WARD TEACHING

What are the objectives of the ward instruction program? I think they have been most pointedly outlined by Miss Anna Taylor in her book on Ward Teaching. She says that the objectives for the instructor (Who is the ward supervisor or head nurse) are as follows:

1. To assist the student to give more thoughtful and intelligent nursing care

2. To increase the interest in and ability of the student to give good nursing care through more specific applications of the things she learned in class to the patients themselves.

3. To insure adequate nursing care for the individual patient.

4. To develop student skill in technical procedures and good judgment in handling nursing situations.

The objectives for the students are:

1. To learn how to give sound, planned nursing care to the individual patient.

2. To learn to observe and interpret symptoms in common disease conditions

3. To master new nursing techniques and develop skillin their use.

4. To develop initiative, resourcefulness, and judgment in adapting nursing procedures based on principles in the care of the individual patient.

5. To appreciate the effects of social and economic factors on the health of the patients.

6. To recognize the need for instructing the patient regarding convalescent care and health principles, and to seek an opportunity to give such instruction.

No head nurse, without study and the desire to teach can teach effectively. Especially is this true of impromptu teaching which much of ward teaching is.

The first requisite is that the head nurse analyze what experience is available on her wards and to see that each student who comes to her ward gets every experience possible. No instructor from the school can follow the patients closely enough to carry out this ward teaching program.

Analysis of ward content

MEDICAL WARD

Spinal puncture

Pneumothorax
Assisting with special tests: Kidney function, Liver function, B.M.R., etc.
Giving of special medications
Thoracentesis
Abdominal paracentesis
Observation and reporting on patients with special medical diseases

SURGICAL WARD

Preoperative care
Immediate postoperative care
assisting with I.V., Hypodermoclysis, etc.
Making the postoperative patient comfortable
Assisting with dressings
Care of the patient in shock, hemorrhage.

PEDIATRICS

Formula making
Feeding the baby with the repaired hare lip or cleft palate
Preparation of food for children of various ages
Helping establish good health habits
Play for children of various ages
Rest hour
Giving medications to children

OBSTETRICS

Watching the patient in labor
Making labor patients comfortable
Giving perineal care
Care of the newborn
Assisting the mother to get the baby to nurse
Observation and reporting of lochia
Assisting in the delivery room
Giving a demonstration baby bath for the mothers going home
Post-partum emergencies

In this giving of experience to all the students the head nurse's daily assignment sheet will be most helpful. She can check back and see what each student has done and plan ahead. Here we must be careful not to sacrifice depth of experience for breadth of experience. The student should not have different patients each day but should have the same patient for at least a week so that she gets to know them and be able to plan nursing care for them. She has a chance to get used to the patient and his habits and to study his progress and plan for his comfort. Then she should move to another set of patients.

It is easy to assign one student treatments and let her do those all the time because then she learns how to do them and the supervisor doesn't

have to spend time with a new student. But this is not education of the students. Students must rotate through the various experiences.

Students must be taught to organize their work so that they get to class on time. The ward experience is just a part of the whole educational program for the student. The supervisor must be careful about the amount of work she assigns the student. She must not give her more to do than she can complete in the time she is on duty and then she must be taught to plan so that she will complete the work and get to classes on time. If one day she doesn't get through in time you must see that she goes anyway and let someone else finish her work. Next day you must help her plan her work so that she finishes. It might be a good idea to ask her to bring on duty next morning a list of the minutes and steps she wasted that morning and why they were wasted. This may be very enlightening to the supervisor. She may find out that some of the trouble is hers; That it is a matter of equipment shortage or poor arrangement of the ward.

You must also remember that you are an example for the student. Do you get through your work on time? Watch yourselves.

We will turn now to some of the specific methods of ward teaching that the supervisor can employ. They include such things as the Ward Conference, the Individual conference, the Ward Clinic, the Demonstration, etc.

The question always arises, "Which method of teaching shall I use?" This you will have to answer by deciding which method will teach the student most effectively and economically.

THE DEMONSTRATION

This method of teaching should be used for all new procedures which come up on the ward or for procedures that the students don't seem to understand very well. This might be perineal care on Obstetrics, assisting with a pneumothorax on T.B., assisting with an abdominal paracentesis in the Medical ward, making the postoperative patient comfortable in the Surgical ward or feeding of a patient with a repaired hare lip in Pediatrics.

Japanese students, I have found, learn more by observing and copying than by any other method. This fact gives the supervisor a great opportunity to use the demonstration method to advantage. Not only can the supervisor teach the student a technic by demonstration but she can also use it as a time to teach the student how to teach the patients by demonstration also. The things to remember when planning a demonstration are:

1. Get the patient's consent to use him in demonstration if you must have a patient.

2. Have all the equipment assembled and tested so that there is no failure in demonstration.

3. Practice the procedure before you demonstrate it if necessary. Do not attempt to do something you are not sure of every step or it will be confusing to the student.

4. Give it using a patient in your own ward if possible so that the students can make an application to the individual patient.

5. Never forget the patient for a moment. If the patient is acutely ill do as much talking as possible before you go into the room, or after the actual demonstration. Do not forget that your first interest is the comfort and well being of the patient.

6. Do not sacrifice the patient's comfort to the demonstration. Go slowly unless such slowness would cause the patient discomfort. For instance, if passing a stomach tube, do not stop with the tube half way down to give a little talk on howit should be done.

7. Always end the demonstration with a period of discussion. This gives the student a chance to ask questions that will clear up any of the points that she didn't understand.

8. The demonstration should beperfect; but if it is not, meet the emergency created by recognizing it and remedying it in the best possible way and thus showing the student - who may make the same mistake - the way out of the difficulty. (Tell of the demonstration of isolation technic when I forgot to take a piece of gauze or tissue to wipe the termometer.)

WARD CONFERENCE

There are two types of Conferences we will discuss, the Individual and the Group Conference. Whichever you use you must have a suitable place to hold it where there is no noise or confusion. A special room is best. If it is a Group conference there should be chairs for each student to sit down comfortably and there should really be a blackboard if possible.

Choose a time for conference when the patient demand is the lightest. It may be at 12:30 Noon or 3:00 in the afternoon, or any other time of day that your particular ward is the lightest.

Individual Conference:

This individual talk with one student or nurse may be used especially when you have noticed a continued error or wrong attitude on the part of the student and you wish to help her to better performance before she establishes too many bad habits. A conference should not be given when you are feeling upset about something the student has done or at a time when both of you are busy. You should think out very carefully exactly what you wish to accomplish in this conference before you callthe student in.

Do you want to help her in the organizing of her work? If so, have you observed her sufficiently to know some of the places where she wastes time?

Do you wish to help her in her approach to the patients? If so, do you have some really constructive things to tell her to do in order to do this? It is not enough just to tell her she is wrong. You must have some practical suggestions as to how she may improve.

Do you wish to help her to keep a unit tidy while she is working in it? If so, can you list the things you have observed that she did or didn't do while she worked?

Do you wish to help her overcome carelessness? Do you have at hand examples of her carelessness and suggestions as to how she may overcome it?

This individual conference should be in the form of a discussion and an analysis and not a lecture by the head nurse. Sometimes the student can best discover her own difficulties if led in her thinking by the head nurse. This is muchmore difficult than lecturing but it is far more valuable and will correct the student much more effectively than just saying to her that you don't like the way she does this and this and this and you want her to do them in another way in the future.

Do not close the conference until you are sure that the student understand her problem and has a determination to overcome it and the knowledge of how she may go about going it.

Sometimes the supervisor may learn through the individual conference that the problem is not on the part of the student but some neglect of the head nurse herself. She should be open to student suggestion.

Another less formal type of individual conference is that done at the time the head nurse checks on the students' work either by going around and seeing the patients alone or taking the student with her. This is the impromptu teaching that we mentioned earlier and its success depends on the head nurse's knowledge of the "why" of the disease and the "how" of good nursing care. If you do not remember these things that you were taught when you were a student and you are a head nurse, you should get out your old notes or get hold of some books on your special subject and study a little. You must know at least as much as the student or even with your longer experience you will not feel adequate.

Some head nurses work as dictators rather than democratic leaders. The democratic head nurse seeks to improve the abilities of her workers and to provide the opportunity for them to grow and to rise in their professions. They are loved and respected by their workers. If she demands, threatens, or dictates she makes people afraid of her and no one grows or learns to the fullest under fear. If she ridicules, she calls forth a defiant attitude which destroys her opportunity to teach. People do not learn from those they fear or hate. You can look back in your own experience, and I don't think any of us got through training without having some head nurse or nurses whom we feared or hated.

This is all leading up to your making rounds to see how the students are getting along in their care of the patients. You may go into a room and see Miss Watanabe, a second year student, just leaving, having completed giving her patient morning care. You note that the shade is high with the light glaring in the patient's eyes. He is squinting. The covers are right across his chest and pinned down by his arms resting on them outside the covers, so t hat his respirations are made more difficult. No pillows are put under the arms to relieve the weight of them on his chest. If you are a good supervisor you will not say this: "Miss Watanabe, come right back here. Just look at poor Mr. Ono! Is that the way you were taught to make a cardiac patient comfortable? If that is the best you can do you will never be a nurse. Now you just fix him up, and you can stay on duty overtime until you can do things right."

Instead you would wait until the student and you had both left the room and you would speak to her in the corridor if there is no danger of being overheard by the patients in a nearby room. The conversation would go something like this: "Miss Watanabe, what is the matter with Mr. Ono?" (Thus you check to see that she knows what is the matter with her patients.)

"He has heart trouble but they are not sure exactly what it is asyet."

"Did you notice his dyspnea?" (You check on her observation.)

"Yes, I did."

"What nursing procedures have you learned that will relieve this condition to some extent?"

"I learned to sit the patient up, so I raised Mr. Ono's bed."

"What other special support might you give?"

"Oh, I know, pillows under his arms to relieve the weight of them on his shoulders! And loosen the bedding across his chest! I had forgotten!"

"That is right, come, we will get extra pillows from the linen closet. There was one other thing I noticed about Mr. Ono. He seemed to be squinting and frowning quite a bit. Why do you suppose this was?"

"Did I leave the shade high?"

"Yes, I am afraid you did. Now Mr. Ono has a shade on his window; but what if he didn't, what could do about it?"

"I could turn the bed around so that his back was to the light."

"That is right. Now here are the pillows. Would you like me to go with you and help, or do you remember how to do it?"

"Oh I know I can do it now!"

"All right. You get him just as comfortable as possible and I will drop in later. It is nearly time for you to go off duty so as soon as you finish with that you run along. Have you everything else finished?"

"Yes, Miss Yamada, I have. Thank you."

The head nurse, if she had spoken in the first manner, would have frightened the student and made her feel inferior and therefore resentful, upset the patient and made him lose confidence in his nurse, and taught the student nothing.

The second manner of speaking gave the student a chance to do her own thinking. She did not reprimand her in front of the patient and therefore helped her retain her self respect. She offered her assistance but did not force it when the student felt she could do the procedure herself. The student would never forget this instruction.

Now do you understand what I mean by guiding? By democratic supervision and not dictatorship? Students do not respect supervisors who do maintain a high standard.

The Group Conference

Now a conference I want to remind you again is not a lecture. It is an "interchange of views, a discussion." Too many conferences become just lectures by the doctor or the student. A conference means talking together and everyone partaking must know something about the subject to be discussed.

In a ward conference the discussion should be limited as much as possible to the nursing care of a specific patient or specific patients on the ward at the time. Then, since all of the nurses are taking an active part in the care of the patient they will all be able to join in the discussion.

In group conferences, the student may learn things that she cannot learn in any book. There will be intimate things about the patient which make the patient an individual and not just a disease.

If less than an hour is to be spent in conference it might be well to plan for two half hour periods for discussion. It is not good to have to feel rushed in discussion. Many phases of the care may be considered:

1. Patient's immediate needs and comfort measures.
2. Nursing and personal problems presented by the patient
3. The health teaching necessary for the patient.
4. Necessary convalescent and discharge instructions.
5. Necessary health program for the family.

If you have conferences two times a week you may discuss one phase at one conference and another phase at the next. If it is only one conference a week, it may still be divided.

There are a few rules that you should remember in planning and leading a group conference. We will list some of them here:

1. The conference should be on a patient not on a disease. For instance, in posting the conferance, the supervisor would not post the subject "Pneumonia" but rather "Nursing Measures for the Comfort of Mrs. Yoshida who has Pneumonia."

2. The patient should be present on the ward at the time.

3. The discussion should be important to all those attending. That is if it is too elementary, the 3rd year students should not be included and if too advanced the 1st year students should not be included.

4. All students should review the patient's record before the meeting.

5. 5. Limit the topic to discuss a few points well rather than many points superficially.

6. Plan the conference to be within the grasp of those present. Do not use too difficult a case or a case where no definite diagnosis has been made just because the patient's condition looks interesting.

I have planned a ward conference about Mrs. Yoshida and we will not present it to you. (Or later as the plan seems best). This demonstration I felt would be better than trying to tell you how it should be done.

The Clinic

This may be conducted anywhere but at some time the patient must be brought in or the students must go to the patient's bedside. Be careful never to conduct a clinic at the expense of the patient's comfort or well being. For instance, we would not bring a group of nurses to the bedside of a cardiac patient who should not have excitement.

Also always ask the patient's permission and seek his cooperation. Most patients are quite happy to be considered important enough to be the subject of a conference. But here you must know your patient.

Be careful about the discussion or talking done at the patient's bed side. There may be things that you would want the nurses to know that the doctor does not want the patient to know. Such things should be discussed outside the room. For instance, if the patient's prognosis is poor it is not a thing that should be discussed in front of him. Above allwe must maintain our patient's hope and will to live.

After leaving the bedside, always go somewhere to summarize the principles presented and give the students time for questions.

To summarize our own discussion of teaching let me say again: The instructors efforts in the classroom are lost if there is not adequate teaching supervision. The instructor must work very closely, hand in hand, with the supervisor if the student's education is to be awhole and not a broken body of knowledge.

For instance, the supervisor must make it her business to learn how the students are taught and the instructors must follow the students onto the wards to help the supervisor check them. This does not mean that the supervisor cannot have her own ideas. If she has a good idea she should share it with the instructors so that it can be started on all the wards and taught in the classroom.

The instructor should be on the ward also to help the supervisor know what formal instruction the student has had. For instance, the student should not be asked to give medications until she has had or is having materia medica in the classroom. She should not be asked to take care of the orthopedic patient until she has studied it in class. All these things the supervisor must know in making out her assignment of patients in the mornings.

In brief then, the supervisor must:

1. Help the student correlate what she has learned in class with the care of the patient on the ward.

2. Conduct demonstrations, bedside clinics and conferences.

3. Explain newroutines and procedures.

4. Plan clinical experience of each student in the light of the classroom instruction she has had.

5. Confer with students on problems of care of the patients, methods of working and personal problems.

6. Help the students plan and organize their work.

7. Evaluate the students work.

8. Efficiency reports.

PRINCIPLES OF NURSING EDUCATION

By principles of nursing education we mean a study of rules and truths upon which teaching and learning are based. We will bo beyond principles into actual methods. I would like to state our objectives in the form of questions so that you will seek answers in your minds.

