COURSES IN CLINICAL NURSING FOR GRADUATE NURSES

Guide for an Advanced Clinical Course in Tuberculosis Nursing

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Guide for an Advanced Clinical Course
in Tuberculosis Nursing

Prepared by

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

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GUIDE FOR AN ADVANCED CLINICAL COURSE IN TUBERCULOSIS NURSING

Growing recognition of the fact that patients with tuberculosis require the same skillful nursing as does any other group of patients points to the need for the employment in hospitals and sanatoria of nurses specially qualified in clinical nursing in the field of tuberculosis to function as staff nurses, head nurses, supervisors, and clinical instructors. Nurses so qualified are also needed by public health agencies which administer not only a general nursing service but a specialized tuberculosis service. Furthermore, such nurses are also required in universities in the teaching and supervising of students taking advanced courses in tuberculosis nursing.

The Committee on Postgraduate Clinical Nursing Courses wishes to emphasize that this course, like all other advanced clinical courses, is designed for the general staff nurse as well as for nurses in administrative and teaching positions; also, that principles previously established for the development of all courses in advanced clinical nursing have been applied in its construction. Such a course, while not in itself providing sufficient preparation for all the positions mentioned above, provides an avenue to the knowledge and skill in tuberculosis nursing which are fundamental to effective functioning in any of them.

PURPOSE OF THE COURSE

The purpose of the course is to prepare nurses to give expert nursing and health supervision to patients with tuberculosis and members of their families, in institutions and in homes, and to assume responsibility for contributing to the continuous improvement of nursing and health practices in the prevention and control of the disease. To carry out this purpose, the course has been organized into a broad unified plan of instruction and experience including medical, public health, and social data essential as a basis for expert tuberculosis 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, should have had basic preparation in tuberculosis equivalent to that received in an undergraduate

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2 See "Courses in Clinical Nursing for Graduate Nurses, Pamphlet No. 1, Basic Assumptions and Guiding Principles; Basic Courses, Advanced Courses." *New York, National League of Nursing Education, 1945.*
professional course of accepted standards, and should have had experience as a graduate nurse which would make it possible for her to achieve the objectives of the course. Adequate preparation in the sciences, particularly in bacteriology, should also be prerequisite. Individual adjustments may have to be made on the basis of previous professional preparation and experience.

DURATION OF THE COURSE

Since there are few precedents for an advanced clinical course in tuberculosis nursing, it is not possible to state at present the exact length of time that must be devoted to the course in order to achieve the desired goals. In the opinion of the committee at least two university semesters will be necessary.

CONTROL

The course should be conducted in an accredited university as part of a major program in nursing leading to a baccalaureate or higher degree. The course should be on a senior college level. The nurse directly in charge of the course should herself have had preparation equivalent to that attained in an advanced clinical course in tuberculosis nursing, adequate experience both in a tuberculosis hospital and in a public health agency, and special preparation for teaching.

FACILITIES

Facilities essential to attaining the goals of an advanced clinical course in tuberculosis nursing should be approved by an appropriate accrediting or policy-making authority and, insofar as possible, should be situated within the community of which the university is a part. The proposed facilities are shown in the diagram on page 3. They include:

1. A tuberculosis hospital, a tuberculosis department of a general hospital, or a sanatorium.
2. A chest clinic in an outpatient department with a public health nursing service.
3. A health department in which there is a division of tuberculosis and a division of public health nursing.
4. A public health nursing association which provides nursing and health supervision for the tuberculous patient and his family.
5. A rehabilitation service which makes available assistance to tuberculous patients.
6. A voluntary tuberculosis agency with a well-organized health education program.
7. Medical and social agencies which recognize the needs of and provide assistance for tuberculous patients and their families.
8. Library facilities, well equipped with material on tuberculosis and its allied problems.3

3Note that the numbers for the eight types of facilities listed above correspond with the numbers in the circles in the diagram.
Diagram of Essential Facilities

