COURSES IN CLINICAL NURSING
FOR GRADUATE NURSES

An Advanced Course in Psychiatric Nursing

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

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COURSES IN CLINICAL NURSING
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AN ADVANCED COURSE IN PSYCHIATRIC NURSING

The advanced course in psychiatric nursing which is herein outlined has been developed in accordance with the general principles laid down by the National League of Nursing Education for all advanced courses in clinical nursing. It follows, therefore, that the proposed course must constitute a part of an advanced program in nursing in an accredited university or college or be approved for credit by that university or college. The proposed course represents advanced study and experience in the field of psychiatric nursing arranged for the nurse who wishes to become a specialist, as differentiated from the basic course which should be part of the general professional preparation of all nurses.

PURPOSE OF THE COURSE

The purpose of the course is to prepare the qualified graduate nurse to function as (1) a clinical nursing specialist in the care of psychiatric patients, (2) an exponent of the principles of mental hygiene, (3) an agent to aid in community understanding of psychiatric disorders and their prevention.

Although the introduction to psychiatric nursing which a student may receive during the basic nursing program makes an essential and invaluable contribution to her professional competence, the time available for it is not sufficient to develop the abilities necessary for specialization in this field. She learns to recognize certain symptoms, but the more subtle expression of these symptoms often escapes her. She learns to deal with overt behavior but many times does not grasp the patient’s motivations and is unable to anticipate changes in his behavior. She learns to utilize various approaches to different patients but fails to comprehend the significance of her own attitude in relation to the psychological needs of her patients. On the other hand, the quality of nursing performance to be expected from a nurse who has devoted a period of time to intensive, organized study as described in this course is indicated by the following examples:

Example 1. When a patient’s behavior becomes disturbed, a nurse who has not had advanced preparation in psychiatric nursing may be forced to protect the patient and others by resorting to the medical order of “seclusion, if necessary.” She does this because she lacks the experience, techniques, and understanding which would enable her to substitute a superior plan of care. The more advanced student should be able to
evaluate the total situation and to decide whether seclusion or redirection of activity would be the more constructive measure. She should, furthermore, be able to gain the co-operation of the patient in putting her plan into action. Her evaluation and approach should be based on an understanding of patients, of the motivation of their behavior, and of their nursing needs. She would gain such understanding through a carefully guided program of instruction and of selected and supervised experience.

Example 2. When a patient is recovering from a depression, the nurse with advanced preparation in psychiatric nursing would look for such symptoms as indirect remarks or prolonged thoughtful periods with limited physical activity, because she would know that the danger of suicide is not over. She would sense the implication of such behavior, avoid building up a mutual distrust between herself and her patient, and continue to give close supervision. She would record her observations and report them to all persons concerned with the patient's care. Her observation and supervision would be unobtrusive and in keeping with greater understanding of the patient's psychological needs. She would also realize that, as depression begins to lift, the patient's energy output probably increases and his capacity to plan and execute a suicidal attempt is greater.

Example 3. An overactive patient often indulges in activity which is not conducive to his best interests or to those of the ward as a whole. The nurse with only basic preparation may approach the problem by peremptorily forbidding the activity or by attempting to reason or argue with the patient. The more advanced student would show greater understanding by taking advantage of the suggestibility and distractibility of such a patient to divert tactfully his interests and activities into other more constructive channels. Her approach to the situation would reflect her specialized training.

Example 4. When a patient in a general hospital who is suffering from a physical disease displays irrational behavior, his condition is frequently dismissed as "delirium," and restraint is applied. The student with advanced preparation, aware of the patient's restlessness, apprehensiveness, and confusion, would avoid restraints as much as possible, knowing that they might enhance the symptoms. She would realize the greater efficacy of closer observation and more individual attention, with special emphasis on explanation and reassurance.

Example 5. The average affiliating course in psychiatric nursing does not give the student sufficient opportunity to develop much understanding of her own feeling-tones and of their effect on her reactions in the patient-nurse relationship. The more advanced student would acquire clearer understanding of what motivates her own behavior. She would also be more objective in her relations with others, in order to avoid such reactions as are illustrated in the following situations:
A. Because of an unpleasant association in her own background, the nurse tends to identify herself with a patient. As a result, the patient irritates her. She then becomes impatient and overly aggressive, even to the point of refusing reasonable requests.

