COURSES IN CLINICAL NURSING FOR GRADUATE NURSES

Guide for an Advanced Clinical Course in Orthopedic Nursing

Pamphlet No. 6

NATIONAL LEAGUE OF NURSING EDUCATION

1948
COURSES in CLINICAL NURSING
for GRADUATE NURSES

Guide for an Advanced Clinical Course
in Orthopedic Nursing

Prepared by

SUBCOMMITTEE ON ORTHOPEDIC NURSING
of the
COMMITTEE ON POSTGRADUATE
CLINICAL NURSING COURSES

Property of Methodist-Kahler
School of Nursing, Rochester, Minn.

NATIONAL LEAGUE OF NURSING EDUCATION
1790 Broadway, New York 19, New York
1948
NATIONAL LEAGUE OF NURSING EDUCATION

SUBCOMMITTEE ON ORTHOPEDIC NURSING
of the
COMMITTEE ON POSTGRADUATE CLINICAL
NURSING COURSES

1946-47

LOIS OLMIESTED, R.N., Chairman
Consultant in Orthopedic Nursing, National League of Nursing Education, New York, New York

MRS. MARIE SCHERRER ANDREWS, R.N.
Instructor in Orthopedic Nursing, Boston University, Boston, Massachusetts

MARY P. BILLMEYER, R.N.
Assistant Professor of Orthopedic Nursing, The Catholic University of America, Washington, D.C.

RUTH EVANS, R.N.
Associate Professor, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

MRS. CARMELITA CALDERWOOD HEAST, R.N.
Formerly Consultant in Orthopedic Nursing, National League of Nursing Education, New York, New York

JESSIE L. STEVENSON, R.N.

DELPHINE WILDE, R.N.
Instructor, Advanced Orthopedic Nursing, Teachers College, Columbia University, New York, New York

ELLEN M. COVELL, R.N., Consultant
Educational Director, Association for the Aid of Crippled Children, New York, New York

MILDRED ELSON, R.P.T.T., Consultant
Executive Secretary, American Physical Therapy Association, New York, New York

MARJORIE L. GOULD, R.N., Consultant
Instructor in Orthopedic Nursing, Boston University, Boston, Massachusetts

MRS. R. LOUISE McMANUS, R.N., Consultant
Director, Division of Nursing Education, Teachers College, Columbia University, New York, New York

FLORENCE L. PHENIX, R.N., Consultant

RUTH SLEEPER, R.N., ex officio
President, National League of Nursing Education

ADELAIDE A. MAYO, R.N., ex officio
Executive Secretary, National League of Nursing Education

MRS. ELIZABETH K. PORTER, R.N., ex officio
Chairman, Committee on Postgraduate Clinical Nursing Courses
Courses in Clinical Nursing for Graduate Nurses

GUIDE FOR AN ADVANCED CLINICAL COURSE IN ORTHOPEDIC NURSING

“It can never be realized too widely that deformity is an unnatural and preventable affliction which treatment may alleviate or cure, but which a more complete understanding could abolish.” Sir Robert Jones.

This guide for an advanced clinical course in orthopedic nursing is one of a series prepared by nurse specialists under the direction of the National League of Nursing Education Committee on Postgraduate Clinical Nursing Courses.

The chairman of the central committee participated actively in the work of the Subcommittee on Orthopedic Nursing and helped to interpret the general principles established by the central committee for the guidance of subcommittees in all clinical specialties. The work of other committees on advanced clinical courses was used freely in organizing and planning this course. For this help the orthopedic nursing committee is deeply grateful.

Within the past ten years marked progress has been made in recognizing the extent to which crippling is a medical and public health problem, and in broadly interpreting the total needs of the disabled—physical, mental, and social. Some of the forces responsible for this growth in public understanding are the widespread expansion of state programs for crippled children due to federal funds made available through the Social Security Act, and educational and public information activities of organizations such as the National Society for Crippled Children and Adults and The National Foundation for Infantile Paralysis, Inc. Recent developments which have highlighted the value of prevention as well as rehabilitation are early bed activity and ambulation to offset the harmful effects of bed rest, the reconditioning program of the Army, and the growing problem of the chronically ill including the geriatric group.