1. Tuberculosis hospital
   Sanatorium
   Tuberculosis department
   general hospital

2. Chest clinic

3. Health department
   Division of tuberculosis
   Division of public health nursing

4. Public health nursing association

5. Rehabilitation service

6. Voluntary tuberculosis association

7. Medical and social agencies

8. University library
An arrangement of facilities as indicated in the diagram makes possible:

1. Direct supervision of the total program of the individual student by the instructor in charge of the course.

2. Co-ordinated experience in the nursing and health supervision of patients with tuberculosis and members of their families through the student's association with the family unit in the clinic, the hospital, and the home.

3. Close co-operation between the instructor in the course and representatives of affiliated agencies, particularly those persons responsible for the student's program.

4. Instruction in various professional subjects through attendance upon classes in the university.

5. Use of the university library, which should have sufficient resources to assist the student in her studies and in any research in which she may be engaged.

6. Opportunity for the student to enjoy association with students in other departments of the university and to benefit from cultural opportunities not otherwise available to her.

ORGANIZATION OF CLINICAL EXPERIENCE AND INSTRUCTION

The following plan illustrates one means of organizing the teaching-learning activities designed to enable the student to attain the desired abilities. An assignment of clinical experience and instruction is suggested for each term.

First university semester:

1. An orientation period of one month in the chest clinic of the hospital's outpatient department.—Here the student will meet the tuberculous patient and members of his family whom she will later serve in the hospital or sanatorium. She will learn the broad significance of those factors responsible for the spread of tuberculosis, the community's program for prevention and control of the disease, and the contribution of various agencies to this program. She will assist in taking the social, medical, contact, and occupational histories of the patient and will acquire skill in carrying out various diagnostic procedures delegated to her. These activities provide a background of information and skill essential to all subsequent experience.

2. Three months' experience in a hospital or sanatorium.—During this experience the student will concentrate upon bedside nursing, assisting with plans for the patient's rehabilitation, teaching the patient and members of his family the use of prophylactic measures in tuberculosis control, and preparing the patient, as well as members of his family and representatives of nursing, medical, and social agencies interested in the family's welfare, for the regimen to be followed by the patient upon his return to home and community. In order to provide opportunity for the student to follow the care of patients after discharge from the hospital or sanatorium the above-mentioned experience should be co-ordinated with work

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in the chest clinic, in the public health nursing association, or in any other appropriate community agencies.

Second university semester:

1. Four months in a public health nursing association with some portion of the time being spent in the chest clinic and other field agencies.—In these agencies the student will nurse and supervise patients whom she has served in the clinic and hospital. She will have opportunity to follow the rehabilitation plans initiated for patients in the hospital and to supervise their health as they return to community life. She will assume responsibility for the nursing and health supervision of the patients' families, will assist with case-finding surveys, and will take part in case conferences with representatives of community agencies, et cetera.

The student will devote twenty-four hours a week to clinical and hospital work, with her daily hours so arranged as to facilitate her learning experiences. Student hours should at all times conform to accepted educational standards.

INSTRUCTION

Instruction concerned with the medical and public health aspects of tuberculosis, and the nursing and health supervision of tuberculous patients and their associates, will be provided concurrently with clinical experience throughout both semesters.

SEQUENCE OF CONTENT

The arrangement of the material in the outline which follows does not necessarily have to adhere to the sequence indicated. When and how the material shall be used should be left to the judgment of the instructor. At the conclusion of the course, the student should take a comprehensive examination designed to determine the extent to which she has fulfilled the objectives of the course.
A PROPOSED ADVANCED CLINICAL COURSE IN TUBERCULOSIS NURSING

Central Objective: (1) Attainment of a comprehensive knowledge of the medical, nursing, public health, and social data on tuberculosis essential to nursing and health supervision of patients with tuberculosis and their associates, and (2) ability to apply this knowledge in carrying out expert nursing in varying situations.