B. A passive, unresponsive nurse projects her own emotions into the care of a passive, apathetic patient. By insisting that the patient do more than is therapeutically advised, she seeks an outlet for her own uncomfortable feeling of inadequacy.

C. Because of a pleasant association (a very protective mother, for example) in her own background, the nurse tends to identify herself with a patient. As a result, she may shower the patient with so much attention that she fosters an undesirable attitude of excessive dependence upon her.

DURATION OF THE COURSE

At least nine months is suggested as the minimum length of the course, although the university calendar and the concentration of courses may determine the exact duration. The total hours of classroom instruction, conferences, and practice should not exceed 44 per week. The allocation of hours should be flexible, in order to adjust to the university schedules, teaching methods, and other variables. A period of about nine months represents what is considered a reasonable time required by the majority of students, although differentiations may be made on the basis of previous preparations and experience. It is recommended that, at the completion of the course, the student have three months of supervised experience planned in accordance with her individual needs.

QUALIFICATIONS FOR ADMISSION

Students admitted to this course should provide evidence of having satisfactorily completed an acceptable basic professional course in psychiatric nursing. They should be intellectually mature and emotionally stable individuals who have demonstrated fitness for continuing to work in this field.

FACILITIES NECESSARY

The hospital providing the clinical experience should be approved by the American College of Surgeons and, for the training of residents in psychiatry, by the Council on Medical Education and Hospitals of the American Medical Association. Other agencies used for student experience should be approved by the appropriate accrediting body.

The facilities for practice should be sufficient to ensure experience in the care of a reasonable number and variety of psychotic conditions in
different stages of development. It would be desirable to afford the student experience in more than one type of institution, including a state hospital, a private hospital, a diagnostic center, and a unit in a general hospital.

Outpatient and social service departments and other community health and welfare resources approved by appropriate accrediting bodies should be utilized for student experience. All resources should be used which would ensure a breadth of experience, including study and practice in preventive work, child guidance, behavior problems, and rehabilitation.

TEACHING PERSONNEL

The director of the course and the nurse instructors should be specially qualified in psychiatric nursing and in teaching. Other specialists, such as the social worker, the psychologist, the psychiatrists, and the directors of the departments of occupational therapy, recreational therapy, and hydrotherapy should participate in the teaching program.

ORGANIZATION OF THE COURSE

The outline appearing on pages 6 to 10 presents a broad and unified advanced course in psychiatric nursing leading to the development of the ability specified in the statement of the central objective of the course. The specific knowledges, understandings, skills, and appreciations essential to the development of this complex ability are listed in the outline as contributory objectives. Suggested learning experiences are detailed in a parallel column.

The content of the course which relates to medical and social aspects of psychiatric care is presented under the headings “Subunit I” and “Subunit II” (pp. 9-10). It should be recognized that this is an arbitrary division used for the achievement of clarity in the outline, and that in any plan for teaching the subunits should be integrated in so far as possible with the other content of the course. In some situations, however, it may be necessary to organize the subunits as separate courses. If so, these courses should be given concurrently with or prior to the clinical aspects so that the student will have the necessary background of facts and principles as a basis for nursing practice.

The outline presented here deals only with the clinical course, but, in planning the total program of the student, related courses usually available in universities should be selected on the basis of individual need and should be given prior to or concurrently with the clinical course. These might include courses in child, social, and abnormal psychology, psychology of personality, mental hygiene, anatomy and physiology of the nervous system, nutrition, sociology and related social sciences, community nursing, principles of social case work, evaluation and reconstruction of nursing procedures, methods of teaching individuals and small groups.
A PLAN FOR EVALUATION OF PROGRESS AND ACHIEVEMENT

A plan should be made for joint teacher and student evaluation of the progress made towards each of the objectives of the course. The plan should include some means of pretesting to determine the present status of each student as well as to discover at the start her specific areas of strength and weakness.

Evidence of the student's progress toward each of the abilities described in the central and contributory objectives in the outline should be sought in the clinical work, where it is primarily revealed, as well as in the classroom. Co-operative appraisal of the progress in clinical practice is facilitated when anecdotal and observational records and rating scales are utilized.

Increasing insight and understanding of the scientific, social, and clinical principles should be appraised in objective written tests from time to time. A plan for securing evidence of the degree to which each objective of the course has been achieved by the student should be made before the completion of the course, and the evidence should be used in determining assignment of credit for the course.
ADVANCED COURSE IN PSYCHIATRIC NURSING

Central objective: Attainment of competence in (1) analyzing complex and varied psychiatric nursing situations so that all significant factors are recognized and interpreted, and (2) planning and executing skillfully a related program of nursing.

