COURSES IN CLINICAL NURSING FOR GRADUATE NURSES

Guide for an Advanced Clinical Course in Pediatric Nursing

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Guide for an Advanced Clinical Course
in Pediatric Nursing

Prepared by
SUBCOMMITTEE ON PEDIATRIC NURSING
of the
SPECIAL COMMITTEE ON POSTGRADUATE
CLINICAL NURSING COURSES

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GUIDE FOR AN ADVANCED CLINICAL COURSE IN PEDIATRIC NURSING

For some time a special committee of the National League of Nursing Education has been engaged in an intensive study of advanced courses in clinical nursing for graduate nurses; in 1944 the committee issued a statement of the general principles which are applicable to all of them. These principles have been kept in mind by the subcommittee responsible for preparing the guide which is here presented.

The subcommittee has twice requested that nurses and physicians well known in pediatrics review the proposals which it has set forth; first, before the publication of the proposed course in the August, 1945, issue of the *American Journal of Nursing*; and second, after its publication, so that suggestions of value might be made use of in constructing the final revision here presented. It is believed that, although the guide is by no means perfect, its use may stimulate the development of those courses which will meet the needs of advanced students and at the same time discourage the institution of those courses which cannot satisfy such needs. Future committees should undoubtedly be in a position to improve upon it in the light of experience gained in its use.

TITLE OF THE COURSE

The title "Pediatric Nursing" has been chosen because it is brief and because it is in common use. Furthermore, it is becoming sufficiently broad in its implications to include not only prevention and cure of disease but also the promotion and maintenance of children's health.

PURPOSE OF THE COURSE

The purpose of this course is to prepare clinical specialists in pediatric nursing. The committee defines such specialists as nurses who not only can give skilled and understanding care to children from birth to maturity but also can help parents and others who may be called upon to assist in providing such care to do so to the greatest possible advantage. These nurses should have, in relation to all needs of children, a perspective that will enable them in any given situation to select for immediate attention.

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those elements that are most essential to the ultimate healthful development of the child. They should also be able to interpret to parents and other responsible persons the needs of children and the measures taken to provide for them. In addition, they should know how to co-operate with and advise those who administer programs for children.

The course should lead toward professional maturity. This denotes ability on the part of the nurse to render acceptable service under direction and to maintain a high level of independent performance; the development of a critical attitude which will lead to improvement of her work; and an acceptance of responsibility for improving the practice of pediatric nursing through sharing her knowledge with her associates, through contributing to professional literature, and through participating in research and study projects.

All positions in pediatric nursing stem from a requisite common core of knowledge and skill. This is true for nurses who may be administrators, teachers, or practitioners of nursing wherever they may be employed—in hospital, home, school, or public health agency. The committee feels that this course would provide the common core. Further preparation would be required for those positions involving additional responsibilities.

OPPORTUNITIES IN PEDIATRIC NURSING

Hospitals and schools of nursing are seeking nurses who are qualified as head nurses, supervisors, and clinical instructors in pediatric services. There is a growing demand for staff nurses who are expert in giving pediatric nursing care. The federal, state, and local public health services are eager to employ nurses who qualify as specialists in pediatric nursing. Positions as staff nurses are available in public health agencies administering child health programs, in elementary and secondary school health service, and in nursery and day-care centers. Universities and colleges require nurses qualified to participate in programs for graduate nurse students. A special need also exists for nurses to participate in giving advanced clinical courses similar to the one presented here. Moreover, there will no doubt be in the future many opportunities for well-prepared pediatric nurses to serve in private practice and as assistants to pediatricians.

CONTROL OF COURSE

The first of the general principles defined by the special committee recommends that advanced courses in clinical nursing should be a part of a major program in nursing established in an accredited college or university or should be approved for credit by such an institution. This principle applies to the advanced course in pediatric nursing.
FACILITIES NECESSARY

The following are held to be essential facilities:
1. A hospital pediatric service which provides adequate and satisfactory clinical experience in terms of a. ages served from prematurity through adolescence; b. variety and number of cases.
2. Child health and guidance clinics where experience in health instruction is available.
3. Home nursing services for children, in which, preferably, co-ordination of home and hospital nursing services has been established.
4. Opportunities to work with children in normal life situations such as those to be found in homes, parks, schools, and other places which children frequent.