CONTRIBUTORY OBJECTIVE I

Comprehensive knowledge of tuberculosis control activities. This will require understanding of:

A. The epidemiological aspects of tuberculosis, including:
   2. Incidence of tuberculous infection.
   3. Effect on the incidence of tuberculous infection and disease of: a) age, sex, race, occupation; b) poor sanitary conditions at home and at work, and overcrowding due to lack of adequate housing.

B. How care in an institution provides (1) place for voluntary isolation and treatment of patient, and (2) protection of the public from infection.

C. Community programs for tuberculosis control under official and unofficial agencies, and the responsibilities of nursing with respect to: (1) case-reporting activities, (2) diagnostic services, (3) educational services, (4) rehabilitation services, (5) facilities for treatment in institutions and patients' homes, (6) facilities for assistance in social and financial problems.

D. The legal aspects of tuberculosis control such as (1) mandatory reporting, (2) compensatory laws, (3) official financial responsibility for care, (4) isolation of recalcitrant patients, (5) trends in legislation.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE I

Instruction by tuberculosis and other specialists interested in public health, accompanied by wide directed reading, individual and group conferences, and classes with the nurse instructor.

The preparation of a report indicating the tuberculosis problem in a given area, the facilities available there for the care of patients, and other facilities which may be needed in the light of accepted standards. This activity will contribute to the student's knowledge of tuberculosis control and will provide practice in the utilization of such knowledge.

Visits to and conferences with representatives of public health, social, and other official and unofficial agencies. Such visits should provide opportunity for learning how these agencies function in tuberculosis control.

Conferences with the nurse instructor in preparation for study of tuberculosis legislation in order to direct student's attention to the significant problems.
CONTRIBUTORY OBJECTIVE II

Understanding of present medical concepts of tuberculosis and the results of scientific investigations essential in carrying out the functions of the clinical nursing specialist. This will involve:

A. Comprehensive knowledge of the pathogenesis of tuberculosis; symptoms and course of the disease; procedures for diagnosis; principles of treatment; diseases and conditions complicating tuberculosis.

B. Understanding of (1) the profound emotional disturbances of the patient and his family which may be produced by the nature of tuberculosis; (2) the results in terms of their ability and willingness to accept diagnosis, to carry out treatment, and to accept continued medical supervision.

C. Knowledge of the classifications in use to define the extent of pulmonary lesions, severity of symptoms, and result of treatment or observation.

D. Understanding of principles underlying measures of control, including case-finding, treatment and isolation, education, and vaccination.

E. Understanding of how the following factors affect the rehabilitation of the patient:
   1. The stage of the disease at time of diagnosis and the adequacy of treatment.
   2. The results of treatment and the amount of residual disability.
   3. Suitability of former occupation.
   4. Previous education and home environment.
   5. Availability of vocational guidance and financial assistance.
   6. Opportunities for employment.
   7. Acceptance of diagnosis and responsibility for carrying out processes of rehabilitation.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE II

Organized instruction planned to develop the necessary knowledge and understanding of the anatomy and physiology of the respiratory system. This instruction should be integrated throughout the course.

Organized instruction such as lectures, readings, critical analyses of case studies, class discussions, and demonstrations.

Participation in clinical conferences in which the epidemiological, medical, nursing, public health, social, and rehabilitation aspects of tuberculosis are discussed in relation to the care of the tuberculous patient and his household.

Experience provided for the student throughout the entire course will contribute to the attainment of the knowledge and understanding outlined in Column I. For example:

1. In the clinic.—Student is given opportunity to assist in the search for source of infection, assist with procedures essential for diagnosis, participate in various case-finding surveys, et cetera.

2. In the hospital.—Student studies the various forms of treatment, emotional effects of the disease, care of the newborn of a tuberculous mother, et cetera.

3. In the home.—Student has opportunity to learn how to prevent spread of infection to members of the household, and how disease is controlled in those already infected, et cetera.

