

The full-time professional staff will consist of a director to coordinate the activities of the service and a secretary for each board of review.

Secretaries of boards of review will be selected for appointment for the category of nurse education for which, through education and experience, they are best qualified.
Part-time regional accrediting representatives will assist the full-time secretary with surveys. Two accrediting representatives, one full-time, the secretary, and one part-time, will participate in each survey of a specific program. If an institution is seeking accreditation for more than one program, part-time specialists may be required. The term "accrediting representative" is one applied to any member of the accrediting service while making a survey of a program of study.

In order to develop a roster of prospective accrediting representatives as well as members of boards of review, the following sources have been solicited to secure the names of competent nurses throughout the United States, Hawaii, and Puerto Rico; officers of state nurses’ associations, state leagues, state organizations for public health nursing, state boards of nurse examiners, directors of advanced programs of study and of schools of nursing on the present lists of the ACSN, NLNE, and NOPHN. A total of 550 blanks were sent out and the returns have been high. Many names are needed from which to select a large number of part-time accrediting representatives from all parts of the country who may be released where and when needed for even one or two weeks of survey work a year. Regional accrediting representatives will be reimbursed for expenses and an honorarium granted for the days devoted to a survey.

To acquaint the members of the boards of review and the accrediting representatives with the policies, criteria, and procedures which will be used by the National Nursing Accrediting Service, four regional institutes are planned for the month of August.

A Manual of Accrediting in Nursing is in the process of preparation. It will include a statement of policy, criteria, and procedure which have been brought together. In addition, it will contain an overview of the organizational plan of the accrediting service, procedure for making application for accreditation, a statement of fees, a bibliography, and other data pertinent to self-evaluation. This manual will be published in loose-leaf form so that sections may be removed and replaced by revisions as they become available or as new criteria are developed for the various categories of nurse education. This manual will be helpful during the institutes in orienting members of boards of review and accrediting representatives, and will eventually be made available to all educational institutions or interested individuals.

At an early date announcements of the inception of the service will be made. The National Nursing Accrediting Service will have a central office at 234 West 56th Street, New York, N. Y., near national headquarters.

In essence, this is a sketchy description of the history of the accrediting movement in nursing, the philosophy and purposes of the National Nursing Accrediting Service, and the proposed plan of operation of the Service. There are details which will be worked out as the Service proceeds, and it is hoped that the next few months will be accompanied by as much progress as has
been made in recent months. The Service wishes to express appreciation for the interest, encouragement, and efforts which have brought it into being.

To reiterate, the National Nursing Accrediting Service will provide a comprehensive plan of accrediting which will be voluntary on the part of educational institutions. The accreditation process will be flexible so as to stimulate growth and improvement. The Accrediting Service will not be fulfilling its purposes if the programs which it accredits become complacent and result in mediocrity, nor will it fulfill its purposes if there becomes, at this stage of nursing development, too great similarity in the patterns of educational programs. This Service will keep itself attuned to the trends in general and professional education. The Accrediting Service will have access to a large amount of comprehensive information pertinent to educational programs in nursing, and the Service will expect to engage in such research as will contribute to the improvement of educational programs and nursing service.

**AFTERNOON SESSION**

Wednesday, May 4—2:00–4:30 p.m.

**CONTRIBUTIONS OF THE DEPARTMENT OF MEASUREMENT AND GUIDANCE TO PLANNING IN NURSING EDUCATION**

*Presiding*: R. Louise McManus, R.N., Chairman, Committee on Measurement and Guidance

*Speakers:*

Elizabeth L. Kemble, R.N., Director, Department of Measurement and Guidance

Elinor V. Fuerst, R.N., Test Editor, Department of Measurement and Guidance

Rita Kelleher, R.N., Acting Dean, Boston College School of Nursing, Boston, Massachusetts

Mary M. Redmond, R.N., Director of Nurses, St. Vincent School of Psychiatric Nursing, St. Louis, Missouri

Emily C. Cardew, R.N., Assistant Director in Charge of Education, St. Luke's Hospital School of Nursing, Chicago, Illinois

Joy Erwin, R.N., Director of Nursing Education and Licenses, Colorado State Board of Nurse Examiners, Denver, Colorado
The year 1948 was one of continued expansion and improvement of the test services which we provide for the nursing profession. Our Pre-Nursing and Guidance Test Service, the Achievement Test Service and the State Board Test Pool all showed a marked increase in the use of the tests. All four test services expanded and were improved—they are still expanding and we are still improving them.

Specifically, the Pre-Nursing and Guidance Test Service was used by 343 schools of nursing during 1948, for which we tested 12,729 applicants. This was an increase of 31 per cent over 1947. One hundred and thirty psychologists and psychometrists assisted us as examiners, testing nursing school applicants at 105 testing centers established throughout the nation, in addition to which 191 applicants were tested individually and 83 special testings were scheduled. Foreign applicants to schools of nursing in the United States were tested in Canada, Puerto Rico, the Canal Zone, Panama, and Peru. Group testings were held for applicants to schools of nursing located in Canada, Hawaii, and Puerto Rico.

During the period January through March 1949, we tested 1,900 applicants for 182 schools in 28 states. We have tested 56 applicants individually and have held 8 special testings.

We are planning to provide our test users with more educational materials pertinent to the use and interpretation of the Pre-Nursing and Guidance test results, and to develop a standard interview form based on the needs of the schools of nursing.

The growth of the Achievement Test Service evidenced in 1947 continued during 1948. One hundred and eighty-nine schools of nursing used this service for the first time during 1948, making a total of 574 schools, an increase of 27 per cent over the year 1947. These schools were located in 44 states, the District of Columbia, Hawaii, Canada, and Beirut, Lebanon. Over 85,000 achievement tests were serviced for these schools, an increase of 40 per cent over the number of tests serviced in 1947.

Already in 1949 we have serviced 22,887 tests for 357 schools in 41 states, the District of Columbia, and Beirut, Lebanon. Fifty-eight of these schools used this service for the first time this year. We expect an even higher percentage of increase, 1949 over 1948, with the introduction of the new series of achievement examinations which has just been completed.

In this new achievement series, there are tests in 11 areas—Communicable Disease Nursing, Obstetric Nursing, Medical Nursing, Nursing of Children, Surgical Nursing, Nutrition and Diet Therapy, Anatomy and Physiology, Chemistry, Microbiology, Pharmacology, and Psychiatric Nursing. A total of 29 item writers assisted our Editorial Unit in the construction of these new