FACULTY

Whereas the subcommittee has not attempted to set up a formal statement of qualifications for members of the faculty, in general it recommends that nurses responsible for the immediate direction of the various phases of the course should themselves be clinical specialists in pediatric nursing. They should have, in addition, special preparation in education. All personnel with responsibility for guidance of the student in clinical experience should be prepared to participate in an educational program that emphasizes community service.

QUALIFICATIONS FOR ADMISSION

To be eligible for admission, a candidate must meet the matriculation requirements of the university and its department or school of nursing education. She should be able to demonstrate by reliable records of work, tests, or observed performance, competence in pediatric nursing expected of students upon the completion of a sound basic course. She should, in addition, have at least one year of satisfactory experience as a graduate nurse, including a minimum of six months’ work with children. Such experience should enable the candidate to recognize the nature of her need for additional preparation. It is desirable that the candidate shall have completed at least one year of college work which has included some of the related courses suggested in this guide. With respect to her personal qualifications, reports should be secured from persons competent to judge her potentialities for working with children.

DURATION OF THE COURSE

The length of time required for the satisfactory completion of the course depends upon the qualifications and experience of the individual student. For example, a nurse who had previously been employed in a hospital pediatric service and had not learned to work effectively with other
community agencies might have to devote considerable time to acquiring this ability. On the other hand, a public health nurse might need to spend more time in learning how to give expert nursing care to an ill child.

It is expected that the course may be completed in one academic year. The development of skill in application would, however, require longer practice. A period of internship might therefore be desirable. The committee hopes that at some future date the degree of competence achieved by the candidate rather than the time spent in learning will determine satisfactory completion of the course.

CONSTRUCTION OF THE COURSE

The general approach of the subcommittee to the construction of the proposed course is illustrated in the accompanying diagram, which shows how various experiences may lead to the attainment of contributory objectives and thus to the development of the central ability. For example, the capacity to establish satisfactory relationships with parent and child may be acquired through contacts in the admitting room of the hospital, through a critical review of records, and through interpretation of the dynamics of behavior. Likewise, the capacity to recognize and interpret the response of children to disease is increased by experiences, both in hospitals and in schools, in which early indications of illness or handicapping conditions may be identified by observation of behavior. Throughout all the suggested experiences, therefore, opportunity is present to secure new information and to practice skills leading first to the attainment of each contributory objective and ultimately to the development of the central ability.

The course as presented in the accompanying outline provides a broad and unified plan of instruction. No attempt has been made to set up this course in instructional units, for it is recognized that each instructor must develop in accord with the resources of her own situation the sequence of the student's experiences. Because the desired abilities will be developing simultaneously throughout the entire course, the committee strongly recommends that, to the extent practicable, the course be organized into a few broad instructional units and not be broken into numerous segments or arbitrary divisions.

In planning the student's total program it is recommended that courses in related areas should be made prerequisite or that a limited number should be taken concurrently. The selection of these related courses will depend on the extent to which their content will be utilized in the clinical course itself. The following are possible areas from which related subjects might be chosen:

- Child development and psychology
- Psychology of the adolescent
- Family relations
- Nutrition of well and sick children
- Recreational and diversional therapy
- Home management
- Sociology of the community
- Community health and welfare programs
- Principles of teaching which emphasize work with individuals and small groups
- Developmental anatomy and physiology
SUPERVISION OF LEARNING

In guiding the student through her learning experience, a basic pattern is recommended. First, she should have opportunity to observe a capable and experienced nurse with whom she should eventually work in co-operation, participating so far as she is able. Next, she should be given assignments in which she may assume complete nursing responsibility. After a period of practice she should have the benefit of supervision and should be afforded an opportunity for further observation of an experienced nurse. Assignment to any particular situation, whether she observes, assists, or assumes primary responsibility, should be preceded by discussion with the person charged with her guidance. Such discussion will help her to appreciate what she may learn and to familiarize her with the activities involved. All experiences should be reviewed at conferences held either in the university or in the field. This review should provide for critical analysis and evaluation of each experience and of the student's response to it.

DEFINITION OF TERMS

In order to clarify certain statements made in the outline, the subcommittee wishes to specify the meaning which is attached to certain terms. The words “child” and “children” are used throughout as applicable to the time from birth through adolescence. The word “parent” refers not only to the father or mother but also to other adults who may be responsible for the care of the child, such as foster parents, grandparents, uncles, and aunts. “Adolescence” means the period from puberty to adulthood, covering approximately the years from ten to eighteen.
CHART ILLUSTRATING APPROACH TO COURSE

Learning
Experiences Leading to Attainment of Objectives
Hospital and clinic admitting rooms, wards, O.P.D.