4. In other agencies.—Opportunity is available for student (1) to learn measures taken to relieve unfavorable financial and environmental conditions, (2) to study proposed programs for control of pregnancy in women with tuberculosis, (3) to acquire greater understanding of the emotional problems of tuberculous patients and how these may be met, (4) to understand the extent of the nurse's responsibilities in relation to these activities.
CONTRIBUTORY OBJECTIVE III

Ability to assist with the special procedures necessary for diagnosis, case-finding, and reporting of tuberculosis. This will require:

A. Ability to plan, to carry out, and to improve the nursing involved in assisting with diagnostic procedures, to assemble essential information, and to interpret various procedures to the patient. Such diagnostic procedures include:

1. History-taking.
   a) Securing history of past illnesses and present symptoms pertinent to diagnosis of tuberculosis.
   b) Tracing source of contagion.
   c) Obtaining information concerned with length of time and intensity of exposure to tuberculosis.
   d) Evaluating importance of occupational hazards in relation to tuberculosis.
   e) Obtaining social information that should assist in determining whether treatment for the patient will be given at home or in an institution, and whether a private physician or public agency will be responsible for the supervision of other members of the family.

2. Chest examinations, including physical, X-ray, and fluoroscopic.

3. Laboratory examinations, such as tuberculin, vital capacity, sedimentation, sputum.

B. Understanding of and ability to carry the nurse's responsibilities in case-finding. This requires:

1. Knowledge of the objectives, factors involved, and methods employed.

2. Understanding of how the nurse functions in varying situations.

3. Skill in assisting in examinations of a) patients with symptoms suggestive of pulmonary tuberculosis, b) associates of tuberculous patients, c) groups of carefully selected, apparently well persons.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE III

Organized instruction, directed study, and wide reading, together with supervised clinical experience.

Assignment to a chest clinic for history-taking and assisting with various diagnostic procedures.

Conferences with the instructor to prepare student for, and aid in interpreting significant aspects of, the clinic experience.

Experience in giving and reading tuberculin tests.

Review of various case-finding surveys and comparisons made with other surveys.

Interviews with patients and members of their families for the purpose of nursing and health supervision and assistance with social problems.
Contributory Objective III (Continued)

C. Ability to assist in assembling and recording data necessary for: (1) reporting of tuberculous patients to the health authorities; (2) supplying current information for clinic case registry; (3) compiling and interpreting clinic reports; (4) supplying information to hospitals, clinics, private physicians, welfare departments, and other agencies.

Suggestions for Attainment of Objective III (Continued)

Conference with registrar of clinic case registry to emphasize importance of accurate records in tuberculosis control.
Contributory Objective IV

Ability to assist the patient and family to understand and accept diagnosis and treatment, and to assume their individual responsibilities in plans for care and prevention. This ability will require:

A. Understanding the reasons that the household of a patient with tuberculosis is considered as the unit in plans for prevention and control of the disease.

B. Ability to assist in bringing about the best possible adjustment of the patient and his family to the situation caused by the disease through:
   1. Increased skill in securing information helpful in understanding the patient's present knowledge and attitude.
   2. Recognizing unfavorable emotional responses which may result from relapse, communicable disease of long standing, economic and social pressures, and personal frustrations.
   4. Assisting the patient and family to understand:
      a) The nature of the disease, its treatment, and reasons for isolation.
      b) That the patient has a large measure of control over this recovery and that there are possibilities for future economic security.
      c) That the noninfectious tuberculous patient and his family may live together with safety.

C. Ability to assist members of the patient's household in accepting responsibilities for periodic examinations by interpreting to them:
   1. How tuberculosis spreads in household groups.
   2. The use of tuberculin test, X-ray, and sputum examinations in determining the results of contagion.
   3. The frequency with which re-examinations are indicated depending on intensity of exposure, age, sex, race, and results of previous examinations, particularly X-ray examinations.