CONTRIBUTORY OBJECTIVES

A. Ability to formulate and administer plans for nursing based on factors which influence the patient's behavior. This ability will require:

1. Thorough understanding of the manner in which behavior is influenced by physical condition, emotional balance, occupational and recreational interests and goals, intellectual capacity, physical environment, social and economic background and goals.

2. Realization of the effect on the patient's behavior of the attitudes of professional personnel and other workers concerned with his care.

3. Ability to recognize promptly specific psychiatric symptoms wherever found and to utilize psychiatric nursing principles in other clinical areas, in the general hospital, and in public health nursing. Such ability requires:
   a. Increased understanding of the disorganizing effect of any illness on the so-called normal individual.
   b. Intelligent appreciation of the influence of personality factors in conditioning the individual's way of experiencing illness.
   c. Skill in using an understanding of personal relationships.

4. Increased capacity to determine specific nursing care with respect to the patient's behavior and results desired.

SUGGESTED LEARNING EXPERIENCES

Supervised experience should be provided in hospitals, outpatient and social service departments, home services, and other community and welfare centers. This experience should be accompanied by at least 90 hours of organized instruction, supplemented by individual guidance and incidental teaching.

Students should be directed in acquiring a knowledge and understanding of facts and principles and their application to nursing situations. Teaching procedures should lead to group discussion and should aid the student to study independently. Liberal use should be made of conferences, seminars, symposia, demonstrations, reviews of current literature, and compiling of annotated bibliographies.

All experience of the student should be guided and closely observed. Assignments should afford her opportunity to observe and to work in co-operation with an experienced worker, participating as far as she is able. Following this, the student should be given assignments in which she will gradually assume complete responsibility.

Teaching and learning activities should emphasize the purpose and meaning of the patient's behavior rather than the diagnosis of his condition.

Individual and group conferences with the instructor should be held to prepare the student for specific experiences and to help her in analyzing, interpreting, and evaluating them.
5. Expertise in adapting nursing measures to the limitations imposed by the behavior of the patient. This is achieved through skill in:
   a. Securing cooperation of patients by (1) making appropriate explanations; (2) utilizing the most effective method of approach.
   b. Reconstructing nursing procedure with a view to protecting the patient and obtaining the results desired.
   c. Making use of available resources for effective completion of procedures.
   6. Ability promptly to recognize and interpret the significance of the patient's behavior in the progress of his illness; for example: a. Behavior indicating suicidal thoughts; b. Behavior indicating improvement and the possible need for giving the patient more responsibility.
   7. Greater discrimination in effecting adjustment of the patient to his environment.
   8. Skill in recording clearly, concisely, accurately, and objectively observations of the patient's behavior.

B. Ability to carry out expertly all nursing responsibilities in specialized therapies. These include chemotherapy, fever therapy, hydrotherapy, occupational therapy, recreational therapy, and co-workers as a basis for successful work with them.
CONTRIBUTORY OBJECTIVES (cont’d)

C. Ability to recognize and use opportunities for teaching patients, their families, and the public. This ability will require:

1. Increased knowledge of the range of the nurse’s teaching responsibilities.
2. A comprehensive knowledge of preventive methods, particularly in the area of child care.
3. Capacity to adapt psychiatric nursing skills to the teaching of health.

D. Ability to plan unified action with professional and non-professional personnel concerned with the special needs of psychiatric patients in relation to both immediate and long-range plans for care.

E. Ability to prepare families for the return from the war of a member disabled physically or mentally. This will involve increased understanding of:

1. The importance of psychological factors in the rehabilitation of service men and women.
2. The psychological effect of crippling physical disability.

F. Ability to utilize a broad knowledge of the motivations of human behavior in understanding the behavior of one’s self and others in everyday living.

SUGGESTED LEARNING EXPERIENCES (cont’d)

Supervised Experience in the Outpatient Department (cont’d)

3. Teach families of patients for whom hospital admission is advised regarding: a. the necessity of a healthful attitude on their part toward mental illness and toward the hospital, b. the type and amount of clothing and personal belongings to be sent to the hospital with the patient, c. hospital policies.
4. Observe the progress of patients who have left the hospital and who return for check-up.