Contributory Objectives
I. Ability to establish and maintain a constructive professional relationship with parent and child which embodies an atmosphere of mutual confidence and understanding as a basis for working together toward common goals.

Public health services, child health centers, schools, clinics and classes, home visiting

Visits to co-operating services, family case work, settlement, juvenile courts

General Objective
Increased ability to provide skilled nursing care and supervision to children through a program which would promote and maintain the optimum development of the individual child.

W. Ability to plan, with professional and non-professional personnel, community leaders, and families, unified action which will provide all services necessary for complete and continuous care.

III. Increased discrimination in recognition and interpretation of the psychological and physical reactions that reflect the health status of the child.

Convalescent services and camps

II. A comprehensive knowledge of the facts and principles of medicine, biology, and psychology essential to the work of the pediatric nursing specialist.

V. Increased ability to plan, with professional and non-professional personnel, community leaders, and families, unified action which will provide all services necessary for complete and continuous care.

IV. Increased ability to envision the significant requirements of the child and to construct and administer appropriate nursing measures in varied situations.

Lectures

Readings

Study projects

Case conferences

Normal life situations — nursery schools, elementary and secondary schools, playgrounds, scout groups

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ADVANCED CLINICAL COURSE IN PEDIATRIC NURSING

General objective: *Increased ability to provide skilled nursing care and supervision to children through a program which would promote and maintain the optimum development of the individual child.*

**CONTRIBUTORY OBJECTIVE I**

*Ability to establish and maintain a constructive professional relationship with parent and child which embodies an atmosphere of mutual confidence and understanding as a basis for working together toward common goals.* This ability will be achieved through:

I. Increased understanding of how human needs and interacting factors affect the behavior of child, parent, and nurse. This involves knowing how behavior is affected by:
   A. Fundamental needs for food, clothing, shelter, affection, respect, and personal fulfillment.
   B. Social and economic factors, as well as religious and national culture patterns.
   C. Family relationships.
   D. Natural endowment, age, and experience.
   E. Physical components of environment, such as topography and housing.

(Continued on next page.)

**Suggested Learning Experiences Leading to the Attainment of the Objectives**

Throughout the course guided experience should be provided in community health and welfare agencies such as hospitals, convalescent homes, schools, community centers, home services, and church programs.

Knowledge of the behavior of well children may be attained in part by caring for children of different ages:

1. From birth to two years in the home, the hospital, and the health center.
2. From two years to six in schools and health centers.
3. Over six years in the home and the school.

Experiences with children preferably should be related to instruction in child development. For example, through carefully directed observation, followed by interpretation from the nursery school teacher, the nurse acquires an understanding of the behavior of children at different ages and improves her technics in meeting situations through carefully supervised participation in varied activities.

*In some instances the suggested learning experiences will contribute to the attainment of a number of the objectives listed in Column I. Consequently, no attempt has been made to outline these experiences in a form exactly paralleling the statements of aim.*
CONTRIBUTORY OBJECTIVE I (Continued)

F. The health status of members of the family and of the community.
G. Attitudes of professional personnel and of other workers involved in a given situation.

II. Increased skill in determining the needs of the child and his family. This involves:
A. Securing information through selective investigation of all available sources, interviewing, using records and reports, and observing behavior.
B. Continual analysis, interpretation, and application of the information thus obtained.

III. Increased competency to demonstrate to both parent and child a willingness to consider sympathetically their viewpoints and attitudes. This will require:
A. An awareness of their desires, anxieties, and fears expressed by sympathetic listening, interpretation, and reassurance.
B. Making an approach to the care of the child which is appropriate to his age and to his reaction to a particular situation.
C. Using the interests, abilities, and conscious need of both the parent and child as a basis for initiating first steps in nursing care.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES (Continued)

Experience with older children can be provided by means of field trips or field work either with a school nurse or in co-operation with principals of elementary or high schools. Such activities might include:

1. Observation in various classrooms of the mutual interests and relationships of the child and the teacher, the child and the school nurse, the teacher and the school nurse.
2. Attendance at a meeting of the parent-teacher association to observe the relationship between the home and the school and to attain an insight into the problems of the parents.
3. Discussions with student council representatives which afford an understanding of the attitude of adolescents toward responsibility and of other characteristic attitudes.
4. Attendance at assembly programs in order to study group interests, and at club meetings to gain insight into adolescent behavior in extracurricular activities.
5. Observation of playgrounds.
6. Conferences with leaders of Boy Scouts and Girl Scouts.