A dual role for orthopedic nursing has been created by the realization that the fundamental principles utilized in the care of the orthopedic patient, like those in mental hygiene, apply also to the normal individual and to the nonorthopedic patient. Efforts of the Joint Orthopedic Nursing Advisory Service of the National Organization for Public Health Nursing and the National League of Nursing Education have been directed toward interpretation of this concept of orthopedic nursing and promotion of its application in nursing education and service. For the enrichment of all nursing it is important that nurses qualified in this specialty be made available to hospitals and to public health agencies which offer services to all types of patients. Clinical instructors and supervisors are urgently
needed. It should be clearly understood, however, that this is a clinical course and does not offer a program of study in teaching and supervision. Nurses who wish to qualify for such positions will need additional preparation prior to or following this course.

PURPOSE OF THE COURSE

The purpose of this course is to develop the ability of graduate professional nurses 1) to help the normal individual function more efficiently through teaching correct use of the body in rest and activity; 2) to prevent unnecessary orthopedic disabilities through promotion of health measures which will reduce causes of crippling; 3) to give expert nursing to the orthopedic patient and to help the family in meeting responsibilities in treatment; 4) to contribute to continuous improvement of orthopedic nursing.

QUALIFICATIONS FOR ADMISSION

To be eligible for the course, a nurse should meet the requirements for entrance to the university's department of nursing and should have had at least one year of general experience following graduation from an accredited school of nursing. No statement can be made at present regarding prerequisite preparation in orthopedics since basic professional schools vary widely in their offerings in this specialty.

DURATION OF THE COURSE

Advanced clinical courses in orthopedic nursing have been given in so few universities that the committee had insufficient data on which to base a determination of time required for the student to attain the desired objectives. In the committee's opinion at least two university semesters would be needed.

CONTROL

The course should be conducted in an accredited university as part of a program leading to a baccalaureate or higher degree. Adequate courses in functional anatomy, experimental physiology, and psychology are fundamental and should be prerequisite to or given concurrently with the advanced clinical course in orthopedic nursing.

The nurse directly in charge of the course should have preparation equivalent to that attained in the proposed advanced clinical course in orthopedic nursing, preparation and experience in teaching, and five years of clinical experience in a hospital and/or a public health agency some of which should have been in supervision. She should have demonstrated expertness as a practitioner in the care of orthopedic patients and in the application of orthopedic principles in all nursing, ability as a teacher of individuals and groups, understanding of the place of the nurse in community planning, and professional leadership in this clinical area.

To insure coordination of activities for the student it is important that the instructor who is responsible for the organization of the course work
closely with the instructors of other courses in the program and with the affiliated institutions and agencies where clinical practice is offered.

CLINICAL FACILITIES

In the clinical field, opportunity must be available for experience in institutions or agencies approved by the appropriate accrediting or policy-making authorities. The clinical facilities should provide service, education, and professional leadership, and should include:

1. An orthopedic hospital or an orthopedic service in one or more general hospitals. Adequate experience with a wide variety of orthopedic conditions and with all age groups is essential.

2. An outpatient department or clinics in which special types of orthopedic patients receive follow-up care.

3. A professional school of nursing affiliated with a general hospital, where students of the orthopedic nursing course may observe and participate in the application of orthopedic nursing principles to non-orthopedic patients and to the normal individual (such as in teaching body mechanics to the antepartal patient or in the nursing arts classroom). This facility may be available in a hospital which also offers good orthopedic experience on segregated wards.

4. Physical therapy, occupational therapy, and social service departments organized under medical supervision and staffed by persons with preparation approved for these various specialties.

5. A convalescent home in which good orthopedic nursing care is given and where a teaching program has been organized and is functioning.

6. Public health agencies, local and state, giving home care and supervision to the orthopedic patient.

7. A rehabilitation center with qualified personnel in such fields as medicine, physical therapy, occupational therapy, social service, and vocational guidance.

8. A library which is well equipped with materials on orthopedics and related problems.

ORGANIZATION

This course should offer the student unified learning experience. For this reason the outline has not been divided into units of instruction, but an attempt has been made to give the objectives of the entire course. The instructor will need to make a course outline and lesson plans to guide the student through organized experiences to an orderly and efficient attainment of her goals. In breaking the course into instructional units it is important to keep in mind the objectives of the entire course if these objectives are not to be lost sight of in the interest of techniques. In suggesting essential learning experiences no attempt has been made to include an exhaustive list. It will be necessary for the instructor, when planning an advanced orthopedic nursing course, to select and to help in the develop-
ment of available facilities in the community which will offer the required experience.