Suggestions for Attainment of Objective IV

Greater understanding of the scope of the nurse's contribution in relation to Objective IV may be secured through analytical study of medical and nursing records of families in which there was an infectious patient with tuberculosis.

For example, such records afford opportunity for developing increased knowledge and understanding of the significance of the following in plans for nursing and health supervision:

1. The spread of tuberculosis among household associates.
2. The susceptibility of infants and young adults.
3. Resistance to the disease by children from three to twelve years.
4. Importance of prolonged treatment of patients with active disease.
5. Fear of the disease which results in refusal to accept diagnosis.
6. Importance of isolation of infectious patients.
7. Need for health supervision of household associates.
8. Varying requirements for financial assistance among families in which there is tuberculosis.
9. Scope of plans for rehabilitation.

Assignment to the student of a limited number of selected families under supervision of a public health nurse for the purpose of:

1. Assisting the family in developing and carrying out a plan for the care of the patient, the supervision of household associates, and the consideration of other health needs of the group.
2. Giving nursing care and teaching a member of the household the procedures and techniques necessary to ensure adequate care of the patient and protection of the group.
3. Assisting patient and family with emotional reorientation.
4. Interpreting, when indicated, the advantages of institutional care.
5. Instructing the patient and family about tuberculosis as related to personal hygiene.
CONTRIBUTORY OBJECTIVE IV (Continued)

D. Understanding of the special needs of families in which there is tuberculosis for assistance in social and financial problems.

E. Ability to assist patients and members of the household to utilize, when necessary, assistance in social and financial problems. This ability will require skill in: (1) explaining the functions of medical and social agencies, and (2) assisting patients and members of the household to accept their responsibility in seeking these services.

F. Ability to assist in: (1) preparing the family for the death of a hopelessly ill patient; (2) preventing the family from adopting an antagonistic attitude toward the institution in which death occurs; (3) encouraging the family to continue medical supervision following death of the patient.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE IV (Continued)

6. Seeking source of contagion among close associates, either in the home, place of employment, or school, and advising medical examinations.

7. Attempting to modify or eliminate the immediate environmental conditions which may be factors in the spread of the disease.

8. Interpreting functions of medical, nursing, social, and welfare agencies best suited to assist family with problems.

Conferences with representatives of medical and social agencies interested in the tuberculous patient and his household, for the purpose of making available adequate assistance through pooling of community resources.
**Contributory Objective V**

*Understanding of what constitutes expert general bedside nursing of the patient with tuberculosis, and an ability to plan, carry out, and improve such care. This will require:*

A. Understanding of the unique contribution of nursing and health supervision in the treatment of tuberculosis, and ability to assume the nurse's responsibilities in relation to plans for study and improvement.

B. Expertness in carrying out the nursing responsibilities involved in the following:

1. Meeting the special problems involved in maintaining physical, mental, and emotional rest for the individual. This requires:
   a) Knowledge of the significance of the term "rest" in its application to the treatment of tuberculosis, and the reasons for and variations in the intensity of prescribed rest.
   b) Skill in modifying or creating an environment conducive to rest by (1) providing unit equipment that is suitable, practical, and attractive, and (2) securing satisfactory grouping of patients.
   c) Skill in giving the special bedside care which will afford relief during continuous periods of complete rest.
   d) Selection and improvisation of equipment which will facilitate bed rest.
   e) Interpretation to patient of how to secure rest through relaxation of muscles, position of body, abdominal breathing, and avoidance of muscular, mental, and emotional fatigue.
   f) Understanding of the therapeutic use of all activities contributing to rehabilitation, and an ability to interpret to other professional personnel the patient's condition, former hobbies, and interests.

**Suggestions for Attainment of Objective V**

Objective V will be attained largely through experience in an institution, under competent supervision. A number of carefully selected patients should be assigned to the student in order to afford opportunity to plan and carry out complete nursing as modified by stage of the disease, treatment (medical and surgical), results of sputum examinations, age, complications, etc. These patients should remain under the student's care for a period of time sufficient to develop needed skill.