1. What is learning? What is teaching?

2. What are my functions of the instructor of nurses?

3. What are the scientific rules or laws upon which all learning is based. How do these laws effect my methods of teaching? What method can I use?

4. Can I use the same methods for teaching all subjects? If not, why not. How do I adapt my method of teaching to my purpose for teaching?

5. Do my own personal habits and mannerism have any effect on student learning?

6. How can I make out my lesson plans? What should a lesson plan include for Nursing Arts? for Classes?

7. How can I measure the success of my teaching?

8. What is meant by correlation of classroom and ward teachings? How can this be accomplished? What are my responsibilities in relation to this correlation?

These do not seem to be very many questions but the answering of them will require many hours of discussion. We will not take them all in order but I will start with the first question.

I don't want you to feel that you are to be just passive participators in this course. It is essential that each of you understand all that is said here because before many days have passed you are each going to work places with me for one hour and teach this class. When you do this I will expect that you have studied and learned all of these principles and can apply them to the planning of your own class.

I tell you this so that you realize that you must listen, understand and study every day and so that you will feel the necessity of asking questions and clearing up anything you do not understnad. I want you to look up this practice teaching hour as a big opportunity to use what you have learned and have your fellow students and ourselves give you constructive criticism.

How let us discover the answers to those eight questions which are our objectives. Our first had two parts: "What is learning?" and "What

is teaching?" What do we mean when we say someone is learning?

Learning is a form of growth. It is a continuous process. If you are learning you are continuously improving in the acquisition of a skill or in the ability to reason or in the retention of knowledge. Now this fact should give you a new attitude toward the student. Each student starts with different mental and physical equipment and, therefore, we should not judge her by now well she does compared tothe other students or with yourself. Just because she does not know the answers to all of the questions is no indication that she is not learning. As long as she is improving in her performance you may conclude that she is learning. Let us always remember this and learn to know our students well enough to know whether they are learning or not.

There are many types of learning and we will concern ourselves only with the ones our students will use to become nurses. We will want to know how a student learns a skill, because all of our students have to learn certain skills in caring for patients. Also we want her to learn to reason and make judgments because she must learn to see the patient's symptons and, in the light of her knowledge, decide which ones must be reported to the doctor and which she can relieve by nursing measures. The third type of learning our student must do, is to memorize certain facts. This, I don't think we will have to discuss because in a country where you have memorized all the characters you have to, to read and write, you probably know better than anyone in the world how to learn things by memory.

Now, sometimes we say we have learned something. That means we have actually perfected the skill or the ability to reason or have memorized a body of facts. But one rarely reaches this perfection in skill; and reasoning must be learned for each new situation as it is rarely the same; and the facts that do not change such as 2- 2 - 4 can be learned but unless we continue to use them even they will be forgotten. So although we sometimes use "have learned" in the past tense it must actually be considered as a continuous growth process. Expecilally in medicine and nursing where things are changing daily we can never any we "have learned" nursing. Nor can any of you say at the end of this course; "I have learned to teach." This will give you the smallest introduction to teaching. As long as you live you will be learning to teach. As soon as the process of learning ceases, we, as individuals, cease to grow and we might as well be dead because we are just existing like vegetables.

No, what is teaching? Teaching is guiding the students in this process of improvement——in this process of learning. In short, it is helping the students to hlep themselves. So in the discussion that follows we will discuss what is means to reason and to learn a skill and what the teacher's responsibility is in the student's learning these things.

A few minutes ago we said that a student must learn to reason. Before

we can find out what a teacher can do to help a student learn reasoning we must find out what reasoning is. I think that the easiest explanation of this: Reasoning is discovering a principle and applying it to a new situation. Now, this implies that the nurse can size up a situation, see the problems involved, use the knowledge she has acquired to solve these problems and then criticize the results of her action. So in this process of reasoning we have 4 steps: 1) Seeing the situation as a whole, 2) Identifying the problems, 3) Solving them the best you can in the light of your knowledge, and then 4) Looking at your results and deciding where you made mistakes so that you would not make such mistakes again. These are the 4 steps in reasoning and you should remember them. We will refer to them again and again.

Let us turn now to a real situation and see how it works. Let us any that the student steps into the room of a patient who has asthma and finds him having great difficulty breathing. She has now done her first steps: - she has recognized that the patients not behaving normally but that he is having dyspnea. Her next step is to identify the problems. To do this she must reach back to what she has been taught in class about the things that may cause dyspnea. These problems may include: 1) poor position, 2) weight of the bed clothes over the chest, 3) tight kimono, 4) weight of arms pulling down on shoulders, and 5) spasma of the little muscles of the bronchicles in cases of asthma, Immediately she starts into her third step which is the solving of these problems. (As a matter of fact she probably solves each problem as she identifies it actually.) Her solutions, which she puts immediately into action, depend again on what she has learned in the classroom. They may include: 1)sitting the patient up, 2) checking to see that the covers are not tight across the chest, 3) checking to see that the kimono isn't too tight, 4) putting support under the arms to relieve the weight and then 5) giving whatever modications is ordered to relieve the spasms of the little muscles of the bronchicles. When she has done all of these things, she procedes to do the 4th step: she finds that her patient is breathing more easily and his family is relieved and the doctor is pleased with the case she has given the patient and she decides that she has solved all of the problems satisfactorily. Therefore, we can say that in relation to this particular situation, this student has learned to reason. So in teaching we must see that our students learn to see problems involved in the situations they will meet in nursing. In the illustration just given the problems were those things that increased or brought on dyspnea. Now, most of the time these problems must be definitely pointed out by the teacher and discussed in class. At first you cannot expect the students to identify problems by themselves. For instance, when the teacher taught the student about the asthmatic patient she told her what the dyspnea was, then she may have said to the students. "Now what may cause this patient to have a hard time breathing" Then she gave the students the chance to discover the problems themselves and made sure that they found all of the problems. Then she guided them in arriving at the right solutions to the problems.

This ability to recognize the problems involved in any situation depends on the student's hospital and classroom experience. We cannot expect our students to learn to reason in such a situation unless she is given the experience on the ward of being responsible for all the different types of patients so that she has to make certain decisions herself. Some hospitals haved system of assigning patients only to the graduate nurses and letting the students be assistants. Students will not learn to reason under such a system because they do not feel any responsibility. Or if a student is assigned to take care of patients who have diseases she has not learned anything about in the classroom, she will not learn to reason. For instance, let us suppose that a little student who was in her first six months of training had stepped into this same patient's room, Perhaps she would have recognized that the patient was having difficulty breathing, but if she had never seen anyone like that before and if she had had nothing in class about such a patient she would have had no idea of what problems were involved in his difficult breathing or how she could solve them. So we must see that when we give our students the responsibility of patients, they have had the classroom preparation to carry such responsibility.

So you can see that it is not enough to have students simply learn the facts presented to them in classes in medicine and surgery and pediatrics, etc. We, as teachers, must see that they are given questions and problems that can be solved by using the facts presented in the various courses.

For instance, in Basic Nursing Arts which the student has in her first six months she learns about positions of the patient. Among them she learns about the best positions for the patient with dyspnea. The next year she has medical diseases and learns about the care of the cardiac or asthma patient. She is told that one of the symptoms of both of these disease is dyspnea. The instructor must not take it for granted that the student will reach back a whole year and apply the principles of relieving dyspenea to these new conditions. The teacher must herself make these applicsations by her questions and discussion. She might ask, "Now what were some of the things we said might increase the dyspnea?" Here she would expect to get the various problems that we identified a while ago when our student was applying reasoning to her care of the asthma patient. Then she would ask how we decided these problems could be solved by nursing measures. By doing this the teacher is helping the student to learn to reason. She is helping her to apply the things she has already learned to a new situation which is the patient with asthma when she is studying in Medical Nursing class. Eventually the students will learn to make her own applications.

Now you may be asking yourselves, "In what particular classes or situations should I teach reasoning?" My answer to that is that it must be taught in almost every class in nursing with the exception, perhaps, of

History of Nursing. Even in the simple procedure of making an empty bed, for instance, which should not present any particular problems to be solved after the skill islearned, the student may suddenly be faced with having an unusually short or narrow sheet or a torn pillow case and she will have to adapt this new situation by reasoning. Any procedure that involves the patient, such as an occupied bed, a catheterization or an enema is going to require adaptation to an individual person; therefore, it will always involve reasoning.

For instance, in class the student has learned to make an occupied bed by turning the patient on his side and pushing the clean sheets against the patient's back and then rolling him back on the clean side of the bed. But on the ward she finds a patient who cannot be turned. Immediately the situation becomes a problematical one. The situation is that the patient can't turn, the problem is to get the soiled sheet off and the clean sheet on. The student's reaction to this situation will depend on her ability to reason the thing out. She may do one of several things: 1) She may just leave the dirty sheet on. 2) She may go to the supervisor and tell her that she can't change the sheet because the patient can't turn and ask her what to do. 3) Or she may study the situation a moment, figure out that by moving the patient flat on his back all the way over to one side and pushing the clean sheet as far as possible under him and then easing him back onto the clean sheet she can get it changed.

Now the first reaction was a very poor one and would indicate that the student had not learned even the value of keeping the patient clean. The second reaction was good for the young inexperienced student who saw the problem but wanted to seek advice about the solution so that she wouldn't injure the patient. The third reaction, of course, was most acceptable, and showed the most mature reasening.

If the teacher constantly keeps in mind that she must teach the student to reason - to see and solve problems - in all that she does the student will learn to reason. If she does not keep this in mind the student will not learn to reason. So the teacher who always tells the student what to do is not a true teacher. She is helping the student all right, but she is <u>not</u> helping the student to help herself.

We must not neglect that last step of reasoning either - self criticism. From the first time a student learns to make a bed, she should learn also the step back and view what she has done and be critical. The nurse who finally changed the sheet of the patient who couldn't turn could criticise her work by seeing if the sheet was well put on the bed so that it tucked well and was tight; by seeing if the patient was comfortable and uninjured and by seeing if she had done the task quickly and with a minimum amount of effort.

So let us teach our students to reason that they will not feel best in a new or unusual situation and so that they can make more nearly

sound judgments when they are called upon to do it.

Once more now, what are the four steps one must do in reasoning? (1) See the situation as a whole, 2) Identify the problems, 3) Solve the problems as best you can using what you have learned, and 4) Criticize your results.) How can a student learn to reason? (By having a teacher who will guide her to take these steps so often that she will be to do it by herself.) How can the teacher guide her? (By teaching facts to be used in identifying problems and solving problems that the student will meet. By putting the student into new situations and allowing her to solve her own problems giving guidance only where necessary.) Do you all understand about reasoning now? If not, let us have questions because we will leave our discussion of reasoning and go on to a discussion of the method by which the student learns a skill.

Learning of a skill involves an entirely different process. Again we have four steps involved. In order to master a skill the student must do the following:

1. Get a clear picture of the goal or result she wishes to obtain.

2. Master the motions involved in the performance.

3. Practice these motions until they can be done smoothly.

4. Compare her results with her goal of perfection.

Here again the teacher must be careful that she remembers that her function is that of a guide. She must not do things <u>for</u> the student. First of all, she must see that the goal (or in other words the thing the student is trying to do) is absolutely clear to the student. This is accomplished by the teacher giving as nearly as possible a perfect demonstration. This means that you, the teacher, must practice and practice and practice before you give a demonstration so that it <u>will</u> be accurate in every detail. It is well known that first impressions are more lasting than other subsequent impressions. Think back in your own experience when you got a wrong idea about something when you first heard about it; and then at a later time you learned the truth about it; but that first impression was very difficult to get rid of. So the skillful teacher of Nursing Arts, in order to put on a good demonstration, must be a good actor, so that the first impression will not only be accurate but will also be vivid to the student. She must be able to single out a particular movement and perform it separately who necessary. Also she must be able to slow up a movement so that it can be observed easily. Now this is not as easy as it sounds. As you practice for your own teaching of Nursing Arts, you will realize this. This demonstration determines the student's success in the first step of learning a skill. It gives her a clear picture of her goal.

The second thing the teacher must be able to do is to put the student through the motions involved in the skill. She must be able to show the student all parts of the motion and she must be alert for all errors made by the student. These errors should be detected and eliminated before they become habits. We will talk about this later.

Speaking of habits we must know this one fact about them. It is must easier to establish a habit in the beginning than it is to break it. To establish a habit we just do a thing over and over so many times the same way that we can do it without thinking. Now what happens if we wish to change this habit? We have a big task. First we have to break the habit by again strating to think about it instead of doing it unconsciously. We have to think about it and then not do it the way we always did but do it a new way. Then we have to do the new way over and over enough times that it eventually becomes and unconscious act. So you see it is going to be a lot easier to see that our students learn their habit correctly than it is to change a habit after they have established it.

The third thing the teacher must do it to make the student realize that she can learn a skill only by practice. You learned about this rule when you learned to write your Japanese characters. It meant hours and hours of doing it over and over again. So a skill will not be mastered by just reading the steps over in a procedure book or by just watching the teachor demonstrate it. Those steps must be done by the student again and again. She must know this!

Also she must see that the student is aware of the progress she is making in the right direction. What awareness of progress the student will take greater interest in working for further improvement and she will put forth more effort; she will enjoy the task more and will develop greater self confidence. The teacher must watch for signs of discouragement in the student, try to find out why her progress is slow and help her overcome her trouble. Some students need more encouragement than others and the instructor must be very alert to each individual student's needs. Sometimes a solution to an individual student's needs cannot be found in a class with many students together. You may need to have a little while with the student alone to find her real trouble. You may find it is something entirely out of the hospital that she is worrying about and this is keeping her from concentrating on her work.

Teaching is a lot more than just giving a student a notebook full of facts and a few skills. Teaching is helping a student to develop to its fullest capacity her total personality. It is helping her to be successful an happy in all phases of her life not just in her nursing. We will discuss some of these responsibilities later on when we talk about the duties of the instructor. Suffice it to say her that, as teachers, we must not isolate ourselves from our students. We must be friendly with them so that they do not feel afraid and nervous when we are around. Call a student by her first name sometimes - especially if

you are talking to her alone, so that she feels your personal and close interest in her. You can feel how successful you are at putting a student at her ease in your presence by seeing if they like to have you with them when they do a new procedure on the ward; or if they prefer you stay away. Also ask yourself, "Do the students come to me with their problems?" If they do not seek your guidance you have probably failed to establish friendly relations with them.

In teaching the student the fourth step you must actively help the student to compare her results with the goal toward which she is working. In other words, you must help her to measure the success of her performance. At first she must be taught to work slowly and try for perfection. In making beds, for instance, she should first learn to make a perfect bed no matter how long it takes her. But here the teacher must be on the alert, because as soon as she sees a student beginning to be able to make a perfect bed she must being to make her increase her speed. Do not let a student settle down into a slow pace. Especially in routine things like making beds, cleaning bedside tables, preparing equipment for treatments and cleaning up equipment after treatments. It is very bad for a student to get into the habit of being slow and wasting time.