During her clinical experience in a hospital, the nurse should participate in the care of selected children from the time of admission, through the period of hospitalization, and during subsequent home care. In so doing she will gradually assume responsibility for guiding the child and counseling the parents as well as for planning and sharing in giving bedside care. Such experiences could
Contributory Objective I (Continued)

IV. Proficiency in maintaining an established satisfactory relationship throughout the entire program of care. This is achieved by:

A. Use of appropriate child guidance technics which will lessen or overcome fears, gain co-operation, and develop positive attitudes toward learning activities.

B. Evaluation and, if necessary, modification of the physical environment to promote optimum development.

C. Consideration of psychological factors such as attitudes of parents toward one another and toward their children; the child's relationship with other children both in the family and outside; the child's relationships with professional people such as teachers, doctors, and nurses.

D. Skillful recognition and use of opportunities for parent and child education.

Suggested Learning Experiences Leading to the Attainment of the Objectives (Continued)

be arranged through assignment to child health centers, hospitals, or other agencies. The degree of skill and level of performance which the nurse attains are directly related to judicious selection of the patients for whom she is to care.

Conference with the instructor will prepare the nurse to observe admission procedures. In this conference emphasis should be placed upon:

1. A psychological approach intended to anticipate probable fears and apprehension on the part of the child and the parents.
2. A review of the administrative procedures to which the child and the parents may be subjected.
3. Measures which may assist the nurses to establish rapport with the child and the parents.

Following her observation, the nurse may participate in the following admitting-room activities:

1. Observing or assisting physicians in history-taking.
2. Observing physical condition, state of nutrition, and emotional responses of the child and the parents.
3. Analyzing the child-parent relationship.
4. Helping the parents and the child to accept hospital admission as a positive experience by explaining the admission routine
CONTRIBUTORY OBJECTIVE I (Continued)

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES (Continued)

with respect to physical examination, diagnostic procedures, temperature-taking, and bath.

5. Securing information from the parents and the child concerning his special interests and his habits of sleeping, eating, and elimination.

6. Ascertaining the degree of the child’s preparedness for hospitalization and separation from his parents.

7. Describing the ward location and equipment and the daily hospital routine with respect to meals, rest, and play hours.

8. Interpreting hospital policies regarding visitors, toys, food, clothing, and other personal belongings.

9. Helping families to understand the roles of the admitting officer and the social worker.

10. Escorting the child and his parents to the ward, introducing them to the head nurse, and permitting the parents to see the child established in his unit.

Following experience in the admitting room, the nurse should have a conference with the instructor in order to aid in analyzing and interpreting the emotional response of the child and his parents and in planning for the care of the child in accordance with his general physical condition and the nature of his illness.

Conferences should be held from time to time to evaluate the progress of the child, his adjustment to the hospital, and the quality of the care afforded him. The nurse should attend medical
SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES (Continued)

rounds and assist in diagnostic, curative, and preventive measures. To assure her participation in all parts of the child's care, there should be a planned rotation of assignment throughout the twenty-four hour period.

Arrangements should be made for the nurse to be present with the child and his parents during visiting hours in order to provide opportunities for her to strengthen her relationship with them. By taking responsibility, at the time of the child's discharge, for planning with the parents for his home care, she will have further opportunity to maintain this relationship.
CONTRIBUTORY OBJECTIVE II

A comprehensive knowledge of the facts and principles of medicine, biology, and psychology essential to the work of the pediatric nursing specialist. Emphasis will be placed on current concepts and new findings in relation to:

I. What constitutes for the child a normal state of health, physical and mental; the measures by which such health can be promoted and maintained.

II. Normal growth and development.

III. Diseases and abnormal conditions, their etiology, pathology, progress, treatment for amelioration or cure, incidence in volume and frequency, and measures for their prevention.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES

Attendance at lectures and discussions conducted by medical and allied specialists.

Directed study of selected sources of information.

Attendance during field experience at group conferences such as medical rounds, medical social case conferences, parent education groups.
CONTRIBUTORY OBJECTIVE III

Increased discrimination in recognition and interpretation of the psychological and physical reactions that reflect the health status of the child. Such discrimination depends upon the nurse's ability to understand that:

I. Behavior is purposeful.

II. Behavior changes characterize the maturing process, some changes being expected and transient, others being more constant and characteristic of the personality of the particular child.