Opportunity for the student to follow one or two patients after discharge from the institution.

A study and evaluation of reports concerning the present status of nursing and health supervision of patients with tuberculosis in institutions in the light of accepted standards.

Attendance and participation at clinical conferences in order to obtain greater understanding of:

1. Diagnosis and recommendations for treatment of patients in relation to the nursing and health teaching needs.
2. Results of treatment of patients, medical and nursing, reviewed at various periods during the patient's stay in the institution.

Opportunities to interpret research in nursing and related fields and to apply the findings in the study and modification of existing nursing practices.

Demonstrations of various special techniques involved in nursing patients with tuberculosis to be given as indicated by needs of students.

Conferences with the dietician to discuss diets of patients with (1) uncomplicated pulmonary tuberculosis and (2) pulmonary tuberculosis with complications such as tuberculous laryngitis, diabetes, and tuberculous enteritis.
CONTRIBUTORY OBJECTIVE V (Continued)

g) Skill in evaluating institutional policies which affect the patient’s rest, and participating in their formulation and revision when indicated. Such policies relate to:
(1) Routines of daily care such as timing of nursing procedures which will assure the patient the greatest amount of rest.
(2) Visits to patients by family and friends, and by hospital personnel such as librarians, social workers, occupational therapists, et cetera.

2. Teaching patients to control and manage cough and to care for and dispose of sputum. This will require skill in:
a) Interpreting to the patient the effect of cough on (1) the healing process, (2) the spread of infection to previously unaffected lung, (3) spread of tubercle bacilli to the outside environment.
b) Teaching methods of raising and expectorating sputum, and methods of care and disposal of same.

3. Securing adequate nutrition for patients with tuberculosis. This will require:
a) Knowledge of the newer developments in nutrition in relation to tuberculosis.
b) Ability to interpret to responsible administrators the needs of patients with respect to nutrition and food service.
c) Greater skill in assisting patients to understand and accept the necessary diet, to establish desirable food habits, and to plan for meeting diet needs at home.

C. Skill in carrying out the special nursing procedures indicated when the disease is complicated by extrapulmonary tuberculosis, by nontuberculous disease, or by pregnancy.

D. Ability to contribute to the continuity of care, teaching, and research, through the maintenance of adequate records.

E. Understanding of the need and ability to assist in the planning and carrying out of measures for rehabilitation throughout the patient’s illness.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE V (Continued)

Attendance and participation in conferences at which the rehabilitation of the patient is discussed by various professional workers such as the physician, the occupational therapist, the nurse giving bedside care, the rehabilitation agent, and the social worker.

Opportunity afforded which will provide experience in developing plans to ensure continuity of care for patients following discharge from the institution.

Study of existing policies and practices in relation to referral to other agencies.

Selection and preparation of pertinent information for use of other professional workers and agencies.
CONTRIBUTORY OBJECTIVE V (Continued)

F. Ability to assist in planning for continuity of patient's care on leaving the hospital through:
   1. Carrying out the nurse's responsibility in relation to making needed arrangements with family, clinic, private physician, nursing or social agency, before patient's discharge.
   2. Interpreting to other professional workers the condition and needs of the patient.

G. Ability to instruct and supervise nonprofessional workers who have duties contributing to the care of patients with tuberculosis.

H. Ability to contribute to the continuous improvement of nursing practice essential in the care of tuberculous patients. This will require:
   1. Knowledge of current scientific information and its application to procedure for prevention and control.
   2. Skill in evaluating and, if necessary, redesigning nursing practices.
   3. Knowledge of factors involved in grouping of patients to prevent spread of tubercle bacilli.
   4. Knowledge of essential physical facilities, such as single rooms for isolation, desirable size of wards, placement of hand-washing facilities, and food and kitchen service.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE V (Continued)
CONTRIBUTORY OBJECTIVE VI

Expertness in carrying out the special nursing involved in collapse therapy. This will require:

A. Understanding of the use of collapse therapy as an adjunct to general rest. This involves knowledge of:
   1. The anatomical and physiological changes which result from collapse therapy.
   2. The principles of physics upon which collapse therapy is based.
   3. The methods of collapse therapy most commonly employed including pneumothorax, pneumonolysis, phrenic nerve operations, pneumoperitoneum, thoracoplasty.