Now right here, while we are on the subject, there is another thing that you must be warned about. This warning goes hand in hand with increasing speed and efficiency in doing things. The warning is this: It is all right to hurry with steps of a procedure which go on away from the patient, but when you are doing something directly for the patient you should not give him the impression of being in a hurry! One thing we must never do is to give the patient the feeling that we are too busy to do the things that are necessary to keep him comfortable and get him well. If we come running down the hall, burst into the room with hair flying and eyes popping and our breath coming fast and we dash wildly around the room, this sense of hurry and confusion is transferred to our patient and he becomes restless and uncomfortable and feels that we do not have time to take care of him. So you must impress on the student that she can increase her speed on all phases of a procedure until she comes to the patient's door - the minutes she enters that room she should give the patient the feeling that he is the only care that she has at that moment.

She should be taught that she can do things faster by eliminating useless motions and by planning her work so that when she goes to a patient's room to do a treatment she remembers to take everything with her so that she doesn't have to go back to the treatment room or the nurse's station for something.

In this planning of work you instructors of Nursing Arts have a big part to play. From the very first day you get up before your class you have the responsibility of being a good example of how one should plan her work. Before you demonstrate a procedure you must be sure that you have everything you need with you at the bedside. There should be no running out after a towel, binder or basin which you forgot to bring. There should be no sending of someone else after it either. As you watch the students demonstrate back to you, you must insist that they learn to think a procedure thru so that they get together everything they will need before they to a patient's room. You can't expect the students to learn this from just watching you, either. You must point it out specifically to them over and over and over.

Now that is another thing about teaching that you must remember. It is not enough to say a thing once. It must be repeated and repeated everytime there is an opportunity. I can remember a number of things that will always stand out vividly in my memory because they were repeated so often and so forcefully. One was: NEVER INVERT A MEDICINE DROPPER! When we learned about giving nose drops in Nursing Arts, my instructor started her campaign by stating very firmly and impressively NEVER INVERT A MEDICINE DROPPER!!! Then this warning was repeated when we came to giving eye drops, to measuring medications with a dropper, to giving ear drops, etc. So to this day, the mere sight of a medicine dropper seems to turn on a red light in my brain that says, "NEVER INVERT A MEDICINE DROPPER".

You will find me repeating things to <u>you</u>, too, throughout this course. So don't be surprised. Maybe you will have heard it before but the chances are you will also hear it many times again.

We have warndered a bit from our original subject of helping a student to criticize her own performance but while we are on the subject of speed and efficiency I want to mention something that come as a considerable shock to me here in Japan. That thing is the sight of nurses running up and down the halls. In America nurses are taught that it is not dignified for a nurse to run and that she does it only in case of real emergency - of life or death. When I stepped into the wards here and found the nurses running up and down the halss I had the feeling that all the patients must be dying. I found that they weren't dying that perhaps the nurse was just going for a chart for the doctor or some article that she forgot to take with her. Now people usually run in emergencies such as in case of fire, a fight or something of that kind. Now put yourself in the patient's place - you are lying there relaxed and half asleep and the door is closed, but you hear these feet running up and down past you door. You would immediately wonder what they were running for and in your weakness your impulse would be to get out of bed and run too. As a result you would be thoroughly weakened and upset.

This is something you can start working on immediately. Try to get all of your nurses to do more walking and less running. I admit in the winter, here, I didn't blame the nurses for running a little to keep warm. But there is simply no excuse for it in the summer and it should not be permitted. It is a waste of energy that is absolutely unnecessary. Also it adds to the noise and our hospitals are already too noisely.

When you begin to encourage the student to do procedures in less time she will immediately begin to try to pin you down to exactly how many minutes it should take her to do certain procedures. Now this is a very difficult problem. If she is just making an empty bed you could perhaps estimate that with a drew sheet and all, if the bed is stripped and you make it fresh, she should be able to finish it in from 5 - 7 minutes. But the moment you put a patient in that bed you have an unpredictable problem. One morning he will hop around and be very helpful and you can make the bed almost as fast as you could if it was empty. The next day he might not feel like moving around and you have to urge him and help him and it make take twice as long. Do not try to give a student time limit. If you do she is apt to keep her mind on the clock instead of the patient and will push him around like a sack of rice in order to get the bed made in a specific number of minutes.

You can tell by watching the student whether or not she is wasting time. For instance, any time spent in patting the bed is wasted. Motions should be specific and purposeful.

At first the student will be able to only concentrate on one thing - the motions of making the bed - but you should tell her that those motions must become so automatic that she will be able to carry on a friendly flow of conversation while she is making a bed, bathing a patient, giving a back rub, etc. At these times spent with the patient she can learn to know him and to look upon him as an individual with problems and interests just like her own. By so doing she will develop sympathy and understanding, and can give a more personalized service. Likewise she will receive a much greater satisfaction from her work.

This goes back to what I said before - that the teacher is not only a mechanical skill but she must also guide the student to grow in the art of living, of understanding others, of giving comfort and encouragement to her patients and of being happy herself. You cannot expect all of these things just to "happen" to the student as she works. She will learn much from the example of <u>your</u> attitude toward the patient; but much of it must be specifically taught. So when you are teaching bathing, the demonstrations the students give back to you should not be silent affairs - the student should be able to talk easily to her patient (who in the class room will be another student) without stopping and just holding the wash cloth in mid-air.

At the same time the student should be taught to observe her patient

and to determine when he is not in the mood to talk. No nurse should make her presence at the bedside and exhausting experience.

Now we will refer to the process of learning to reason and learning skills again and again when we begin to discuss making of calss outlines. But now let us consider a few of the laws of learning. I want to spend quite a little time discussing them because they are very important. These laws apply to all learning be it learning of facts, learning to reason or learning of skills.

Now what is a law? We speak of laws in government and laws in a science such as chemistry. But no matter what way we use this word it means: if you do a certain thing, another stated thing will be the result. In government the law states that you must not kill your next door neighbor and if you do the result will be arrest and perhaps deaths for you. In science most laws have been proven. For instance, we have the law of gravity. This law says that if something is heavier than air it will fall toward the ground. So if we drop something we look down for it, we do not expect that it will fall toward the sky. We know this law even though we perhaps never studied it in school.

Now the laws of learning are the scientific kind of laws. Someone has studied them and proven that they will always work the same way. So if we obey these laws we can make them work for us and help us. If we do not know them and pay no attention to them our work will be much harder. So as we study these laws let us be sure that we each understand what they mean and how we can use them.

The first of these law, expressed in simple language is this: When a person is ready to act, to act give satisfaction and not to act is annoying; but if he is not ready to act and he is forced to act it is annoying.

Let us take an example of the working of this law from your own experience. Let us imagine that you have been planning for days to go on a picnic with a group of your friends and you have gotten the food ready to take and you have decided just what you will wear, etc. Then the day comes and is a beautiful and sunny day and your friends come and you start out on this afternoon of fun and beauty. You have great satisfaction within you. You were "ready to act" (in this case to go on a picnic) and you did act (go on a picnic) so you find it satisfying. When you are ready to act, the act gives satisfaction.

But let us suppose you were all ready to go and the day dawned cold and rainy. You would have found it most annoying. You were ready to act (go on the picnic) but you couldn't act (go on the picnic) so it was annoying. When a person is ready to act, not to act is annoying. Now is the first half of this law clear? You give some illustration of this law at work yourselves.

Now to go on to the last part of the law. If you were in a place away from home and you had neither the food nor the proper clothes to go on a picnic and you didn't feel like going yet someone insisted that you go anyway, you would be annoyed. You were not ready to act (go on a picnic) but you had to act (go on a picnic) anyway so you found it annoying experience. When a person is not ready to act, to act is annoying.

Now how does this apply to our students? I think that one of the best ways we can use this is to always remember that as soon as a student has learned to do something in the classroom, she is ready to act. In other words she is ready to do it for the patient. So when later we say that there should be a prelimiary period of 4 to 6 months during which the student has classes but does not go on the war, we do not mean that she should not go to the ward at all. But we mean that she should not have a regular assignment of hours to the ward. She should go to the ward under the supervision of one of the instructors to do the procedures she has just learned in the classroom. For instance, when the students have learned to make occupied beds, they should have the chance to go to the ward and make occupied beds which have real patients in them. Now it may be that the students will be assigned to go to the wards for one hour in the morning at which time they will only make occupied beds. And the instructors will go to the wards with them and supervise their work. They will not just be left to themselves. All of the work they do on the ward during the first 6 months will be under strictest supervision of the instructors. We must remember that as a student learns a new procedure she is ready to use it and we must give her the chance. It is not good to not allow the student inside the wards for 6 months. They forget their procedures because they don't get a chance to use them.

On the other hand we must not send our students on the wards from the very beginning for long hourse of just running errands and being made to do things they have not been taught. A student is not ready to do a thing until she has mastered the motions and knows what to do. So if she is made to do things she has not learned it will be annoying to her, will interfere with her learning.

Another law which we should always remember is this: "learning is most efficient when the activities to be performed are the means of satisfying needs or of attaining important goals."

I think that this law is easily understood. It merely means that when we feel the need for learning something we can learn it quickly. An example of this would be: We may teach the girls in night school now to care for a baby. They will learn it fairly well because it is interesting; but they will not learn it nearly as well or as quickly as the woman who is going to have a baby soon. The woman who is going to have the baby feels a very strong and immediate need for knowing how to take care of it so she will learn more quickly and well.

Now what is your part as a teacher in putting this law into practice? It is just this - you must stimulate in the student a feeling of need for what you are about to teach her. This need will make her "ready to

act". When we need something we are ready to do something about getting it. (So we really use both of these laws together). The student must feel the desire to know what you are going to teach her and she must have a real need for knowing it. These desires and needs we call motives. A student must have some motive for learning or she will not learn. If you do not concentrate all your efforts on learning a thing you will not remember it; and only if you need it will you concentrate your efforts on learning it. Is this clear? Merely reading or seeing a thing many times does not assure you that you will remember what you read or saw. For instance, if I told you that tomorrow I would give a pound of candy to each of you who could tell me the number of vases that were displayed in a certain store window, I am sure that you would look in that window and concentrate on counting and remembering the number of vases displayed there. But if you had no motive for learning the number of vases you could walk past that window every day and look at the vases and admire them and never remember how many were there.

This is creating of a motive for learning, a most valuable teaching aid. If the student feels the need to learn she puts forth the effort to learn and the teacher's job is lightened. Let us site a few example of how we can create motives.

I employed one method for arousing this feeling of need in the student at the start of these lectures. I asked a group of questions. Now if you are asked a question and you do not know the answer you feel a need - you need to know enough facts to give the answer. Now I hoped by asking you these questions to waken in you a desire to know the answers so you would listen with an intent to learn.

Another, probably more powerful method I used was to tell you that you were going to be teaching here during the course. That is a particularly strong motive I have given you for learning. Anything you will be having to use soon you will learn quickly. Now you teachers are making use of this law of creating motives (which make the students ready to act) when you start letting them go into the hospital where they will be called upon to use the things they are learning.

For instance, let us take for example, that little first year student we mentioned earlier who went into the room of the patient with asthma. She has not learned about asthma in class yet; but when whe saw that patient having so much difficulty breathing and being so uncomfortable she must have felt a need within her to know about asthma so she could do something to relieve him. When the time comes that books are available we will hope that you will awaken in the student enough interest to try to fill her own needs as they arise by going to a book and finding out the cause and nursing care of asthma, right at the time when she is faced with the problem. If this first year student had had come way to find out all about asthma right then and has then been able to carry out the nrusing that was suggested she would never have forgotten the nursing measures for asthma. Any time in the future when that problem came up of if it came up in an examination she would know all about it because she has learned it at the time she felt the greatest need for it.

Needs & motives can be created artifically by questions or by giving an example of a real patient-nurse situation so that the student can in her mind put herself in the place of the nurse and try of figure out what she would do. For instance let us suppose you were going to have a class today to discuss the nursing measures in caring for a patient in traction. You might start by saying:

"Today we are going to discuss the nursing care of a patient in traction. There are 10 things you must remember. And then you continue to list them. Perhaps the students would learn them later for examination but they would not particularly learn in the class because their minds were not set to learn. You had not created any motive for the student to learn. But let us suppose you started your class this mat.

"I went over to ward B the other day and when I went into Room 10 I found a student trying to give Mr. Abe a bath and morning care. Mr. Abe has a T.B. hip and is lying flat on his back in traction. It was a hot day. Mr. Abe was perspiring, his back and bedclothes were wet and he complained of being very uncomfortable. He needed a bath and a change of linene and back care was particularly important. So this student faced a difficult problem. How could she bath him, give him back care and changed his linen and get him comfortable without releasing the traction and with as little pain as possible to Mr. Abe? How could she make him more comfortable in the traction? I have put our doll in traction here in the bed just as Mr. Abe was. What can we do for him?"

Now when the instructor starts a class on the care of the patient in traction this way she transplants each student to the ward; gives her a patient in traction and presents her with all the problems she will face in that situation. Now, she is ready to learn! She is facing problems she wants to know how to solve and what you tell her will answer a real need that she is feeling.

It is not always possible to do this; but where you can do it make the effort. It will realy you well in the results of what the students learn.

When we think of creating a motive let us try to remember our goal as teachers: that is to teach the students to be good nurses so that they can give good care to the patient. Our goal must never be just to get the student through the examinations. So when we try to set goals and create needs in the student first let us try to center them around the care of the patient in the hospital, not around the classroom.

One occasions we may use an examination as a motive, but when we do it let us realize that it is not the best method. We may say to the student "Now you must learn these things because next week I am going to ask you about them on an examination." And she will probably learn them, but she will learn them for the examination and not for care of the patient, and when she gets to the ward and needs those facts in caring for a patient she probably won't remember them at all. So lets not use examinations as a motive for learning too often.

Now all of this has been in the way of explanation of how you, as teacher, can use these laws of learning and make them work for you. What are these two laws we have discussed? (Repeat).

Another law is: The more frequently a persons uses a thing the better he will remember it.

This goes back to what we said about the necessity of the teacher just being a guide and letting the student do things herself. When student has been taught something see that she gets to use that skill or that reasoning or that fact as often as possible. Constantly refer back to what you have taught previously that the student must recall over and over the things whe has learned. See that the student uses the skills she learns as often as possible after she has learned them. After you have taught a student to sit a patient up in bed, see that you call on her to do it whenever in class a patient must be sat up in bed. Don't do it yourself until you are sure that the students can each do it well. Ask them to quickly review symptoms or principles or anything else they have learned previously in class whenever you can in a class that follows:

Another law that has been proven and that can be a great help to the teacher is: "A person's learning in strengthened or weakened according to the satisfaction or annoyance that attends the performance."

Now here, you instructors have a great responsibility not only in your own attitude toward the student but in the attitude of the Head Nurses and the doctors on the wards and in the classroom. If you have given the students a clear picture of their goal which should include: the ability to take care of the person who is ill so that he can attain his health (2) the ability to help all people maintain health and (3) the ability to relieve pain and make a patient comfortable (and you teachers must be sure that the goal that is head before the student is the care of people and not the passing of examination!) then you should see that all of the things that you teach them will help them to attain this goal. If you are wondering whether or not to teach a certain thing, ask yourself. "Will this make the student better able to take good care of the patient?" If the answer is "Yes" teach it!