Supervised Experience in the Social Service Department

In the social service department the student may:

1. Learn the techniques of history-taking.
2. Attend conferences between social worker and patients’ families.
3. Learn to evaluate items in patients’ early history which may have pointed to the psychoses.
4. Learn to evaluate adjustments which might have prevented the illness.

Supervised Home Visits

Visits should be made under the supervision of a social worker or a public health nurse or other personnel concerned with the follow-up care. Visits may be made to:

1. Homes of patients about to be discharged, in order that the student may understand better how to prepare the families for the patients’ return, to ascertain what adjustments the patients will have to make to the community, and to investigate possibilities of vocational counsel.
2. Patients who have been provisionally discharged to their homes or to other institutions, such as a town farm, boarding homes, or homes for the aged.
SUBUNIT I—PSYCHIATRY

Central objective: Attainment of a comprehensive knowledge of psychiatric disorders and of recent developments in scientific care and treatment essential to the psychiatric nursing specialist.

Contributory Objectives

A. Knowledge of the structure of personality as taught by different schools of psychiatric thought.

B. Understanding of the dynamics of human behavior.

C. Comprehensive knowledge of psychiatric disorders including etiology, incidence, symptomatology, course of the disease, prognosis, principles of treatment, possibilities of prevention.

D. Understanding of the recent developments in the rapidly growing field of psychosomatic medicine. Such understanding requires a knowledge of:
   1. The interplay between physical disorders and psychological reactions.
   2. The influence of psychic states in producing physical manifestations.

E. Understanding of special methods of psychiatric treatment; for example: psychotherapy (including psychoanalysis), shock treatment, fever treatment, special pharmacological therapies, neurosurgical procedures.

Suggested Learning Experiences

At least 45 hours of organized instruction should be given, including lectures, clinics, and conferences conducted by psychiatrists.

The objectives of this subunit will be attained also in large measure through the study activities and varied clinical experiences to which students are assigned throughout the course.

Special Lectures

Rehabilitation of war casualties.
Development of the child, and child psychiatry.
Psychometrics and their use with psychiatric patients.
Diet therapy in relation to psychiatric nursing.
SUBUNIT II—SOCIAL AND COMMUNITY ASPECTS OF PSYCHIATRIC CARE

Central objective: Attainment of comprehensive knowledge of the social significance of mental disease and of community facilities for promoting social adjustments to enable participation in the improvement of the mental health of individuals, families, and communities.

CONTRIBUTORY OBJECTIVES

A. Understanding of the relation of social and economic conditions of the community to the emotional adjustments of its individual members. Examples of this relationship are:
   1. The emotional adjustments of adults to lack of financial security, unemployment or sporadic employment, lack of opportunity for satisfying work, or loss of social status.
   2. The emotional adjustments of children to poverty, bad housing, unemployed parents.

B. Knowledge of community resources for the prevention, treatment, and care of mental illness; for example:
   1. Federal, state, and local departments or committees concerned with mental hygiene.
   2. Public and private agencies offering to children and adults preventive care, custodial care, institutional or outpatient treatment, rehabilitation.

C. Awareness of the nurse’s responsibility to participate in the development of resources adequate to meet community needs.

D. Knowledge of programs for rehabilitation of 1. physically disabled persons (emotional factors are always involved), 2. persons recovered from mental illness, 3. war casualties (physical and mental).

E. Appreciation of the part the outpatient department plays in following up and supervising patients who have been sent out of the hospital on trial visits.

SUGGESTED LEARNING EXPERIENCES

Classes should be organized so that they will have continuity and close co-ordination with the experience of the student.

Every effort should be made to secure such lecturers as a director of a state department controlling hospitals, a hospital administrator, an authority on forensic medicine, a psychiatric social worker, and consultants from health and social agencies.

Opportunities should be provided for conferences with workers of social and welfare agencies and for observation of their work.

Special attention should be given to organizations concerned with adjustment of problems of discharged service men and women and with the rejected draftee. These problems include in part:

1. Helping the rejectee who is informed that he has a disabling cardiac condition to accept this fact.
2. Teaching the family the proper attitude to show towards the ex-service man who is tense, irritable, sensitive to noises, emotionally labile.
3. Teaching the family a healthful attitude toward war-injured individuals.
4. Understanding problems involved in finding jobs for the mal-adjusted and their need for continued health supervision after employment.
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