The committee is of the opinion that the organization of the course depends on so many variable factors that any specific outline which might be suggested would be of very limited value. For example, the arrangement of lectures and rotations of students for clinical experience will be affected by the question as to whether a course in functional anatomy and experimental physiology must be given concurrently or whether arrangements can be made whereby this can be a prerequisite.

Hospital and public health facilities in the community must be investigated and a teaching plan organized which will be acceptable to these agencies, and which will correlate clinical experience with academic work in the university sponsoring the course and enable the student to attain her objectives as efficiently as possible.

The National League of Nursing Education and the National Organization for Public Health Nursing have orthopedic nursing consultants on their staffs available to assist the university in making surveys and planning an advanced orthopedic nursing course within the framework of university policies and community facilities.
GUIDE FOR AN ADVANCED CLINICAL COURSE IN ORTHOPEDIC NURSING

Central Objective: Ability to utilize orthopedic principles in all nursing situations and to plan and carry out expert nursing for patients with orthopedic conditions.

CONTRIBUTORY OBJECTIVE I

Ability to plan and carry out expertly the measures required to maintain the body alignment necessary for efficient functional activity of the normal individual and nonorthopedic patient. This ability requires:

A. Attainment by the student of neuromuscular patterns of correct body mechanics.

B. Understanding of what constitutes good body alignment in rest and activity, and of the physical, psychological, environmental, and other factors which influence it.

C. Comprehensive knowledge of the effect of good body mechanics on optimum health and efficiency.

This requires understanding of (1) the influence of correct body alignment on vital capacity, digestion, elimination, emotional attitudes; (2) the effect of distribution of body weight upon fatigue; (3) the social effect of good body alignment.

D. Ability to recognize and use opportunities for teaching, in all nursing situations, those measures which promote good body alignment.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

A broad and detailed knowledge of functional anatomy, physiology, and physics is a necessary basis for the attainment of the objectives of the clinical course. Courses in these subjects may be given concurrently with or prior to the advanced orthopedic nursing course. Emphasis on the specific application of this scientific knowledge should be given throughout the course.

Instruction in the principles of body mechanics, including normal variations in posture, should be given by specialists in orthopedic nursing, physical therapists, orthopedic surgeons and/or doctors of physical medicine.

In order to learn thoroughly the location and function of bones, joints, muscles, blood vessels, and viscera, and the relations between the various systems, the student should be directed in a study of herself and her classmates. Lectures, discussion, and visual aids such as models and charts will also be used for this purpose.

Provision should be made for:

Conferences and guided reading on the effect of environmental and psychological factors in posture. Assigned studies on particular aspects of posture with concurrent seminars will provide broader coverage than can be attained by the individual student.
CONTRIBUTORY OBJECTIVE I (Continued)

This ability involves (1) knowledge of orthopedic principles basic to intelligent care of all patients, such as antepartal, medical, and pediatric; (2) understanding of the physical, psychological, environmental, and other factors which influence posture; (3) skill in stimulating interest in acquiring good body mechanics; (4) skill in making and teaching adjustments which will promote correct posture in rest and activity.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS (Cont.)

Guided reading of material on body alignment, functional activity, and reports of experiments and activities in schools, Army hospitals, and other institutions.

Opportunity to observe and confer with other professional workers, such as physical therapists, regarding their programs. A broader understanding of methods of attaining better body mechanics will thereby be achieved.

Organized classroom instruction and demonstration as well as bedside clinics and practice of the application of orthopedic nursing principles to nonorthopedic patients.

Discussion of methods and materials and their use in teaching good body mechanics to others, such as the school child, the student nurse, and the antepartal patient.

Laboratory practice of various activities by the students in order that they may acquire good habits of posture.

Supervised visits to such places as schools, factories, and prenatal clinics for the purpose of observing critically habitual body mechanics and appraising the need of various groups for assistance. Students should be prepared for such visits by conferences with the instructor, and individual conferences following the visits should center on nursing plans to meet the needs found.
CONTRIBUTORY OBJECTIVE II

A knowledge of current concepts in orthopedics essential for the nursing specialist to assume intelligently her responsibilities in prevention of orthopedic disabilities and in care of the orthopedic patient. This knowledge includes:

A. A broad background of learning in orthopedics: historical contributions, etiology, pathology and course of the condition, prognosis and treatment, methods of prevention and nursing implications.

B. An understanding of the effect of an adequate program of health care upon the prevention of orthopedic disabilities. Such an understanding will be gained by study of:

1. The value of adequate antepartum, delivery, and postpartum care in the prevention of certain crippling conditions.

2. The contribution of adequate resources for general health and supervision for infants, children, and adults in preventing such conditions as rickets, postural scoliosis, bone and joint tuberculosis, and arthritis.