So we see our laws all work together. You know that when we get something we need, it is satisfying. So if you teach the student something she feels a need for or you help her to reach a goal she has set, you give her satisfaction. So if we teachers create needs in the students and then set about to satisfying these needs, our students will learn quickly and well.

Your can control this satisfaction for the student to a great measure also by seeing to it that when she does something well that she is praised for it, even though it is only a very small thing. Deep in the heart of each of us is the desire to be appreciated. We are willing to work very head and sacrifice much if we feel that someone appreciates what we are doing. The student is no different. She craves this praise too.

So we should see that she gets it because if she gets praise she will expend more effort than every to learn. You know yourself how a little praise will make you dig in and try to do your very best.

But your making the student feel a satisfaction from success in the things she does in the classroom is not enough. You must also see that the Head Nurses on your wards know of the great power of success.

Give a student something to do that is a challenge to her knowledge and reasoning, help her only as much as necessary to assure her success and then compliment her on her performance. (This praise should be given only if the performance is a good one, however). That student will have a feeling of great accomplishment and will make every effort to win such approval again.

Let us look again at our original example of the 3rd year student who went into the room of the patient who had asthma. She looked at the patient, did all of the things she had learned and found that the patient was better and pleased, the doctor was pleased and so was the head nurse. If this doctor and head nurse were wise, they would praise the student for what she had done, because such praise would give her a great satisfaction and increased herself confidence and eagerness to learn more so that she could be equally successful incaring for <u>other</u> patients.

Your as instructor, must try to get this idea over to the head nurses and doctors so that you are sure that if a student tries hard, and does well, that her <u>total</u> experience will be a happy and pleasant one. If a student gets praise and satisfaction only in class then she will only like the classes and will not like her bedside nursing. We enjoy doing the things we know we do well. See that your students know that they are making progress.

We have already discussed awakening a feeling of need in the student. But one thing we have not emphasized in connection with this is the big part played by the correlation of class and ward experience in accomplishing this.

If the students can be having classes in the specialities while they are in those specific departments she will feel a greater need for the classes. For instance if while the student is on the Med Surg floor who can have her classes in Med & Surg. Diseases & Nursing, and while she is in the O.R. she can have O.R. technique and while she is in OB have OB classes she will be able to quickly use the things she learns, and will therefore remember them longer and derive more satisfaction.

Another law now; "A student remembers longest the things she really understands".

Japanese education has been very slowin the use of this law. The emphasis has been on memory rather than on understanding. Therefore, you people who were educated under the old system have a very hard time when it comes to reasoning and understanding things because you have not

learned how to use these things. But you will find that if you really understand something it is no effort to remember it. That is the reason we studied physiology early in this course. I wanted you to understand the "why" of the things we were discussing. I wanted you to understand so that you would remember as well as be able to explain it to others.

You must warn your students not to learn by rote memory anything that they can possible learn to understand. They will remember things they understand much longer than things they don't understand.

Let us take an example from nursing. Let us suppose you wanted to learn the symptoms you should observe while you are admitting the patient with plourisy. Now you might learn these symptoms as 1, 2., 2, etc., but you might get them mixed up with the symptoms of another disease and forget several of the symptoms in the series. But if you learned <u>why</u> the patient had these symptoms then you could figure out what the symptoms were instead of just trying to remember this set of symptoms as separate from all the other sets of symptoms that you have in your brain. So in teaching the symptoms let us start with the patient's condition. Pleurisy is inflammation of the two layers of the pleura. Normally these two layers slide back and forth on each other smoothly but in case of pleurisy (dry) the two inflammed layers rub together and stick and the result is a sharp <u>pain</u> each time they rub. Now what causes the layers of the pleura to rub? It is the expansion and contraction of the lung tissue. So we find pain on breathing. Now when something is a painful to the body the body tries to avoid it; so when this pain occurs the patient finds that the more shallow he breathes the less the pain will be so he just takes very <u>shallow breaths</u>. But what will happen if we only take shallow breaths? We won't get enough oxygen and the cools of the whole body will have decreased amount; also carbon dioxied will not be eliminated as rapidly and will increase in the blood. What is the body's reaction to this? It acts as a stimulus to the respiratory center in the brain, you remember, and the respirations become more rapid. So our patient will have <u>shallow, rapid respiration</u>. He also finds that he can keep the lung from expending on the irritated side if he lies on that side so that the weight of his body keeps the ribs from expending and making room for the lungs. So you will observe that he lies <u>on the affected side</u>. Because there is an infection there, the body will try to make the pleura an unhealthy place for the orgnisms to live by <u>elevation of body temperature</u>.

If we teach the symptoms in this manner our students will understand the symptoms and therefore remember them much better than if you just listed them and told them to memorize them. There is a great deal in nursing that must be learned by memory so let us not clutter their brains with memorizing things that they can easily understand.

The next law is: "The more senses through which a person receives an impression the more quickly he will learn and the longer he will remember."

What senses do you have? Sight, hearing, smell, tasts, touch and kinesthetic. (Explain this kinesthetic sense).

Now in teaching you must see that the student uses just as many of her senses as possible. Let us see how we can employ these senses. How can we present material to students so that they get it through their sense of sight? Pictures, charts, demonstration, writing on the board, books, models, showing the real object, observing a patient who exhibits certain objective symptoms, etc. Now our illustrations and charts may be in black and white or in colors. They will be more vivid if they are in color. So let's use color whenever it is possible.

How can we present things so that the student receives them through her sense of hearing? Speaking, immitating sounds of breathing, coughing, etc., listening to sounds (such as heart beat) etc.

Now what about receiving through the sense of smell? Smell of medications, and other odors of patient's breath, faces, etc.

As far as taste is concerned there is little use for it in nursing except in preparation of foods and also students should be taught to taste medicines so that they have some idea of what the patient is having to take.

The sense of touch can be used. How? Feeling size and shape of organs etc., learning to feel the pulse, quality of skin, tension in the eye ball, warmth and cold of parts of the body, etc.

We do not use the kinesthetic sense so much except in teaching our mechanical skills in nursing procedures.

Now let's take an example from our teaching. If you are teaching the students hookworm disease, it is not enough for you to tell her about it or have her read about it. It will be better if you use charts showing how the worm travels through the body and what it looks like. You may use pictures of the worm. But a picture should never be used if you can possible show them the real worm which has been gotten from some patient. Always show the real object wherever it is possible. Sometimes students get the wrong idea of size when you use a picture. It is good to have her draw a picture herself of the course of the worm from the feet to the intestine. This brings the material in through her eye and kinesthetic sense through the act of drawing. By this presentiation you have presented the mate ial through her hearing when you talked about it and through her sight when she read, and drew, and saw the chart and saw the real worm.

Wherever you can also draw on the other senses of touch, etc., don't over look the opportunity. Right now laboratory equipment is almost impossible to get but when they are available don't fail to use them. The real heart of an animal to see, feel and look at will be of much greater value than a picture. Autopsies, if made educational can be of great help to students to learn to visualize real organs and diseased processes. Doctors can help her bringing into class the preserved organs removed in surgery showing the actual appearance of a cystic overy or TB kidney, etc.

It you have no museum in your school start immediately collecting organs, worms, fetuses, etc., to have your own museum.

With this background we are ready to turn to actually planning a class. Before selecting your method of teaching the instructor will decide: (1) in general, what material she will teach, (2) what her objective are; that is, how she expects the student to use the material; (3) what facilities she has to teach with and (4) the size of the class. You will soon discover what methods you use most successfully. Most of your teaching will probably be a combination of several methods. What are these method and what do they accomplish?

1. Lecture

This is the method where the teacher does all of the talking. It is probably the least desirable of the method from the standpoint of student learning because there is no student participation. It has its greatest value where there is a large body of information the teacher wants the students to transfer to their notebooks. Doctors too often employ only the lecture method. This gives the students on chance to ask questions or clear up points they don't understand. Normally I would discourage any use of straight lecture method. But here in Japan you don't have books available it is the only way you can give the students reference material.

2. Recitation

This is a question and answer method. It may be used to test knowledge, to review material and to stimulate the student to reason. (What 4 steps must be done in reasoning?) In class recitation you can see that the students thinking is led along these lines. Let us take an example. You are teaching surgical nursing. You come to a discussion of watching the patient for bleeding. You want to teach the student to reason out the situation; so you creats a situation and put the student into it. You say, "Mrs. Ito had a cystic kidney and had it removed this a.m. You are the evening nurse and go in to check her condition. When you step into the room you notice that she seems restless and looks a little pale. You naturally go to the bedside and ask her how she is feeling. At the same time you put your fingers on her pulse. It feels rapid to you so you count it. It is 128. Her respirations are 24, Her skin feel a little cold and clammy. She states she feels alright but she thinks she needs more air and think she could breathe easier if she could sit up. Now which of these observations are important? And what is their significance?"

Here the teacher has herself presented the all over picture of the situation and is leaving the students to pick out the problems. The student should be led to see the significance of the:

1. Rapid pulse and respirations
2. Pallor
3. Restlessness & air hunger
4. Coold & clamy skin

The teacher proceeds by asking the student what these symptoms may indicate. The student may hesitate between shock and hemorrhage but it should be pointed out that the restlessness and air hunger would indicate that it was probably hemorrhage. Now the real problems the student must consider are (1) to discover the point of bleeding and stop it, (2) to replace the fluid portion of lost blood (3) and to see the blood remains in the body reaches the most vital centers.

So now she has reached her 3rd step: To solve these problems in the light of her knowledge. So the student may say, to solve (1) she will immediately turn back the covers and examine the dressings. (here the instructor can lead the thinking to an additional problem which the students up to now may not be aware of, "What is there is no blood visible on the dressings?" If the answer is that you can conclude that the patient is not bleeding she should further point out the frequently blood, instead of seeping through the dressings will run down

PRINCIPLES OF NURSING EDUCATION

By principles of nursing education we mean a study of rules and truths upon which teaching and learning are based. We will bo beyond principles into actual methods. I would like to state our objectives in the form of questions so that you will seek answers in your minds.

1. What is learning? What is teaching?

2. What are my functions of the instructor of nurses?

3. What are the scientific rules or laws upon which all learning is based. How do these laws effect my methods of teaching? What method can I use?

4. Can I use the same methods for teaching all subjects? If not, why not. How do I adapt my method of teaching to my purpose for teaching?

5. Do my own personal habits and mannerism have any effect on student learning?

6. How can I make out my lesson plans? What should a lesson plan include for Nursing Arts? for Classes?

7. How can I measure the success of my teaching?

8. What is meant by correlation of classroom and ward teachings? How can this be accomplished? What are my responsibilities in relation to this correlation?

These do not seem to be very many questions but the answering of them will require many hours of discussion. We will not take them all in order but I will start with the first question.

I don't want you to feel that you are to be just passive participators in this course. It is essential that each of you understand all that is said here because before many days have passed you are each going to work places with me for one hour and teach this class. When you do this I will expect that you have studied and learned all of these principles and can apply them to the planning of your own class.

I tell you this so that you realize that you must listen, understand and study every day and so that you will feel the necessity of asking questions and clearing up anything you do not understnad. I want you to look up this practice teaching hour as a big opportunity to use what you have learned and have your fellow students and ourselves give you constructive criticism.

Now let us discover the answers to those eight questions which are our objectives. Our first had two parts: "What is learning?" and "What

is teaching?" What do we mean when we say someone is learning?

Learning is a form of growth. It is a continuous process. If you are learning you are continuously improving in the acquisition of a skill or in the ability to reason or in the retention of knowledge. Now this fact should give you a new attitude toward the student. Each student starts with different mental and physical equipment and, therefore, we should not judge her by now well she does compared tothe other students or with yourself. Just because she does not know the answers to all of the questions is no indication that she is not learning. As long as she is improving in her performance you may conclude that she is learning. Let us always remember this and learn to know our students well enough to know whether they are learning or not.

There are many types of learning and we will concern ourselves only with the ones our students will use to become nurses. We will want to know how a student learns a skill,because all of our students have to learn certain skills in caring for patients. Also we want her to learn to reason and make judgments because she must learn to see the patient's symptons and, in the light of her knowledge, decide which ones must be reported to the doctor and which she can relieve by nursing measures. The third type of learning our student must do, is to memorize certain facts. This, I don't think we will have to discuss because in a country where you have memorized all the characters you have to, to read and write, you probably know better than anyone in the world how to learn things by memory.

Now, sometimes we say we have learned something. That means we have actually perfected the skill or the ability to reason or have memorized a body of facts. But one rarely reaches this perfection in skill; and reasoning must be learned for each new situation as it is rarely the same; and the facts that do not change such as 2- 2 - 4 can be learned but unless we continue to use them even they will be forgotten. So although we sometimes use "have learned" in the past tense it must actually be considered as a continuous growth process. Expecilally in medicine and nursing where things are changing daily we can never any we "have learned" nursing. Nor can any of you say at the end of this course; "I have learned to teach." This will give you the smallest introduction to teaching. As long as you live you will be learning to teach. As soon as the process of learning ceases, we, as individuals, cease to grow and we might as well be dead because we are just existing like vegetables.

No, what is teaching?. Teaching is guiding the students in this process of improvement---inthis process of learning. In short, it is helping the students to hlep themselves. So in the discussion that follows we will discuss what is means to reason and to learn a skill and what the teacher's responsibility is in the student's learning these things.

A few minutes ago we said that a student must learn to reason. Before

we can find out what a teacher can do to help a student learn reasoning we must find out what reasoning is. I think that the easiest explanation of this: Reasoning is discovering a principle and applying it to a new situation. Now, this implies that the nurse can size up a situation, see the problems involved, use the knowledge she has acquired to solve these problems and then criticize the results of her action. So in this process of reasoning we have 4 steps: 1) Seeing the situation as a whole, 2) Identifying the problems, 3) Solving them the best you can in the light of your knowledge, and then 4) Looking at your results and deciding where you made mistakes so that you would not make such mistakes again. These are the 4 steps in reasoning and you should remember them. We will refer to them again and again.

Let us turn now to a real situation and see how it works. Let us say that the student steps into the room of a patient who has asthma and finds him having great difficulty breathing. She has now done her first steps: - she has recognized that the patients not behaving normally but that he is having dyspnea. Her next step is to identify the problems. To do this she must reach back to what she has been taught in class about the things that may cause dyspnea. These problems may include: 1) poor position, 2) weight of the bed clothes over the chest, 3) tight kimono, 4) weight of arms pulling down on shoulders, and 5) spasms of the little muscles of the bronchicles in cases of asthma, Immediately she starts into her third step which is the solving of these problems. (As a matter of fact she probably solves each problem as she identifies it actually.) Her solutions, which she puts immediately into action, depend again on what she has learned in the classroom. They may include: 1)sitting the patient up, 2) checking to see that the covers are not tight across the chest, 3) checking to see that the kimono isn't too tight, 4) putting support under the arms to relieve the weight and then 5) giving whatever modications is ordered to relieve the spasms of the little muscles of the bronchicles. When she has done all of these things, she procedes to do the 4th step: she finds that her patient is breathing more easily and his family is relieved and the doctor is pleased with the case she has given the patient and she decides that she has solved all of the problems satisfactorily. Therefore, we can say that in relation to this particular situation, this student has learned to reason. So in teaching we must see that our students learn to see problems involved in the situations they will meet in nursing. In the illustration just given the problems were those things that increased or brought on dyspnea. Now, most of the time these problems must be definitely pointed out by the teacher and discussed in class. At first you cannot expect the students to identify problems by themselves. For instance, when the teacher taught the student about the asthmatic patient she told her what the dyspnea was, then she may have said to the students. "Now what may cause this patient to have a hard time breathing" Then she gave the students the chance to discover the problems themselves and made sure that they found all of the problems. Then she guided them in arriving at the right solutions to the problems.