III. “Problem behavior” may be due to the child's lack of knowledge and understanding of more appropriate means of attaining his goal.

IV. Certain patterns of behavior may indicate the onset of illness or deviation from normal development.

V. Disease may cause psychological changes and frequently leads to regressive behavior.

VI. Behavior may obscure the presence of illness or physical defect.

VII. The changes in appearance and behavior which occur during illness may be sudden and subtle. Such changes may indicate favorable or unfavorable progress or the onset of complications.

VIII. The health of the child is reflected in such physical characteristics as posture, condition of skin and hair, and appearance of eyes.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES

Objective III will be attained in part through the learning experiences already suggested opposite Objective I. In addition, opportunity should be provided for the student to make direct contact with children in the home, school (including nursery school), health center, hospital, convalescent home, and clinic. In these places it would be possible for her to take part in the following activities:

1. Interpretation of histories and review of records.
2. Nurses' inspections and medical examinations.
3. Conferences with parents.
4. Conferences with the teacher and school nurse in which reports of observed behavior, reasons for and frequency of referral of the child to the health service are discussed.

When possible, observation of the same child in the various settings suggested above would increase the nurse's understanding of variations in response.
CONTRIBUTORY OBJECTIVE IV

Increased ability to envision the significant requirements of the child and to construct and administer appropriate nursing measures in varied situations. This ability is based on:

I. An understanding of the factors which influence the child's behavior in response to an abnormal condition or disease. Such factors include:
   A. His physical development, nutritional status, and any abnormality or disease that may be present.
   B. His present stage of development and mode of behavior.
   C. The expected behavior for his chronological age.
   D. His basic needs and interests and his social and economic background.

II. Increased capacity to carry out specific nursing care in relation to symptoms and to the progress of the sick child. This will require skill in:
   A. Making appropriate adaptations in general nursing and in expertly carrying out specific procedures necessary in the care of the sick child.
   B. Fulfilling the nurse's function with respect to new and specialized diagnostic procedures.
   C. Recording clearly, concisely, accurately, and objectively observations of the child's behavior in response to disease.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES

Objective IV will be attained largely through hospital experience supplemented by study of the care of children in the home and in community child-care agencies. Opportunity should be provided for the student to care for children of different ages and with a wide variety of clinical conditions. It is suggested that emphasis be placed upon the careful study of a few patients in the manner recommended under Objective I. Such patients might be selected from:

1. The new-born infant.
2. The premature infant.
3. Surgical patients, such as a child with a meningocele, cleft palate or lip, or severe burns.
4. Medical patients, such as a child with acute and chronic nutritional disturbances, rheumatic fever, nephrosis, diabetes, or eczema.
5. Orthopedic patients, such as a child with poliomyelitis, congenital dislocation of the hip, or other conditions which provide opportunity for the care of children in casts, on frames, or in respirators.
6. Neurological patients, such as a child with epilepsy or with spastic paralysis.

For each patient selected, an analysis should be made to determine the objectives and the learning experiences helpful in attaining
CONTRIBUTORY OBJECTIVE IV (Continued)

D. Applying principles of child guidance in the approach to and care of an ill or convalescent child.

E. Helping the child and his family to accept the handicap of his illness, to make the necessary adjustments, and to achieve the maximum personal development possible within the limitations imposed by therapeutic treatment or by the disease itself.

III. Capacity to assist in creating an environment conducive to the well-being of the child and of the community. This will require skill in:

A. Adapting environment to the physical and psychological needs of the child.

B. Setting up environmental conditions in instances requiring limitations of activity.

C. Providing opportunity for constructive activities on the part of the child.

D. Ability to assist in creating a regime and environment in normal life situations that will preserve and promote health.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES (Continued)

them. For example, in relation to the premature infant, the objectives in assigning a premature infant would be to gain increased ability to analyze the needs of premature infants and to meet their requirements for nursing care. This implies:

1. Knowledge of the physiological handicaps of the premature infant and their clinical significance.

2. Knowledge of new developments in supportive care.

3. Skill in using scientifically tested methods of safeguarding premature infants in the hospital and in the home.

4. Skill in helping parents to establish appropriate emotional attitudes toward the premature infant and his expected growth pattern.

5. Capacity to use existing community agencies and personnel in planning follow-up and long-term care.

6. Increased appreciation of the nature and scope of the general problem of prematurity and of its significance both to the nation as a whole and to a given community.