3. The importance of the correction of accident hazards in the home, school, factory, farm and on the street in reducing the number of orthopedic disabilities caused by accident.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

Lectures by orthopedic specialists, staff seminars, and conferences on the various orthopedic conditions both common and rare.

Ward rounds and supervised participation in clinics of different types such as those for posture and clubfoot. These experiences should be followed by discussion with the clinical instructor to insure understanding of nursing features.

Study of standards of construction as set up for public schools or hospitals and a study of actual hazards observed in a typical building or home.

In order to develop greater comprehension of specific conditions and problems in various areas, conferences with such specialists as the following should be arranged: orthopedists, psychiatrists, nutritionists, biochemists, physical and occupational therapists, public health officers, social workers, brace makers, physical education experts, health educators, and teachers in the schools for the handicapped.

Opportunity for the student to observe a wide variety of orthopedic conditions through field trips to crippled children's schools, brace shops, orthopedic clinics, public health agencies, rehabilitation centers, and hospitals giving care to specialized conditions, such as tuberculosis and spinal cord injuries.

Guided reading to familiarize the student with the literature in the field of orthopedics, and with sources of related material in allied fields.
C. An ability to evaluate current orthopedic literature, as well as an understanding of the need for knowing about recent developments in orthopedics and allied fields.

**Suggested Learning Experiences and Teaching Methods (Cont.)**

Review of monthly medical periodical literature. The student may abstract points of interest in orthopedics from one or more periodicals. In addition to nursing publications, other magazines which might be included are:

- Journal of the American Medical Association
- Journal of Bone and Joint Surgery
- Journal of Surgery, Gyneceology and Obstetrics
- The American Journal of Occupational Therapy
- Physical Therapy Review
- Archives of Physical Medicine
- Military Surgeon

Critical review of existing textbooks in nursing arts, surgical nursing, and pediatrics which contain one or more units on body mechanics, fractures, or orthopedic nursing. This review will serve to enlarge the student's awareness of what has been written and what still remains to be written about her specialty. The student might be asked to make suggestions for revisions of sections dealing with orthopedics.

The student should be encouraged to take advantage of all available opportunities in the hospital which will increase her knowledge. She might select such activities as the following: observation of operations, postmortem examinations, traction, and cast applications; attendance at special clinics not included in her program, medical seminars and lectures, and ward rounds. Frequent nursing conferences should be held to pool and discuss features of interest to the general group of students.

In institutions where a great wealth of material is available, daily posting of activities would enable the student to make a wise selection from among them.
CONTRIBUTORY OBJECTIVE III

*Increased ability to recognize early signs and symptoms of orthopedic disability and to appreciate the importance of early treatment.* Attainment of this ability requires:

A. Understanding of how nonorthopedic conditions may predispose the individual to the development of orthopedic disabilities. This understanding involves a knowledge of:

1. The relationship of the mild postural deviation, inefficient body function, and the development of orthopedic disability.
2. The relation between position maintained over prolonged periods of time and the temporary or permanent limitation of joint function such as may be observed in the cardiac or tuberculous patient.
3. The relation between orthopedic disability and various infectious processes involving bone and joint function; for example, arthritis and osteomyelitis.
4. The relation between posture defects and general physical and mental well-being.

B. Understanding of how early treatment, by decreasing the extent of the disability and by shortening the time required for treatment, has far-reaching social and economic implications.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

Experiences which will familiarize the student with a variety of conditions predisposing the individual to orthopedic disabilities and with methods of preventing such disabilities. These experiences should include guided reading, group discussion and analysis of orthopedic case records; ward rounds, nursing conferences, bedside clinics, and experience in the outpatient department and in the home.

Study of statistics on employment of the handicapped and conferences with workers in vocational rehabilitation and employment agencies to learn employment limitations imposed by various types of leg, arm, and back disabilities. The employment problems of the handicapped would be more real to her if the student could follow through an actual person’s program from vocational counseling to placement in industry.

Experience in taking histories in orthopedic field clinics, public health nursing agencies, or hospital outpatient clinic service. This will aid in developing understanding of various contributory causes of disability.

Guided observation in various situations, such as school, prenatal clinic, and sheltered workshop as a basis for analyzing strains upon the body mechanism in its attempt to meet the demands of excess weight, ill-fitting shoes, incorrect posture in
Suggested Learning Experiences and Teaching Methods (Cont.)