This ability to recognize the problems involved in any situation depends on the student's hospital and classroom experience. We cannot expect our students to learn to reason in such a situation unless she is given the experience on the ward of being responsible for all the different types of patients so that she has to make certain decisions herself. Some hospitals haved system of assigning patients only to the graduate nurses and letting the students be assistants. Students will not learn to reason under such a system because they do not feel any responsibility. Or if a student is assigned to take care of patients who have diseases she has not learned anything about in the classroom, she will not learn to reason. For instance, let us suppose that a little student who was in her first six months of training had stepped into this same patient's room, Perhaps she would have recognized that the patient was having difficulty breathing, but if she had never seen anyone like that before and if she had had nothing in class about such a patient she would have had no idea of what problems were involved in his difficult breathing or how she could solve them. So we must see that when we give our students the responsibility of patients, they have had the classroom preparation to carry such responsibility.

So you can see that it is not enough to have students simply learn the facts presented to them in classes in medicine and surgery and pediatrics, etc. We, as teachers, must see that they are given questions and problems that can be solved by using the facts presented in the various courses.

For instance, in Basic Nursing Arts which the student has in her first six months she learns about positions of the patient. Among them she learns about the best positions for the patient with dyspnea. The next year she has medical diseases and learns about the care of the cardiac or asthma patient. She is told that one of the symptoms of both of these disease is dyspnea. The instructor must not take it for granted that the student will reach back a whole year and apply the principles of relieving dyspenea to these new conditions. The teacher must herself make these applications by her questions and discussion. She might ask, "Now what were some of the things we said might increase the dyspnea?" Here she would expect to get the various problems that we identified a while ago when our student was applying reasoning to her care of the asthma patient. Then she would ask how we decided these problems could be solved by nursing measures. By doing this the teacher is helping the student to learn to reason. She is helping her to apply the things she has already learned to a new situation which is the patient with asthma when she is studying in Medical Nursing class. Eventually the students will learn to make her own applications.

Now you may be asking yourselves, "In what particular classes or situations should I teach reasoning?" My answer to that is that it must be taught in almost every class in nursing with the exception, perhaps, of

History of Nursing. Even in the simple procedure of making an empty bed, for instance, which should not present any particular problems to be solved after the skill islearned, the student may suddenly be faced with having an unusually short or narrow sheet or a torn pillow case and she will have to adapt this new situation by reasoning. Any procedure that involves the patient, such as an occupied bed, a catheterization or an enema is going to require adaptation to an individual person; therefore, it will always involve reasoning.

For instance, in class the student has learned to make an occupied bed by turning the patient on his side and pushing the clean sheets against the patient's back and then rolling him back on the clean side of the bed. But on the ward she finds a patient who cannot be turned. Immediately the situation becomes a problematical one. The situation is that the patient can't turn, the problem is to get the soiled sheet off and the clean sheet on. The student's reaction to this situation will depend on her ability to reason the thing out. She may do one of several things: 1) She may just leave the dirty sheet on. 2) She may go to the supervisor and tell her that she can't change the sheet because the patient can't turn and ask her what to do. 3) Or she may study the situation a moment, figure out that by moving the patient flat on his back all the way over to one side and pushing the clean sheet as far as possible under him and then easing him back onto the clean sheet she can get it changed.

Now the first reaction was a very poor one and would indicate that the student had not learned even the value of keeping the patient clean. The second reaction was good for the young inexperienced student who saw the problem but wanted to seek advice about the solution so that she wouldn't injure the patient. The third reaction, of course, was most acceptable, and showed the most mature reasoning.

If the teacher constantly keeps in mind that she must teach the student to reason - to see and solve problems - in all that she does the student will learn to reason. If she does not keep this in mind the student will not learn to reason. So the teacher who always tells the student what to do is not a true teacher. She is helping the student all right, but she is not helping the student to help herself.

We must not neglect that last step of reasoning either - self criticism. From the first time a student learns to make a bed, she should learn also the step back and view what she has done and be critical. The nurse who finally changed the sheet of the patient who couldn't turn could criticise her work by seeing if the sheet was well put on the bed so that it tucked well and was tight; by seeing if the patient was comfortable and uninjured and by seeing if she had done the task quickly and with a minimum amount of effort.

So let us teach our students to reason that they will not feel best in a new or unusual situation and so that they can make more nearly

sound judgments when they are called upon to do it.

Once more now, what are the four steps one must do in reasoning? (1) See the situation as a whole, 2) Identify the problems, 3) Solve the problems as best you can using what you have learned, and 4) Criticize your results.) How can a student learn to reason? (By having a teacher who will guide her to take these steps so often that she will be to do it by herself.) How can the teacher guide her? (By teaching facts to be used in identifying problems and solving problems that the student will meet. By putting the student into new situations and allowing her to solve her own problems giving guidance only where necessary.) Do you all understand about reasoning now? If not, let us have questions because we will leave our discussion of reasoning and go on to a discussion of the method by which the student learns a skill.

Learning of a skill involves an entirely different process. Again we have four steps involved. In order to master a skill the student must do the following:

1. Get a clear picture of the goal or result she wishes to obtain.

2. Master the motions involved in the performance.

3. Practice these motions until they can be done smoothly.

4. Compare her results with her goal of perfection.

Here again the teacher must be careful that she remembers that her function is that of a guide. She must not do things <u>for</u> the student. First of all, she must see that the goal (or in other words the thing the student is trying to do) is absolutely clear to the student. This is accomplished by the teacher giving as nearly as possible a perfect demonstration. This means that you, the teacher, must practice and practice and practice before you give a demonstration so that it <u>will</u> be accurate in every detail. It is well known that first impressions are more lasting than other subsequent impressions. Think back in your own experience when you got a wrong idea about something when you first heard about it; and then at a later time you learned the truth about it; but that first impression was very difficult to get rid of. So the skillful teacher of Nursing Arts, in order to put on a good demonstration, must be a good actor, so that the first impression will not only be accurate but will also be vivid to the student. She must be able to single out a particular movement and perform it separately who necessary. Also she must be able to slow up a movement so that it can be observed easily. Now this is not as easy as it sounds. As you practice for your own teaching of Nursing Arts, you will realize this. This demonstration determines the student's success in the first step of learning a skill. It gives her a clear picture of her goal.

The second thing the teacher must be able to do is to put the student through the motions involved in the skill. She must be able to show the student all parts of the motion and she must be alert for all errors made by the student. These errors should be detected and eliminated before they become habits. We will talk about this later.

Speaking of habits we must know this one fact about them. It is must easier to establish a habit in the beginning than it is to break it. To establish a habit we just do a thing over and over so many times the same way that we can do it without thinking. Now what happens if we wish to change this habit? We have a big task. First we have to break the habit by again strating to think about it instead of doing it unconsciously. We have to think about it and then not do it the way we always did but do it a new way. Then we have to do the new way over and over enough times that it eventually becomes and unconscious act. So you see it is going to be a lot easier to see that our students learn their habit correctly than it is to change a habit after they have established it.

The third thing the teacher must do it to make the student realize that she can learn a skill only by practice. You learned about this rule when you learned to write your Japanese characters. It meant hours and hours of doing it over and over again. So a skill will not be mastered by just reading the steps over in a procedure book or by just watching the teacher demonstrate it. Those steps must be done by the student again and again. She must know this!

Also she must see that the student is aware of the progress she is making in the right direction. What awareness of progress the student will take greater interest in working for further improvement and she will put forth more effort; she will enjoy the task more and will develop greater self confidence. The teacher must watch for signs of discouragement in the student, try to find out why her progress is slow and help her overcome her trouble. Some students need more encouragement than others and the instructor must be very alert to each individual student's needs. Sometimes a solution to an individual student's needs cannot be found in a class with many students together. You may need to have a little while with the student alone to find her real trouble. You may find it is something entirely out of the hospital that she is worrying about and this is keeping her from concentrating on her work.

Teaching is a lot more than just giving a student a notebook full of facts and a few skills. Teaching is helping a student to develop to its fullest capacity her total personality. It is helping her to be successful an happy in all phases of her life not just in her nursing. We will discuss some of these responsibilities later on when we talk about the duties of the instructor. Suffice it to say her that, as teachers, we must not isolate ourselves from our students. We must be friendly with them so that they do not feel afraid and nervous when we are around. Call a student by her first name sometimes - especially if

you are talking to her alone, so that she feels your personal and close interest in her. You can feel how successful you are at putting a student at her ease in your presence by seeing if they like to have you with them when they do a new procedure on the ward; or if they prefer you stay away. Also ask yourself, "Do the students come to me with their problems?" If they do not seek your guidance you have probably failed to establish friendly relations with them.

In teaching the student the fourth step you must actively help the student to compare her results with the goal toward which she is working. In other words, you must help her to measure the success of her performance. At first she must be taught to work slowly and try for perfection. In making beds, for instance, she should first learn to make a perfect bed no matter how long it takes her. But here the teacher must be on the alert, because as soon as she sees a student beginning to be able to make a perfect bed she must being to make her increase her speed. Do not let a student settle down into a slow pace. Especially in routine things like making beds, cleaning bedside tables, preparing equipment for treatments and cleaning up equipment after treatments. It is very bad for a student to get into the habit of being slow and wasting time.

Now right here, while we are on the subject, there is another thing that you must be warned about. This warning goes hand in hand with increasing speed and efficiency in doing things. The warning is this: It is all right to hurry with steps of a procedure which go on away from the patient, but when you are doing something directly for the patient you should not give him the impression of being in a hurry; One thing we must never do is to give the patient the feeling that we are too busy to do the things that are necessary to keep him comfortable and get him well. If we come running down the hall, burst into the room with hair flying and eyes popping and our breath coming fast and we dash wildly around the room, this sense of hurry and confusion is transferred to our patient and he becomes restless and uncomfortable and feels that we do not have time to take care of him. So you must impress on the student that she can increase her speed on all phases of a procedure until she comes to the patient's door - the minutes she enters that room she should give the patient the feeling that he is the only care that she has at that moment.

She should be taught that she can do things faster by eliminating useless motions and by planning her work so that when she goes to a patient's room to do a treatment she remembers to take everything with her so that she doesn't have to go back to the treatment room or the nurse's station for something.

In this planning of work you instructors of Nursing Arts have a big part to play. From the very first day you get up before your class you have theresponsibility of being a good example of how one should plan her work. Before you demonstrate a procedure you must be sure that you have everything you need with you at the bedside. There should be no running out after a towel, binder or basin which you forgot to bring. There should be no sending of someone else after it either. As you watch the students demonstrate back to you, you must insist that they learn to think a procedure thru so that they get together everything they will need before they to a patient's room. You can't expect the students to learn this from just watching you, either. You must point it out specifically to them over and over and over.

Now that is another thing about teaching that you must remember. It is not enough to say a thing once. It must be repeated and repeated everytime there is an opportunity. I can remember a number of things that will always stand out vividly in my memory because they were repeated so often and so forcefully. One was: NEVER INVERT A MEDICINE DROPPER! When we learned about giving nose drops in Nursing Arts, my instructor started her campaign by stating very firmly and impressively NEVER INVERT A MEDICINE DROPPER!!! Then this warning was repeated when we came to giving eye drops, to measuring medications with a dropper, to giving ear drops, etc. So to this day, the mere sight of a medicine dropper seems to turn on a red light in my brain that says, "NEVER INVERT A MEDICINE DROPPER".

You will find me repeating things to <u>you</u>, too, throughout this course. So don't be surprised. Maybe you will have heard it before but the chances are you will also hear it many times again.

We have warndered a bit from our original subject of helping a student to criticize her own performance but while we are on the subject of speed and efficiency I want to mention something that come as a considerable shock to me here in Japan. That thing is the sight of nurses running up and down the halls. In America nurses are taught that it is not dignified for a nurse to run and that she does it only in case of real emergency - of life or death. When I stepped into the wards here and found the nurses running up and down the halss I had the feeling that all the patients must be dying. I found that they weren't dying that perhaps the nurse was just going for a chart for the doctor or some article that she forgot to take with her. Now people usually run in emergencies such as in case of fire, a fight or something of that kind. Now put yourself in the patient's place - you are lying there relaxed and half asleep and the door is closed, but you hear these feet running up and down past you door. You would immediately wonder what they were running for and in your weakness your impulse would be to get out of bed and run too. As a result you would be thoroughly weakened and upset.

This is something you can start working on immediately. Try to get all of your nurses to do more walking and less running. I admit in the winter, here, I didn't blame the nurses for running a little to keep warm. But there is simply no excuse for it in the summer and it should not be permitted. It is a waste of energy that is absolutely unnecessary. Also it adds to the noise and our hospitals are already too noisely.

When you begin to encourage the student to do procedures in less time she will immediately begin to try to pin you down to exactly how many minutes it should take her to do certain procedures. Now this is a very difficult problem. If she is just making an empty bed you could perhaps estimate that with a drew sheet and all, if the bed is stripped and you make it fresh, she should be able to finish it in from 5 - 7 minutes. But the moment you put a patient in that bed you have an unpredictable problem. One morning he will hop around and be very helpful and you can make the bed almost as fast as you could if it was empty. The next day he might not feel like moving around and you have to urge him and help him and it make take twice as long. Do not try to give a student time limit. If you do she is apt to keep her mind on the clock instead of the patient and will push him around like a sack of rice in order to get the bed made in a specific number of minutes.

You can tell by watching the student whether or not she is wasting time. For instance, any time spent in patting the bed is wasted. Motions should be specific and purposeful.

At first the student will be able to only concentrate on one thing - the motions of making the bed - but you should tell her that those motions must become so automatic that she will be able to carry on a friendly flow of conversation while she is making a bed, bathing a patient, giving a back rub, etc. At these times spent with the patient she can learn to know him and to look upon him as an individual with problems and interests just like her own. By so doing she will develop sympathy and understanding, and can give a more personalised service. Likewise she will receive a much greater satisfaction from her work.

This goes back to what I said before - that the teacher is not only a mechanical skill but she must also guide the student to grow in the art of living, of understanding others, of giving comfort and encouragement to her patients and of being happy herself. You cannot expect all of these things just to "happen" to the student as she works. She will learn much from the example of <u>your</u> attitude toward the patient; but much of it must be specifically taught. So when you are teaching bathing, the demonstrations the students give back to you should not be silent affairs - the student should be able to talk easily to her patient (who in the class room will be another student) without stopping and just holding the wash cloth in mid-air.

At the same time the student should be taught to observe her patient

and to determine when he is not in the mood to talk. No nurse should make her presence at the bedside and exhausting experience.