B. Ability to select, prepare, assemble, arrange, and maintain the required equipment for collapse therapy, and to adjust equipment in accordance with results to be attained and the patient's needs.

C. Understanding of the principles underlying prescribed pre- and postoperative treatment, and an ability to plan a complete program of nursing in relation to the specific surgical treatments.

D. Ability to recognize emergencies in surgical treatment and to assume the responsibilities of the nurse in relation to them.

E. Skill in the special nursing procedures involved in:
   1. Clearing the lung of secretions.
   2. Preparing the local site of operation.
   3. Placing patient in therapeutic position for a) preventing pleural contact, b) facilitating collapse, c) preventing deformities, d) facilitating drainage.
   5. Securing patient's acceptance of his responsibility in achieving satisfactory results.

F. Skill in evaluating the total results of general and surgical nursing care.

G. Understanding of the need for a medically approved policy in relation to the instruction of surgical patients.

SUGGESTIONS FOR ATTAINMENT OF OBJECTIVE VI

The facilities for the following clinical experiences will require a well-equipped operating room, and every facility for satisfactory operative procedure and pre- and postoperative care.

Students should be afforded opportunity to experience under competent supervision all those responsibilities relating to collapse therapy which they will be expected to assume as clinical nursing specialists. This experience should include:

1. Attendance and participation at clinical conferences at which treatment of patients requiring surgical intervention is discussed.
2. Observation of operations in which various methods of collapse therapy are employed.
3. Care of preoperative and postoperative patients. This experience should include patients assigned to the student previously in relation to attainment of Objective V.

Demonstrations of nursing procedures as required.

Conferences at which the student and instructor together evaluate the results of nursing of individual patients.
Contributory Objective VII

Understanding of the health hazard involved in nursing patients with tuberculosis and of how the disease may be prevented and controlled among nurses and other institutional personnel. Such understanding implies a knowledge of:

A. The incidence of tuberculous infection and disease, and the frequent occurrence of unrecognized sources of infection, in hospital patients and personnel.

B. The requirements of an adequate health service such as (1) specially qualified physician in charge, (2) routine tuberculin test and X-ray examinations of the chest, (3) adequate provisions for treatment, (4) consideration of the use of protective immunizations.

C. What constitutes adequate equipment, facilities, and techniques for the prevention and control of the disease among patients and personnel.

D. Importance of continuous education of patient, family, and personnel concerning tuberculosis.

E. The problem involved at present in carrying out a program in the prevention of tuberculosis in the personnel of hospitals and sanatoria.

Suggestions for Attainment of Objective VII

Discussions of studies of the incidence of tuberculosis among personnel of tuberculosis institutions and among patients and personnel in general hospitals. Participation in a study of this type if opportunity presents itself.

Student to have a chest X-ray examination and a tuberculin test when she begins the course and supervision continued at intervals as indicated by the results of the examination. Through conferences these measures to be utilized as a learning experience for the student.

Opportunity offered for an evaluation of the scope, methods, and continuity of instruction in prophylactic practices and of the facilities provided for the observance of such practices in various types of institutions.

Opportunity afforded for review of and participation in the educational program of the institution for patients, visitors, and personnel. Conferences with the director of health education, emphasizing (1) content of instruction, (2) use of visual aids such as motion pictures, graphs, posters, (3) appropriate literature.
COURSES IN CLINICAL NURSING
FOR GRADUATE NURSES

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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.”

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