Contributory Objective III (Continued)

desk work, scoliosis, disability in lower extremities, excess weight in pregnancy, chair construction, arm disability, and other disabilities which may modify some part of the neuro-muscular skeletal mechanism.

Study, observation and conferences with the patient and/or professional personnel in relation to abnormal gait of convalescent patients, complaints of discomfort such as painful feet or backache, length of time before complaints disappear, reasons for complaints and for some time, which might reduce the number of such complaints, and the time of recovery, and composition at each stage of the importance of early correction in order to gain understanding of the importance of early bone anomalies.

Guided reading relative to bone structure and composition at various stages of development in order to give an understanding of the necessity for early treatment may be gained through study of a series of cases histories dealing with a variety of orthopedic conditions and giving information at onset of disability, time elapsing between onset and institution of care, continuity of care, length of total period of care, and end results obtained.

Opportunities for attainment of this objective will be offered by the learning experience throughout the course as well as in the preceding specific situations.

[ 10 ]
CONTRIBUTORY OBJECTIVE IV

Increased ability to assist patients in accepting the need for and in securing continuous orthopedic care until treatment is complete. This ability requires:

A. Skill in interpreting to patient and family the need for securing care. This skill involves:
   2. Effectiveness in establishing a friendly relationship with the patient and family.
   3. Understanding of the emotional and mental problems peculiar to the orthopedic patient and his family.
   4. Recognition of the need of, and a willingness to use the help of, other personnel, such as the medical social worker, when resistance to treatment is deep-seated.

B. Skill in assisting the family, when necessary, in making arrangements for medical examination and treatment. Attainment of such skill presupposes knowledge of medical and social resources in the community and state, of legislation in regard to physical restoration services available to handicapped children and adults, of referral procedures, and of services provided by volunteers.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

Lectures, discussion, and assigned readings so that the student may learn about available resources for the care of patients, legislation and legislative policies, and preparation and work of professional and nonprofessional personnel. The students may be asked to formulate suggestions for greater emphasis on nursing in the social pattern.

Conferences with the instructor and with other workers, such as medical social workers, physical therapists, nutritionists, and vocational rehabilitation counselors. These conferences should be directed toward developing an understanding of the functions of other personnel concerned in the care of the patient. The students might be asked to evaluate the plan of care of selected patients and to analyze the contributions of various professional personnel.

Opportunities for the student, under the supervision of the instructor, to interview patients and their families and to make home visits in order that she may develop understanding of nationality reactions and of superstitions and mores in relation to handicapping conditions, effective methods of establishing rapport, and skill in effective interview techniques.

Observation in clinics, outpatient departments, convalescent homes, and public health agencies. This would enable the student to observe not only the physician's interpretation of condition and treatment to the patient and his family, but also family relation-
CONTRIBUTORY OBJECTIVE IV (Continued)

C. Skill in formulating and in jointly participating in the carrying out of complete nursing plans based on treatment recommended by the physician, on needs of the patient and family, and on the facilities available in the community. This skill is based upon:

1. Understanding of the importance of, and ingenuity in securing, information about the total plan of treatment.

2. Ability in correlating nursing activities with those of other professional workers who contribute to the total care of the patient, such as the physical therapist, medical social worker, and school teacher. Required is a knowledge of the function of other personnel, of their qualifications, and of how they may best be used in the plan of treatment.

3. Expertness in assisting the patient and family to accept and adjust psychologically and socially to the disability and to the treatment of it. Such expertness involves explaining the purposes of the prescribed treatment in accordance with the policies of the physician; enlisting the help of other members of the family in making adjustments necessary for care in the home; establishing and maintaining a friendly relationship with the patient and family, as well as being alert to mental strain, ascertaining causes, and instituting measures to assist in prevention and alleviation of it.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS (Cont.)

ships. The student should have opportunity to test the family's understanding of information and instruction given. Selected patients might be assigned the student for follow through.

Guided observation in the orthopedic ward and clinic, the out-patient department, and the convalescent home in order to learn how to detect signs of mental strain and to understand its underlying cause (for example, the patient's worry that he will be permanently disabled, his feeling of shame or guilt because of deformity, his separation from his family, his anxiety about finances for long-term care, his fear of surgery, and the effect of increased physical and emotional demands upon the person caring for him). Subsequent nursing conferences should consider the causes of and measures for prevention and alleviation of mental strain.