Now we will refer to the process of learning to reason and learning skills again and again when we begin to discuss making of calss outlines. But now let us consider a few of the laws of learning. I want to spend quite a little time discussing them because they are very important. These laws apply to all learning be it learning of facts, learning to reason or learning of skills.

Now what is a law? We speak of laws in government and laws in a science such as chemistry. But no matter what way we use this word it means: if you do a certain thing, another stated thing will be the result. In government the law states that you must not kill your next door neighbor and if you do the result will be arrest and perhaps deaths for you. In science most laws have been proven. For instance, we have the law of gravity. This law says that if something is heavier than air it will fall toward the ground. So if we drop something we look down for it, we do not expect that it will fall toward the sky. We know this law even though we perhaps never studied it in school.

Now the laws of learning are the scientific kind of laws. Someone has studied them and proven that they will always work the same way. So if we obey these laws we can make them work for us and help us. If we do not know them and pay no attention to them our work will be much harder. So as we study these laws let us be sure that we each understand what they mean and how we can use them.

The first of these law, expressed in simple language is this: When a person is ready to act, to act give satisfaction and not to act is annoying; but if he is not ready to act and he is forced to act it is annoying.

Let us take an example of the working of this law from your own experience. Let us imagine that you have been planning for days to go on a picnic with a group of your friends and you have gotten the food ready to take and you have decided just what you will wear, etc. Then the day comes and is a beautiful and sunny day and your friends come and you start out on this afternoon of fun and beauty. You have great satisfaction within you. You were "ready to act" (in this case to go on a picnic) and you did act (go on a picnic) so you find it satisfying. When you are ready to act, the act gives satisfaction.

But let us suppose you were all ready to go and the day dawned cold and rainy. You would have found it most annoying. You were ready to act (go on the picnic) but you couldn't act (go on the picnic) so it was annoying. When a person is ready to act, not to act is annoying. Now is the first half of this law clear? You give some illustration of this law at work yourselves.

Now to go on to the last part of the law. If you were in a place away from home and you had neither the food nor the proper clothes to go on a picnic and you didn't feel like going yet someone insisted that you go anyway, you would be annoyed. You were not ready to act (go on a picnic) but you had to act (go on a picnic) anyway so you found it annoying experience. When a person is not ready to act, to act is annoying.

Now how does this apply to our students? I think that one of the best ways we can use this is to always remember that as soon as a student has learned to do something in the classroom, she is ready to act. In other words she is ready to do it for the patient. So when later we say that there should be a preliminary period of 4 to 6 months during which the student has classes but does not go on the war, we do not mean that she should not go to the ward at all. But we mean that she should not have a regular assignment of hours to the ward. She should go to the ward under the supervision of one of the instructors to do the procedures she has just learned in the classroom. For instance, when the students have learned to make occupied beds, they should have the chance to go to the ward and make occupied beds which have real patients in them. Now it may be that the students will be assigned to go to the wards for one hour in the morning at which time they will only make occupied beds. And the instructors will go to the wards with them and supervise their work. They will not just be left to themselves. All of the work they do on the ward during the first 6 months will be under strictest supervision of the instructors. We must remember that as a student learns a new procedure she is ready to use it and we must give her the chance. It is not good to not allow the student inside the wards for 6 months. They forget their procedures because they don't get a chance to use them.

On the other hand we must not send our students on the wards from the very beginning for long hourse of just running errands and being made to do things they have not been taught. A student is not ready to do a thing until she has mastered the notions and knows what to do. So if she is made to do things she has not learned it will be annoying to her, will interfere with her learning.

Another law which we should always remember is this: "learning is most efficient when the activities to be performed are the means of satisfying needs or of attaining important goals."

I think that this law is easily understood. It merely means that when we feel the need for learning something we can learn it quickly. An example of this would be: We may teach the girls in night school now to care for a baby. They will learn it fairly well because it is interesting; but they will not learn it nearly as well or as quickly as the woman who is going to have a baby soon. The woman who is going to have the baby feels a very strong and immediate need for knowing how to take care of it so she will learn more quickly and well.

Now what is your part as a teacher in putting this law into practice? It is just this - you must stimulate in the student a feeling of need for what you are about to teach her. This need will make her "ready to

act". When we need something we are ready to do something about getting it. (So we really use both of these laws together). The student must feel the desire to know what you are going to teach her and she must have a real need for knowing it. These desires and needs we call motives. A student must have some motive for learning or she will not learn. If you do not concentrate all your efforts on learning a thing you will not remember it; and only if you need it will you concentrate your efforts on learning it. Is this clear? Merely reading or seeing a thing many times does not assure you that you will remember what you read or saw. For instance, if I told you that tomorrow I would give a pound of candy to each of you who could tell me the number of vases that were displayed in a certain store window, I am sure that you would look in that window and concentrate on counting and remembering the number of vases displayed there. But if you had no motive for learning the number of vases you could walk past that window every day and look at the vases and admire them and never remember how many were there.

This is creating of a motive for learning, a most valuable teaching aid. If the student feels the need to learn she puts forth the effort to learn and the teacher's job is lightened. Let us site a few example of how we can create motives.

I employed one method for arousing this feeling of need in the student at the start of these lectures. I asked a group of questions. Now if you are asked a question and you do not know the answer you feel a need - you need to know enough facts to give the answer. Now I hoped by asking you these questions to waken in you a desire to know the answers so you would listen with an intent to learn.

Another, probably more powerful method I used was to tell you that you were going to be teaching here during the course. That is a particularly strong motive I have given you for learning. Anything you will be having to use soon you will learn quickly. Now you teachers are making use of this law of creating motives (which make the students ready to act) when you start letting them go into the hospital where they will be called upon to use the things they are learning.

For instance, let us take for example, that little first year student we mentioned earlier who went into the room of the patient with asthma. She has not learned about asthma in class yet; but when she saw that patient having so much difficulty breathing and being so uncomfortable she must have felt a need within her to know about asthma so she could do something to relieve him. When the time comes that books are available we will hope that you will awaken in the student enough interest to try to fill her own needs as they arise by going to a book and finding out the cause and nursing care of asthma, right at the time when she is faced with the problem. If this first year student had had some way to find out all about asthma right then and has then been able to carry out the nrusing that was suggested she would never have forgotten the nursing measures for asthma. Any time in the future when that problem came up of if it came up in an examination she would know all about it because she has learned it at the time she felt the greatest need for it.

Needs & motives can be created artificially by questions or by giving an example of a real patient-nurse situation so that the student can in her mind put herself in the place of the nurse and try of figure out what she would do. For instance let us suppose you were going to have a class today to discuss the nursing measures in caring for a patient in traction. You might start by saying:

"Today we are going to discuss the nursing care of a patient in traction. There are 10 things you must remember. And then you continue to list them. Perhaps the students would learn them later for examination but they would not particularly learn in the class because their minds were not set to learn. You had not created any motive for the student to learn. But let us suppose you started your class this mat.

"I went over to ward B the other day and when I went into Room 10 I found a student trying to give Mr. Abe a bath and morning care. Mr. Abe has a T.B. hip and is lying flat on his back in traction. It was a hot day. Mr. Abe was perspiring, his back and bedclothes were wet and he complained of being very uncomfortable. He needed a bath and a change of linens and back care was particularly important. So this student faced a difficult problem. How could she bath him, give him back care and changed his linen and get him comfortable without releasing the traction and with as little pain as possible to Mr. Abe? How could she make him more comfortable in the traction? I have put our doll in traction here in the bed just as Mr. Abe was. What can we do for him?"

Now when the instructor starts a class on the care of the patient in traction this way she transplants each student to the ward; gives her a patient in traction and presents her with all the problems she will face in that situation. Now, she is ready to learn! She is facing problems she wants to know how to solve and what you tell her will answer a real need that she is feeling.

It is not always possible to do this; but where you can do it make the effort. It will realy you well in the results of what the students learn.

When we think of creating a motive let us try to remember our goal as teachers: that is to teach the students to be good nurses so that they can give good care to the patient. Our goal must never be just to get the student through the examinations. So when we try to set goals and create needs in the student first let us try to center them around the care of the patient in the hospital, not around the classroom.

One occasions we may use an examination as a motive, but when we do it let us realize that it is not the best method. We may say to the student "Now you must learn these things because next week I am going to ask you about them on an exardination." And she will probably learn them, but she will learn them for the examination and not for care of the patient, and when she gets to the ward and needs those facts in caring for a patient she probably won't remember them at all. So lets not use examinations as a motive for learning too often.

Now all of this has been in the way of explanation of how you, as teacher, can use these laws of learning and make them work for you. What are these two laws we have discussed? (Repeat).

Another law is: The more frequently a persons uses a thing the better he will remember it.

This goes back to what we said about the necessity of the teacher just being a guide and letting the student do things herself. When student has been taught something see that she gets to use that skill or that reasoning or that fact as often as possible. Constantly refer back to what you have taught previously that the student must recall over and over the things who has learned. See that the student uses the skills she learns as often as possible after she has learned them. After you have taught a student to sit a patient up in bed, see that you call on her to do it whenever in class a patient must be sat up in bed. Don't do it yourself until you are sure that the students can each do it well. Ask them to quickly review symptoms or principles or anything else they have learned previously in class whenever you can in a class that follows:

Another law that has been proven and that can be a great help to the teacher is: "A person's learning in strengthened or weakened according to the satisfaction or annoyance that attends the performance."

Now here, you instructors have a great responsibility not only in your own attitude toward the student but in the attitude of the Head Nurses and the doctors on the wards and in the classroom. If you have given the students a clear picture of their goal which should include: the ability to take care of the person who is ill so that he can attain his health (2) the ability to help all people maintain health and (3) the ability to relieve pain and make a patient comfortable (and you teachers must be sure that the goal that is head before the student is the care of people and not the passing of examination!) then you should see that all of the things that you teach them will help them to attain this goal. If you are wondering whether or not to teach a certain thing, ask yourself. "Will this make the student better able to take good care of the patient?" If the answer is "Yes" teach it!

So we see our laws all work together. You know that when we get something we need, it is satisfying. So if you teach the student something she feels a need for or you help her to reach a goal she has set, you give her satisfaction. So if we teachers create needs in the students and then set about to satisfying these needs, our students will learn quickly and well.

Your can control this satisfaction for the student to a great measure also by seeing to it that when she does something well that she is praised for it, even though it is only a very small thing. Deep in the heart of each of us is the desire to be appreciated. We are willing to work very head and sacrifice much if we feel that someone appreciates what we are doing. The student is no different. She craves this praise too.

So we should see that she gets it because if she gets praise she will expend more effort than every to learn. You know yourself how a little praise will make you dig in and try to do your very best.

But your making the student feel a satisfaction from success in the things she does in the classroom is not enough. You must also see that the Head Nurses on your wards know of the great power of success.

Give a student something to do that is a challenge to her knowledge and reasoning, help her only as much as necessary to assure her success and then compliment her on her performance. (This praise should be given only if the performance is a good one, however). That student will have a feeling of great accomplishment and will make every effort to win such approval again.

Let us look again at our original example of the 3rd year student who went into the room of the patient who had asthma. She looked at the patient, did all of the things she had learned and found that the patient was better and pleased, the doctor was pleased and so was the head nurse. If this doctor and head nurse were wise, they would praise the student for what she had done, because such praise would give her a great satisfaction and increased herself confidence and eagerness to learn more so that she could be equally successful insearing for <u>other</u> patients.

Your as instructor, must try to get this idea over to the head nurses and doctors so that you are sure that if a student tries hard, and does well, that her <u>total</u> experience will be a happy and pleasant one. If a student gets praise and satisfaction only in class then she will only like the classes and will not like her bedside nursing. We enjoy doing the things we know we do well. See that your students know that they are making progress.

We have already discussed awakening a feeling of need in the student. But one thing we have not emphasized in connection with this is the big part played by the correlation of class and ward experience in accomplishing this.

If the students can be having classes in the specialities while they are in those specific departments she will feel a greater need for the classes. For instance if while the student is on the Med Surg floor who can have her classes in Med & Surg. Diseases & Nursing, and while she is in the O.R. she can have O.R. teachnique and while she is in OB have OB classes she will be able to quickly use the things she learns, and will therefore remember them longer and derive more satisfaction.

Another law now; "A student remembers longest the things she really understands".

Japanese education has been very slowin the use of this law. The emphasis has been on memory rather than on understanding. Therefore, you people who were educated under the old system have a very hard time when it comes to reasoning and understanding things because you have not

learned how to use these things. But you will find that if you really understand something it is no effort to remember it. That is the reason we studied physiology early in this course. I wanted you to understand the "why" of the things we were discussing. I wanted you to understand so that you would remember as well as be able to explain it to others.

You must warn your students not to learn by rote memory anything that they can possible learn to understand. They will remember things they understand much longer than things they don't understand.

Let us take an example from nursing. Let us suppose you wanted to learn the symptoms you should observe while you are admitting the patient with pleurisy. Now you might learn these symptoms as 1, 2., 2, etc., but you might get them mixed up with the symptoms of another disease and forget several of the symptoms in the series. But if you learned <u>why</u> the patient had these symptoms then you could figure out what the symptoms were instead of just trying to remember this set of symptoms as separate from all the other sets of symptoms that you have in your brain. So in teaching the symptoms let us start with the patient's condition. Pleurisy is inflammation of the two layers of the pleura. Normally these two layers slide back and forth on each other smoothly but in case of pleurisy (dry) the two inflammed layers rub together and stick and the result is a sharp <u>pain</u> each time they rub. Now what causes the layers of the pleura to rub? It is the expansion and contraction of the lung tissue. So we find pain on breathing. Now when something is a painful to the body the body tries to avoid it; so when this pain occurs the patient finds that the more shallow he breathes the less the pain will be so he just takes very <u>shallow breaths</u>. But what will happen if we only take shallow breaths? We won't get enough oxygen and the cools of the whole body will have decreased amount; also carbon dioxied will not be eliminated as rapidly and will increase in the blood. What is the body's reaction to this? It acts as a stimulus to the respiratory center in the brain, you remember, and the respirations become more rapid. So our patient will have <u>shallow, rapid respiration</u>. He also finds that he can keep the lung from expending on the irritated side if he lies on that side so that the weight of his body keeps the ribs from expending and making room for the lungs. So you will observe that he lies <u>on the affected side</u>. Because there is an infection there, the body will try to make the pleura an unhealthy place for the orgnisms to live by <u>elevation of body temperature</u>.

If we teach the symptoms in this manner our students will understand the symptoms and therefore remember them much better than if you just listed them and told them to memorise them. There is a great deal in nursing that must be learned by memory so let us not clutter their brains with memorizing things that they can easily understand.

The next law is: "The more senses through which a person receives an impression the more quickly he will learn and the longer he will remember."

What senses do you have? Sight, hearing, smell, taste, touch and kinesthetic. (Explain this kinesthetic sense).

Now in teaching you must see that the student uses just as many of her senses as possible. Let us see how we can employ these senses. How can we present material to students so that they get it through their sense of sight? Pictures, charts, demonstration, writing on the board, books, models, showing the real object, observing a patient who exhibits certain objective symptoms, etc. Now our illustrations and charts may be in black and white or in colors. They will be more vivid if they are in color. So let's use color whenever it is possible.