In addition to the clinical experience with individuals, as outlined above, students should share in responsibility for groups of children. Working with parents and professional personnel, they
should adapt nursery school and other group-work procedures to
the care of sick or convalescent children. This might include such
activities as:

1. Assisting in meal, rest, and toilet periods.
2. Helping to plan family and individual meals and other home
routines.
3. Introducing new activities for children.
4. Utilizing music, story, and play periods: for example, using
music for its effect in quieting the sick child or in diverting a
child following visiting hours.

Some additional activities which should be provided for are:

1. Instruction in crafts appropriate for school-age and adolescent
children.
2. The selection and purchase of necessary materials.
3. Observation of hospital and visiting teachers and of schools
which conduct programs for handicapped children.
4. Discussion of current literature dealing with the psychological
needs of the handicapped child.
CONTRIBUTORY OBJECTIVE V

Ability to plan with professional and non-professional personnel, community leaders, and families, unified action which will provide all services necessary for complete and continuous care. This involves:

I. Increased understanding of the functions, organization, and policies of national, state, and local services concerned with the promotion of child welfare. This implies knowledge of:

A. The program and position in government structure of federal services, such as the Children's Bureau and the Office of Education. The programs of national voluntary agencies, such as the Child Study Association and the National Society for the Prevention of Blindness.

B. Bureaus and departments of state governments which administer programs of child health and welfare.

C. Voluntary and official services afforded in local communities by private medical practitioners and by such organizations as juvenile and domestic relations courts, recreational groups, and health centers.

D. Functions and preparation of other paid or voluntary workers, such as psychiatrists, social workers, teachers, scout leaders, and nurse's aids.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES

All health services offer opportunities to participate in joint planning and work with personnel from other agencies. For example, participation in a plan for discharge of patients from the hospital presents situations in which services such as those performed by the visiting nurse, visiting teacher, or the convalescent home are needed. When the social service department is responsible for referrals, plans should be made with the social service director to enable the nurse to participate. This is particularly important in relation to patients for whom she has had responsibility in the hospital.

Supplementary experience may be afforded when "closed cases" are reviewed during case conference. This will permit the nurse to learn of end results which are not readily discernible in current situations. Conferences on closed cases may also be used to review a patient's progress up to the time when post-hospital care is needed. The nurse should be requested, with other participants in the conference, to propose a plan and compare it with the one which was actually used. Discussion should center on the evaluation of the service rendered.

During clinical and field assignments emphasis should be given to enriching the nurse's knowledge of community agencies and how they function in relation to medical care progress. Study guides
II. Increased skill in:

A. Securing information concerning the activities and policies of various community services.

B. Guiding families in the use of community services through:
   1. Identification and comprehension of the essential factors which constitute the problem which is to be solved.
   2. Acceptance of the importance of social services as a part of a community program developed to meet the varying needs of the population.
   3. Interpretation to parents, other relatives, and friends of the concept that community agencies exist for service to all persons rather than for certain groups in the population.
   4. Application of a knowledge of the dynamics of behavior in helping families to seek and to select appropriate services.

C. Correlation of her efforts with those of the parent and community workers in carrying on a program which will promote the well-being of the child. This necessitates:
   1. Knowledge of both the scope and the limitations of her functions as determined by her preparation and by the nature of the agency with which she is associated.
   2. Capacity to interpret to others the contribution which she, as a nurse and as a member of an agency staff, can make.

SUGGESTED LEARNING EXPERIENCES LEADING TO THE ATTAINMENT OF THE OBJECTIVES (Continued)

which direct attention to the character of the local programs and to their relationships to state and federal programs will help in identifying pertinent factors. The nurse should be encouraged to participate in discussion groups concerned with providing more adequate health and welfare services for the community, the state, and the nation. To assist in organizing her knowledge, the following assignments could be made:

1. A study to determine the nature and extent of local community resources.
2. Preparation of a resource file covering the agencies, including their policies, program, and personnel.
3. Visits to typical agencies, including planned observations of activities, as well as conferences for the interpretation of the program.
4. Studies of needs not met by existing community agencies in given situations.

Through supervised experience in a community agency, the consultation services of a skilled social worker should be made readily available to the nurse to assist her in defining social problems in the cases which she is carrying and in referring them to the proper resources for care. Opportunities should be provided for the nurse to observe the technics of social case work related to the problems of children.