Review of procedures of various agencies to learn about their administrative practices, the use of standing orders, referral procedures, follow-up of cases, and record forms.

Study of case histories and practice in making over-all plans for care based on the patient's need and on community facilities and opportunity to follow through and evaluate one such plan.

Participation with other professional personnel in case conferences on selected patients whom the student has cared for in the hospital or home.
CONTRIBUTORY OBJECTIVE V

Expertness in bedside nursing care of patients with orthopedic disabilities. This requires:

A. Ability to recognize and take appropriate action regarding the special psychological problems caused by orthopedic disabilities.

B. Skill in general nursing of the orthopedic patient, which involves:
   1. Preparing the patient physically and psychologically for operative procedures.
   2. Carrying out nursing measures necessary to prevent further deformities, such as contractures, in amputees, arthritics, hemiplegics, etc.
   3. Assisting in maintaining muscle tone and normal joint motion.
   4. Preventing complications, such as circulatory and urinary disturbances in patients when immobilization is necessary, and pneumonia in the elderly.
   5. Maintaining good nutritional status.
   7. Maintaining optimum environment.
   8. Carrying out nursing techniques necessary in the care of the orthopedic patient, such as administering surgical dressing for osteomyelitis or hot packs for the poliomyelitis patient.

C. Skill in the special nursing required by patients for whom apparatus such as braces, corsets, splints, traction, casts, crutches, and prosthesis is ordered. This skill requires:
   1. Understanding of physical principles involved in such apparatus, purpose for which the apparatus is ordered, methods for maintaining its effectiveness, methods of applying it, and special hazards involved in its use.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

A knowledge of psychology of the handicapped to enable the student to understand and interpret symptomatic behavior. Instruction should be prerequisite to or should run concurrently with the advanced orthopedic nursing course.

Reading of case histories of orthopedic patients which show psychological implications. Discussion with such workers as the psychologist and the medical social worker to gain an understanding of the meaning of symptoms.

Observe, evaluate, and give orthopedic nursing care necessary to the treatment of a wide variety of conditions and patients using all types of apparatus. These demonstrations would include the use of frames, traction, crutches, etc.

Use of visual aids and planned reading to orient the student to conditions and care.

Ward rounds preceded and followed by conferences with the instructor on nursing implications and plan of treatment for various patients.

Making nursing care studies of patients having common orthopedic conditions.

Projects assigned on nursing care, planned to reveal the student's understanding of present and future needs of the patients.

Planned, supervised clinical experience, bedside clinics, ward classes, and demonstrations to give the student expertness in applying principles and procedures of general nursing to the special needs of the orthopedic patient. For example:

1. Sufficient experience in surgical techniques such as preparing the patient for surgical intervention and doing dressings for osteomyelitis patients.
2. Giving assistance and instruction to patients as to exercises, foot supports, good bed posture, change of position, etc., to maintain muscle tone and joint motion and to prevent deformity. Such instruction is especially important in bed care
Contributory Objective V (Continued)

2. Technical ability in
   a. Performing special procedures for patients in apparatus such as turning the patient with a tuberculous spine on a frame, giving back care to a traction patient, and applying braces.
   b. Maintaining the effectiveness of the apparatus, making minor adjustments and repairs, and recognizing correctness of size and fit.
   c. Making adaptations in nursing procedures required by various types of apparatus.

3. Ability to help the patient acquire as wide a range of functional activity as is possible within prescribed limitations.

D. Skill in improvising and repairing simple orthopedic equipment in the hospital or home.

E. Ability to correlate nursing activities with activities of other workers who contribute to the total care of the patient. This ability is based on an understanding of the joint responsibility of allied professional workers in the care of the patient; of the place of the nurse's aide, the practical nurse, and the volunteer worker in the care of the orthopedic patient; and of the value of the service rendered by religious and welfare workers.

F. Ability to instruct the patient and his family in orthopedic nursing procedures for which they are responsible.

This would include skill in interpreting to the patient and his family not only the value and expected results of the use of apparatus and treatment, but also their responsibility for maintaining continuity of treatment. It would also necessitate ability to teach the patient or his family points to observe in checking apparatus, gait, and position.

Suggested Learning Experiences and Teaching Methods (Cont.)

of amputees. The giving of assistance would also include maintaining movement within the painless arc for patients with acute poliomyelitis. For cerebral palsy patients special attention to position and activity is necessary at all times.

3. Preventing pneumonia in elderly patients through such activities as teaching breathing exercises and change of position as allowed.