How can we present things so that the student receives them through her sense of hearing? Speaking, immitating sounds of breathing, coughing, etc., listening to sounds (such as heart beat) etc.

Now what about receiving through the sense of smell? Smell of medications, and other odors of patient's breath, faces, etc.

As far as taste is concerned there is little use for it in nursing except in preparation of foods and also students should be taught to taste medicines so that they have some idea of what the patient is having to take.

The sense of touch can be used. How? Feeling size and shape of organs etc., learning to feel the pulse, quality of skin, tension in the eye ball, warmth and cold of parts of the body, etc.

We do not use the kinesthetic sense so much except in teaching our mechanical skills in nursing procedures.

Now let's take an example from our teaching. If you are teaching the students hookworm disease, it is not enough for you to tell her about it or have her read about it. It will be better if you use charts showing how the worm travels through the body and what it looks like. You may use pictures of the worm. But a picture should never be used if you can possible show them the real worm which has been gotten from some patient. Always show the real object wherever it is possible. Sometimes students get the wrong idea of size when you use a picture. It is good to have her draw a picture herself of the course of the worm from the feet to the intestine. This brings the material in through her eye and kinesthetic sense through the act of drawing. By this presentiation you have presented the mate ial through her hearing when you talked about it and through her sight when she read, and drew, and saw the chart and saw the real worm.

Wherever you can also draw on the other senses of touch, etc., don't over look the opportunity. Right now laboratory equipment is almost impossible to get but when they are available don't fail to use them. The real heart of an animal to see, feel and look at will be of much greater value than a picture. Autopsies, if made educational can be of great help to students to learn to visualize real organs and diseased processes. Doctors can help her bringing into class the preserved organs removed in surgery showing the actual appearance of a cystic ovary or TB kidney, etc.

It you have no museum in your school start immediately collecting organs, worms, fetuses, etc., to have your own museum.

With this background we are ready to turn to actually planning a class. Before selecting your method of teaching the instructor will decide: (1) in general, what material she will teach, (2) what her objective are; that is, how she expects the student to use the material; (3) what facilities she has to teach with and (4) the size of the class. You will soon discover what methods you use most successfully. Most of your teaching will probably be a combination of several methods. What are these method and what do they accomplish?

1. Lecture

This is the method where the teacher does all of the talking. It is probably the least desirable of the method from the standpoint of student learning because there is no student participation. It has its greatest value where there is a large body of information the teacher wants the students to transfer to their notebooks. Doctors too often employ only the lecture method. This gives the students on chance to ask questions or clear up points they don't understand. Normally I would discourage any use of straight lecture method. But here in Japan you don't have books available it is the only way you can give the students reference material.

2. Recitation

This is a question and answer method. It may be used to test knowledge, to review material and to stimulate the student to reason. (What 4 steps must be done in reasoning?) In class recitation you can see that the students thinking is led along these lines. Let us take an example. You are teaching surgical nursing. You come to a discussion of watching the patient for bleeding. You want to teach the student to reason out the situation; so you creats a situation and put the student into it. You say, "Mrs. Ito had a cystic kidney and had it removed this a.m. You are the evening nurse and go in to check her condition. When you step into the room you notice that she seems restless and looks a little pale. You naturally go to the bedside and ask her how she is feeling. At the same time you put your fingers on her pulse. It feels rapid to you so you count it. It is 128. Her respirations are 24. Her skin feel a little cold and clammy. She states she feels alright but she thinks she needs more air and think she could breathe easier if she could sit up. Now which of these observations are important? And what is their significance?"

Here the teacher has herself presented the all over picture of the situation and is leaving the students to pick out the problems. The student should be led to see the significance of the:

1. Rapid pulse and respirations
2. Pallor
3. Restlessness & air hunger
4. Coold & clamy skin

The teacher proceeds by asking the student what these symptoms may indicate. The student may hesitate between shock and hemorrhage but it should be pointed out that the restlessness and air hunger would indicate that it was probably hemorrhage. Now the real problems the student must consider are (1) to discover the point of bleeding and stop it, (2) to replace the fluid portion of lost blood (3) and to see the blood remains in the body reaches the most vital centers.

So now she has reached her 3rd step: To solve these problems in the light of her knowledge. So the student may say, to solve (1) she will immediately turn back the covers and examine the dressings. (here the instructor can lead the thinking to an additional problem which the students up to now may not be aware of, "What is there is no blood visible on the dressings?" If the answer is that you can conclude that the patient is not bleeding she should further point out the frequently blood, instead of seeping through the dressings will run down

WARD ADMINISTRATION & PERSONAL RELATIONSHIPS

Ward administration is a tremendous subject because it includes the actual ward management, superbision of the personnel and teaching of students. This is important to you as instructors because a major portion of the students time will be spent on the wards. Therefore, you must train your Head Nurses in the methods of administration and teaching so that the students will receive the experience they should from the hours they spend on the wards.

As with all classes we must first have some clear cut idea of what this class in supposed to give or teach. Therefore I have set down a few Objectives which I hope we will reach by the end of our time.

1. To define the word Head Nurse and to determine just what her functions are.

2. To present and solve some of the most pressing problems she faces.

3. To discuss the qualifications the good Head Nurse should have.

4. T o examine some of the guides and tools the Head Nurse might use to do her work move efficiently.

5. To discuss how we can improve our personal relationships with all of those with whom we come in contact.

A head Nurse is a person who, because she has had additional education unit in the hospital. In a hospital where there is a School of Nursing this responsibility includes:

1) Management of the unit
2) Supervision of all personnel including stall nurses, students, maids, order lies and anyone else working on her ward.
3) Carrying on a teaching program for the student nurses. This includes planned conferences and impromptu clinics and teaching at the bedside.

Now it is very difficult to separate these three functions because they overlap one another. For instance if you are watching a student doing a dressing and she uses poor technic and you show her how she should do it; is this teaching or supervision of that student? It is really both; Watching the student was supervising her; but showing her how was teaching. And so we will find this overlap all through. So in our discussion we will discuss ward management and supervision together and education separately as far as is possible.

Now beside having such a wide range of functions the Head Nurse's job is made more difficult because she is responsible to so many different people. She is responsible first of all to the (1) PATIENT. The patient

is the heart of svery hospital and certainly the most important person in any ward. Everyone on the ward is there because the patient needs him. Therefore no matter what happens the Head Nurse must put the welfare of the patient first.

They she has a responsibility to the (2) DOCTOR. She must see that his orders are carried out that the equipment he needs on hand and in working order. She must see that when he needs help he gets it and that the records are kept accurately.

She is responsible to the (3) STUDENT NURSE. She must see that she gets the experience she should have while she is on her ward. She must see that she has enough to do to be stimulating but not so much that she becomes discouraged. She must see that she gets a certain amount of planned instruction.

She has a responsibility to the (4) HOSPITAL ADMINISTRATOR. She must see that the equipment and supplies are used properly and economically. She must realize that as HEAD Nurse she is a hostess for the hospital and it is her business to make friends for the hospital. She must not only make friends of the patients but also of his family and friends and the workers on the ward. She must also keep certain records for the administration, such as inventories etc.

She is also responsible to the (5) DIRECTOR of NURSES and indirectly to the Director of Nursing Education. She is responsible to them for the nursing care the patients get and the education of the students.

So you see her hob is a very important one. But is is not only important it is also very interesting, exciting and difficult.

If she does her job well she must be a superor person and nurse. Within her unit the varied activities, the many different people both workers and patients and the many responsibilities keep her constantly on the alert. Nurses and other workers change, patients change in condition and nursing problems every day and the unexpected may occur at any moment. A quiet morning may be suddenly broken not by one but by a series of emergencies necessitating complete reorganization of plans. Altho many different people come on and off the wards every day such as doctors, social workers, directors of nurses, etc. but it is the supervisor who keeps things going on the ward where patients are being cared for. It is she who sees to it that the doctors orders are carried out, that the proper nursing care is done for the patient and that supplies are on hand and household things that make for greater comfort of the patient are taken care of.

She actually holds a very important position in the community because as the head of a ward the patients, their families and visitors, the medical staff and nurses and students. Other workers depend on her and put faith in her. In addition, unlike many other administrating positions, supervision does not isolate her from the actual practise of nursing. In helping with difficult procedures etc. she can keep up her nursing skills and also learn all the how advances in medicine and surgery as they occur on her

ward. If the supervisor and her stall do not function efficiently the hospital cannot function effectivaly no matter how capable the other workers are. Forinstance if the supervisor does not see that her nurses make out requisitions to the x-ray, pharmacy and lab correctly they cannot carry out the order efficiently; if the charts are not kept accurately the business office cannot get the proper charges to make out the patients bill; if the linen is not sent to the laundry at the proper time the patient will not get clean linen. You could think of many other examples yourselves. (Give some.)

The Supervisor also has the opportunity to teach both students and patients and their families. This makes if possible for her to have a widespread influence on the health of the community. Your word "byoin" in Japan whould be changed if you wished to have the name of the building carry with it the real meaning of the role a hospital should play in the community. It should be "house of health". If should give to all those who pass out of its doors a greater vision of how to keep well than when they entered. It is the responsibility of all. Doctors and nurses to not only treat the condition that brings the patient to the hospital but to see that he goes home with the knowledge of how to prevent developing that condition again. What that individual and his family learn about preventing disease and maintaining health depends largely on the nurse. She is with the patient all day long. But the supervisor is the key person to see that the patient and family know why the patient because ill, how the rest of the family and community can be protected from the disease and what he must do when he goes home to treat his condition at home.

The Head Nurses Unit Defined:

A head nurse presides over a specific part of the hospital. It consists of a certain floor space cut up into rooms, for patients and rooms for cooking, charting, disposal of waste, linen etc. The supervisor is directly responsible for everything that goes on in this well defined space. But she must never lose sight of the fact that her ward is only a small part of the whole -- which is the hospital. Her ward is important but only in so far as it contributes to the smooth running of the whole hospital. The minute she marks off this floor space as her only interest she ceases to be able to cooperate with the other departments.

Let us see why this is important. We must go back to the reason for building a hospital in the first place. What is the purpose of a hospital?

The hospital was built to care for the patient. It is a place where a person can come when he is ill to get medical and nursing care.

All right -- we must never forget that that is the first and most important function of a hospital. It has come to be doing many more things such as training, doctors, and nurses etc. But in spite of all of this its basic function remains the same -- to care for the patient to make the patient comfortable, happy and well and return him to his place in the community. All departments of the hospital have the same function. They do not open an X-ray dept. in order to give the Doctor who works these a job.

It is opened in order to better diagnose and care for the patient. The laundry is not constructed just to employ people but it functions so that the patient may have the comfort of clean linen. The same with the laboratory, the pharmacy etc.

All of these departments, therefore, must work together for the welfare of the patient. The supervisor works more closely with the patient than any other person, but she must not forget that the patients on her ward are only a few of the patients in the whole hospital and her interest must be in all patients. Therefore she will avoid hoarding supplies just to be sure the patients on her ward will have plenty. She will not demand a service from another department at a specific time (such as demanding that the diet kitchen send food to her ward at a certain hour) when by making such a request the patients on other wards would suffer. The good Head Nurse always has enough vision to see her own ward in its true position in the hospital as a whole.

Now to get back to the physical structure of the ward. Many times the wards in the particular hospital in which you work are very poorly planned for efficiency. As head nurses you cannot hope to rebuild the ward to suit yourself, although some minor construction can be done, But much of the poor planning can be overcome by rearrangement of some of the rooms and organization of the equipment within the rooms. Things that are to be used together can be kept together. But the head nurse must be alert to see where changes can be made to make things more convenient for efficient nursing care.

First let us consider the arrangement of the ward as a whole. Survey your ward critically as to the arrangement of the nurses station utility rooms, kitchens and toilet rooms. Are they centrally located so that the nurses do not have to walk long distances to reach them? Are there doors nailed shut or permanently locked which, if opened, would save the nurses many steps each day ? If a utility room is far from the patient's rooms and wards, could such a utility room be made into a patient's room and one of the centrally located patient's rooms be used for a utility room? Is there a centrally located room being used as a store room for things that are seldom used? If so, could these things be stored somewhere else and this room be used for something concerning nursing service which should have a central location? Go through your ward room by room with such questions in your minds.

Then, after you have made any such changes as you think are best, consider the patient's rooms and wards individually. Ask such questions as this: Are the rooms and wards over crowded, or is there at least from 95 to 120 cm. between each bed so that the chances of droplet infection spreading from patient to patient is minimized? Are my wards too large? Would it help to have a partial partition built or a permanent screen put up in the center of the ward on each side breaking it up into units of 4 to 8 beds? Are the patients lying facing the light all day? Could this be remedied by turning the beds around in some other way so that the patients could turn to look out of the window if they wished or lie so that they do not face the window glare?

Is there cupboard and table space provided so that the patient has a place to put his things so that they are not all over the floors? Are there extra chairs or racks of some kind so that beds can be stripped as is necessary for nursing care and the blankets not put on the floor? Is there an extra table that is small and easily moved and empty so that it can be used to place things on to give treatments? These are just examples of the questions you can ask yourself about the wards.

They go to the utility room and study it with many questions in mind. Is there sufficient shelf space for the nurses to work without being crowded and in each other's way? Is there sufficient cupboard space for things to be arranged neatly, and in such a manner that they can be easily seen? Is there plenty of drawer space and are the drawers neat and are there labels on the outside of each drawer telling what is in it? Are those things in the drawer? Is there a place to boil instruments, syrings etc.? Is there plenty of light?

Lock at the kitchen. Is it so arranged that trays may be easily served? Is the kitchen reserved for the preparation of food only? (With the exception, perhaps, of preparation of medications.) Are there only necessary things in the kitchen? Unnecessary furniture and equipment of all kinds should be moved out because it just collects dust. Is the garbage can sell covered and clean?

Lock at the lavatories. Are they well lighted and ventilated? Are they kept clean? Are they screened or covered so that flies cannot get to them? Are there cupboards for storing the bedpans and are they clean? If paper cannot be put in the toilet is there a covered can provided in a convenient place near each toilet for such disposal? Is there some provision for the cleaning of bedpans, such as a can of lysol solution and a brush?

Then the linen cupboard. Is it locked so that the linen is protected? Is the key available to nurses both day and night so that when the patient needs clean linen he can have it? Is the linen neatly piled with all sheets together, all pillow slips together all towels together, etc.? If blankets and mosquito nets are stored in the linen cupboard are they carefully covered so that they are not dirty and dusty when the season comes when they must be used?

The nurses station or chart room is another problem. Is there sufficient space for the doctors and nurses to sit and do their charting where the light is good? Are the charts so arranged that they are quickly and easily found? If the medications are kept in this room are they in a cupboard where the light is good? Are the cupboards cleaned each day? Are the bottles clean? Are the internal and external medications separated well? (Preferably in different cupboards or on different shelves.)