4. Assisting in the prevention of urinary disturbances in patients whose activity has been curtailed, through attention to fluid intake and output, change of position as allowed, etc.

5. Assisting in the maintenance of nutritional health fluid balance through attention to weight loss or gain, loss of appetite, constipation, poorly balanced diet, etc. Close correlation of nursing and the service of the dietetics department is indicated here. With the cerebral palsy patient there is often a feeding problem which is especially important.

6. Sufficient experience with a large enough number of poliomyelitis patients in all stages of the disease to enable the student to become expert in applying hot packs, in handling patients gently, in caring for patients in the respirator, and in recognizing symptoms which should be reported.

Review of principles of physics applicable to various types of apparatus, and demonstration and guided observation on the orthopedic wards to insure understanding of the application of these principles.

Visit to brace shop. This experience, if correctly guided, will give the student an understanding of purposes, methods of measurement, construction, methods of application, inspection, cost, and care of braces and corsets.

Study of equipment, both commercial and improvised, useful in treatment of orthopedic patients. Equipment used by cerebral palsy patients, such as tools for eating, tables and chairs, should be included.
Suggested Learning Experiences and Teaching Methods (Cont.)

Lectures and conferences, both on the orthopedic ward and in the outpatient department, on the purpose, selection, and maintenance of apparatus of all kinds. Study of case histories and prescriptions so that the student may become familiar with orders for apparatus.

Demonstrations of orthopedic nursing care together with sufficient planned supervised clinical experience to assure expertness in special nursing techniques. For example:

1. Caring for patients with orthopedic disability in all age groups, with a wide variety of diagnoses, for whom varying lengths of treatment are needed, and with both favorable and poor prognoses for functionally good results, in order to become secure in dealing with their special emotional problems.

2. Caring for patients with a wide variety of orthopedic conditions, varying degrees of disability, at various stages of treatment, and using various types of apparatus in order to master technical skills. This would include skill in assisting with the application of the common types of traction.

3. Caring for patients on various types of frames, such as Whitman, Schwartz, and Stryker, in order to become skillful in selecting, measuring for, covering, preparing bed and supports, turning patient with tuberculous spine, giving bedpan, protecting skin over gibbus, and using restraints.

4. Caring for patients in a variety of splints, such as Thomas or Hodgson, in order to learn methods of applying the splints, adjusting them, and giving the care necessary to overcome hazards inherent in their use.

5. Caring for patients in casts, including assistance with preparation of plaster as well as with its application; applying plaster bandages if the doctor so directs; taking care of casts, which would include drying, arranging supports to prevent buckling, finishing of edges, applying waterproofing, cleaning soiled cast, changing stockinet, and repairing casts as necessary. Nursing
techniques for treating the patient in a cast would also include special skin care, turning the patient, observation for decubitus ulcers under casts, shampoos for patient in medusa cast, etc.

6. Caring for patient with braces or corsets which would include methods of application and removal, knowledge of pressure points, of danger of chafing and how to avoid it, and of checking for fit and efficiency. The teaching of functional activity, such as sitting down and getting up for patient in two long-leg braces, would also be part of this care.

7. Caring for patient with crutches, preliminary preparation of the bed patient for crutch walking, measuring for crutches, and teaching and supervising various gaits and activities in cooperation with other specialists.

8. Caring for patients with prosthesis, including care of stump; in cooperation with other specialists, applying the apparatus and teaching the patient its use in order to get maximum efficiency.

Experience in a crippled children’s school, a treatment center, a special hospital caring for cerebral palsy patients, or with a public health agency planned to give the student a thorough understanding of the unique nursing problems presented by the cerebral palsy patients, such as feeding difficulties, fatigue, and functional training. As a rule, for adequate student experience too few of these patients are found on the orthopedic ward of the general hospital or in the usual orthopedic hospital.

Guided experience in planning, teaching, and supervising recreational activities for orthopedic patients in various age groups.

Orientation lectures regarding the work of various professional and nonprofessional workers interested in the care of the orthopedic patient. Analysis of ward activities and patient care to determine the role of each in the total care of the patient. Planned and supervised experience in physical therapy and occupational
CONTRIBUTORY OBJECTIVE V (Continued)

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS (Cont.)

therapy departments to familiarize the student with their activities. Discussion of nurse's responsibility in preparing for treatment and carrying through of plans.

Supervised experience in the outpatient department, in the home or on the orthopedic ward in making simple repairs of apparatus, such as replacing straps or buckles, in devising foot supports, arm supports, etc., and in devising special equipment for safeguarding the cerebral palsy patient.

Participation in the teaching of patient and family on the orthopedic ward, in the clinic or at home regarding the use and care of an appliance, the purpose of treatment, and permissible activity and environmental adjustments necessary for better care.

Analysis of teaching opportunities in various situations, such as the hospital ward, the clinic, or the home.

Conference regarding recruiting, training and supervision of nonprofessional personnel.

Discussion of the need for improvised equipment in the home or hospital situation, of possible materials, and of practice in its construction and application.
CONTRIBUTORY OBJECTIVE VI

Ability to interpret to the community the relationship of existing facilities to a desirable orthopedic program. This ability involves:

A. Interpretation to the community of the nurse's service and that of the agency she represents. Her success in making this interpretation requires:

1. Ability to analyze critically her own service in relation to the complete care of the disabled, to the contribution of general nursing, and to the objectives of other individuals and agencies interested in the welfare of the orthopedically disabled.

2. Recognition of opportunities for interpreting community service and skill in utilizing them in contacts with patients, their families, and the public.

3. Ability to stimulate general interest in orthopedics, first through understanding of the contribution which can be made by lodges, service clubs, etc., and fostering of their interest; and second through understanding of public response to news releases concerned with new methods, human interest stories, etc., and giving desirable guidance when possible regarding such material.

B. Skill in techniques of joint planning and unified action with other services, such as participation in case conferences and planning for institutes and exhibits.

C. Knowledge of legislation pertaining to rehabilitation and the civil rights of the handicapped.

D. Understanding of the social and economic cost of orthopedic disability to the individual, to his family, and to the community at large.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

The nurse should plan for and give continuous care to some orthopedic patients not only in the hospital but also in the clinic, in order to get a better understanding of the necessary continuity of care. Home visits to such patients would add to her appreciation of the problems of long-term and continuous care. She should evaluate her nursing plan on the basis of results seen in a specific patient for whose total nursing care she has been responsible.

Also of importance are:

Attendance at meetings, both professional and nonprofessional, in which discussion of the problems of the orthopedically disabled takes place. When possible, planned participation such as assisting with demonstrations.

Experience in clinics and outpatient departments with special attention to opportunities to teach patients and their families. Study of case records, including family histories, will indicate needed instruction.

Study of statistics in order to learn the economic factors involved in the care of the orthopedic patient in addition to conferences with those workers who plan solution of economic problems. This study will also demonstrate the money value of early care and prevention.
CONTRIBUTORY OBJECTIVE VII

Vital interest in continuous professional growth and in making a contribution to the knowledge of good orthopedic nursing.

SUGGESTED LEARNING EXPERIENCES AND TEACHING METHODS

The student should be stimulated throughout the course to acquire an understanding of the value of continued professional growth and of the special contribution she can make to nursing through the field of orthopedics, as well as to good orthopedic nursing.

Neither a single learning experience nor a series of such experiences can be listed as contributing to the attainment of this objective. The instructor of the course should, however, be conscious of it and of the need to inspire the student with a vital interest in keeping abreast of current discoveries, in improving existing techniques in orthopedic nursing, and in sharing her discoveries with others.

The instructor of the advanced clinical course in orthopedic nursing will make her own breakdown of this objective and will keep in mind that it is not an objective whose attainment comes by accident, but that it is particularly important in the field of orthopedics and that there is need throughout the entire course to make a conscious effort to guide the student so that it will be a part of all of her learning experiences.
COURSES IN CLINICAL NURSING FOR GRADUATE NURSES

Prepared by the

COMMITTEE ON POSTGRADUATE CLINICAL NURSING COURSES
NATIONAL LEAGUE OF NURSING EDUCATION

Pamphlet No. 1. "Basic Assumptions and Guiding Principles: Basic Courses, Advanced Courses." All other pamphlets in this series should be used in conjunction with this one.

Pamphlet No. 2. "An Advanced Course in Psychiatric Nursing."

Pamphlet No. 3. "Guide for an Advanced Clinical Course in Pediatric Nursing."

Pamphlet No. 4. "Guide for an Advanced Clinical Course in Tuberculosis Nursing."

Pamphlet No. 5. "Guide for an Advanced Clinical Course in Maternity Nursing."

Pamphlet No. 6. "Guide for an Advanced Clinical Course in Orthopedic Nursing."

Property of Methodist-Kahler School of Nursing, Rochester, Minn.