Next the head nurse must think about other factors which effect the ward as a whole, such as noise. The head nurse can do nothing to change the location of the hospital itself if it is near a noisey street or something. But she can do much to cut down the noise within the hospital itself. What are the things that cause noise? Nurses running up and down the halls is one

thing. There is absolutely no need for running except in cases of life and death. The sound of people running startle and upset very sick patients. Then there is the banging of doors, rattling of windows and doors in the wind, squeeking of unoiled wheels of carts and guerneys, dropping of basins and trays, dripping of faucets, loud talking and laughing in the halls and chart room, etc. The head nurse must listen for noise and constantly remind people to be quiet. Perhaps children in the neighborhood think that the hospital grounds make a good playground.. If so, someone must go out and explain to them that this is a hospital and that all the patients are very sick and must have quiet. See that they leave the grounds.

If possible one should find one should find on the ward a room or corner of the hall which can be fixed up for the patients to sit and read or play games or to visit when they are well enough to be around. They are apt to be noisey and disturb the patients in the wards if they have to stay in the wards.

The head nurse must also face the problem of the control of insects and pests in her ward.

Flies - A constant fight must be carried on against flies. Some of the things to be remembered are: Keep all waste cans tightly covered. This includes garbage cans, gauze waste cans and waste cans.

Do not allow bedpans and urinals to set around for a long time after use and do not allow them to remain uncovered.

Have tight fitting covers on all of the toilets and see that the night soil is carried away daily.

If possible have the toilet room screened.

Keep waste cans emptied once or twice a day and clean out thoroughly with water. Put in the sun. If these cans are not kept clean maggots will grow in them.

Have a supply of fly swatters on each ward. Let the patients have them. They can help to kill flies too if they are physically able.

Not all flies can be controled. So if a patient is unconscious or paralysed so that he cannot brush the flies from his face be sure to keep the mosquito net down over the bed at all times.

See that all food is kept covered so that if there are any flies around they cannot contaminate the food. If patients have food at their bedside insist that they provide a screen cover or cloth cover for the food so that it cannot be contaminated. But it must be remembered that food attracts flies and if we could eliminate the food from the bedsides entirely we would not have to have a problem.

Mosquitos - The most successful way to eliminate mosquitos is to prevent them in the first place. In order to do this we must understand where the eggs are laid and how they grow. The eggs are laid in still water. Now, this still water may be found in anything from a small tin can to a large pool. A really big campaign should be waged against water that is setting around as the mosquito season approached. Perhaps a committee of two or three

people who are working in the hospital should be appointed to go over every inch of the hospital grounds and lock for setting water. This group should make complete rounds every two weeks or every month looking specifically for containers of still water. Where the containers can be eliminated this should be done. If they cannot be eliminated then other steps should be taken to prevent mosquitos from growing. Forinstance in many places large containers of water are kept all around the hospital to be used in case of fire. These are necessary protections. But such containers should either be covered tightly or covered with a thin covering of some oil to prevent the mosquito larvae from getting oxygen or fish can be kept in them because fish with eat the larvae.

To protect the patients from the mosquitos that are already in existance the only protection is mosquito nets. If each bed is provided with a net this net should be tucked under the mattress rather than being dropped to the floor, because the mosquitos go to dark cool places during the day time and they find the space just under the mattress a very comfortable resting place for the daytime. Even fanning under the bed will not eliminate these insects.

Rats - Rats are another great problem. We find rats where we find food. The more food you have around your ward the more rats you will have. If you can completely eliminate the food you can fairly easily eliminate the rats. Rats are not only disturbing to the aptients, but they may be a real danger. Rat bites are serious and diseases are carried by the fleas and lice on rats. Eliminate the food!!

Now all of these things seem very basic and not the least bit inspiring. But unless these real basic things are taken care of right away we cannot expect to be able to manage our ward efficiently. All of the things we talk about next depend on all of the above running smoothly. So when you step into a ward see to it that all of the physical set-up is as near ideal as you can make it first. Then you can turn to thinking about the Principles of Ward Management.

PRINCIPLES OF WARD MANAGEMENT

The Head Nurse must understand the principles of management to be successful in running her ward. She must realize that the hospital's primary function is to restore mental and physical health to the patient. The hospital was built in the first place to care for the patient and every single employes is employed not only to do the job for which he was hired but because by doing this job the patient can be restored to health more quickly and comfortably. The man hired to work in the laundry is doing more than washing and ironing sheets and otherlinen. He is making it possible for the patient to have clean fresh linen so that his stay would be more comfortable and therefore his recovery hastened.

One of the greatest wastes in many hospitals is the waste of human effort. Economy achieved through the Supervisor's planning to conserve human effort will not reveive as much reward as her conservation of supplies but it should give her a deep inner satisfaction to be able to save the time and energy of those who work under her. This is especially true today when everone is living on short rations; they will be grateful for tasks made easy by the person in charge of ways to save steps and effort. Overwork is false economy. You know yourselves that when you are tired it takes you longer to do things than usual and you make more mistakes.

Perhaps you realize that there is a great deal of wasted effort and time on your ward but you don't know what to do about it. How can you go about planning a program of conservation of human effort?

1. Make an objective survey on your ward of what each nurse, maid or orderly spends her time doing. How long does it take the nurse to pass medicines? How long does it take her to give a bath and make a bed? How long does it take to serve trays? etc. You may get the help of the nurses or nonprofessional workers in this. Let them time themselves.

2. Analyze why it took them as long as it did to do those particular duties. Think first of the equipment, that a nurse didn't have and had to look for or go to another ward for, or improvise for, or that was in a very inconvenient place. Then look to see if it was lack of planning or being able to look ahead and anticipate what she would need on the part of the nurse.

3. Then ask yourself, "What can I do about these things?" Can I order more equipment? Can I insist that things be left in condition that they will be ready for use by the next person? Could I help the nurse or nonprofessional worker in planning his or her work more efficiently? Could I make arrangements with another department to do some piece of correlated work at a different time so that it would be more convenient for us and yet make no difference to them? (Many interdepartmental problems can be ironed out at Head Nurse meeting or even better interdepartmental meetings.)

If the Head Nurse can work out even small ways of saving time and effort - say she saves only about 2 minutes on a procedure - if the procedure is done once a day on each of 30 patients, in a week there has been a saving of 7 hours ehich could be applied to the better care of the patients. The energy saved cannot be measured but it will be in proportion. Now if you will really go home and conscientiously look around at your own wards and start a conservation campaign you might find it possible to save many many hours a week. Sometimes it might involve going to the director of the hospital to discuss the purchase of a new piece of equipment or the putting of an old piece of equipment in order; but if you can point out to him the actual hours of time it will save the hospital, most directors would try, if possible to get it for you.

The wise Head Nurse will not just depend on her own ideas. When she sees time and effort wasted she will point it out to the worker and get his sugges tions as to how to save time. Of the nurses may all be approached at the time of morning report for suggestions about saving time and effort. Many good ideas may be gotten from them and they will take a new interest in carrying out the ideas. This is a particularly good plan for you supervisors who think that you are just too busy to look around for yourselves.

If your workers feel that you are interested in saving their time and energy and not just interested in seeing that they keep busy every minute they will be better and happier workers. They you will find that in an emergency the staff will work with a will no matter how heavy the load because they know that the supervisor recognizes the difficulties and is trying to help.

In discussing Ward Management in detail I will discuss it under 7 general things you must have in order to have good ward management. I will list these 7 and then discuss each one in detail.

1. Formulate in writing the definite objectives of your ward. In other words, "What are you trying to accomplish?"

2. Establish definite lines of authority on your ward and help in establishing them in the whole hospital.

3. Clearly define the duties of the personnel and check their performance.

4. Deligate responsibility and authority to others.

5. Set up a system that is characterized by order and method.

6. Help coordinate your ward with the activities of the whole hospital of personnel management.

Our first step was the <u>formulating of definite objectives.</u>

As we said before the Head Nurses position is a difficult one. She has responsibility to at least 6 groups of people:

1. The patient and his family
2. The doctor
3. The Director of Nurses
4. The Hospital Director
5. The students
6. Other workers in the hospital.

Therefore it is most important that she definitely set down a list of the things she wants to accomplish. Her first objectives will be in relation to the patient and his family. Some of them might include:

1. To maintain a comfortable, clean, quiet and peaceful environment for the patient.

2. To see that the patient gets expert nursing care so that he can get well as quickly as possible and return to his family and place in the community.

3. See that the patient returns to his home with complete knowledge of how to care for himself in the future to prevent illneds.

These are just a few. Then a couple in relation to the doctor.

1. To see that all orders left by the doctors are recorded in such a way that they will get carried out as quickly and efficiently as possible.

2. To provide skilled and efficient assistance to the doctor when needed.

Then some objectives related to the Director of Nurses:

1. Coorperate in any changes that are being made to improve nursing service throughout the hospital.

2. Keep the Director informed when I have more workers that I need so that they can be used in some other department.

Then some objectives related to the Hospital Director:

1. Instruct all personnel in the careful use of equipment to minimize breakage.

2. To order carefully so that I do not waste supplies.

3. To keep a careful inventory.

Then some objectives related to the Students:

1. To see that they maintain a high standard of nursing care at all times.

2. To see that they are given assignments that will make it possible for them to learn from their work.

3. To have regular planned conferences to discuss the care of particular patients.

Then some objectives related to other workers:

1. Cooperate in every way with other departments to make their work easier.

2. See that the working hour sheet is posted at least a week ahead so that the workers can make plans.

3. See that each worker understands exactly what her duties are.

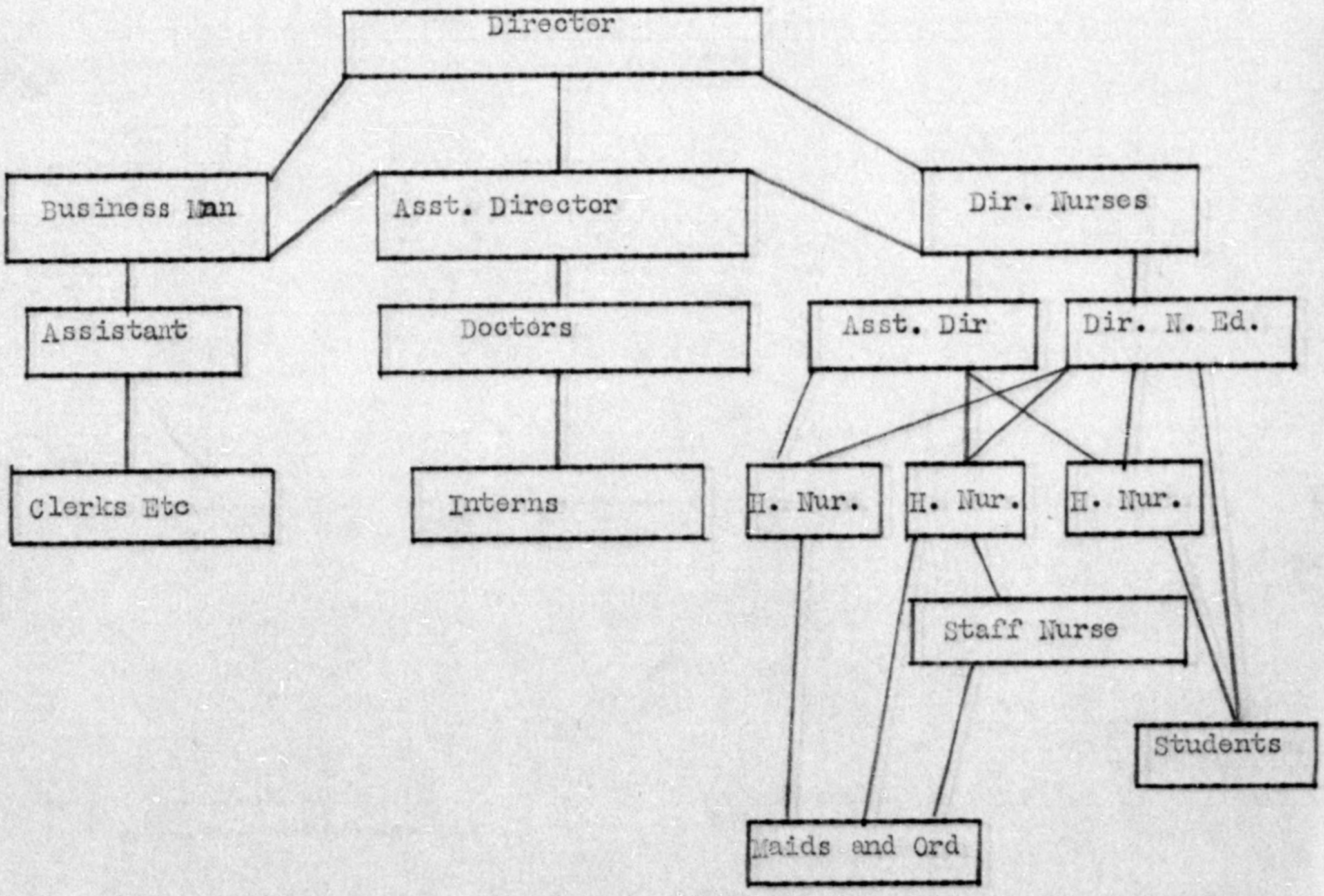
These have just been some examples of what might be in your objectives. But you must sit down and think them out. They do not even need to be as detailed as I have written them. You might just put one objective in relation to those working under you as: "To keep my workers happy." Of course the things you had to do to accomplish this would have to be thought out. And they would be many.

But let us sit down and <u>think</u> out what we hope to accomplish on our particular ward.

Our 2nd step is the establishment of lines of authority. These lines should be established for the whole hospital as well as for a ward. It will depend on the structure of the individual hospital how this will be set up. But it is really most important that each person should know to whom he should go with questions, problems or complaints.

In some hospitals forinstance the order lies are under the Head Nurse and she is the one they would go to with their problems. In other hospitals he is under the business manager.

The lines established might be like this for example.



Our 3rd step is to clearly define the duties of the personnel and checking of their performance.

You can remember in your experience some experience where you were scolded for not doing something that you didn't even know you were supposed to do. No one had explained or made clear just what you were to do and you felt unjustly treated you are not happy; and one of the Supervisor's duties is to see that her workers are happy. Therefore you as H.N. must see to it that all of those who are working on your wards know exactly what they are to do and when and how to do it. Now this is a harder task than it would seem just to listen to me say it. It means doing a great deal of ground work and then following it with almost daily teaching and checking.

This specific assignment of duties will be one of the first things you will want to work out when you start to organize a department.

How will you accomplish it? Let us take first someone whose tasks are fairly simple and specific. The ward maid. Check what things she is doing and should be doing. List these tasks. Study them and see in what order they should be done to best fit into the work of the ward. What should the orderly do rather than the maid? What can the maid do in the way of housekeeping duties that the nurses are now doing? After you have decided exactly what you think the maid should do, have a conference with her and see that she feels the importance of her job in the total care of the patient and work of the nurses and doctors. Discuss the things you have been planning and let her make her suggestions. Then make a list of her work which can hang inside the broom closet or any other place that will be easily referred to by the maid, as well as by other workers.

Now I would like to have you each write and turn in a list that you would make for the duties of a maid. Just make up your own ward situation. Hand in next week.

Analyze the work of the orderly the same way if he is under your direction.

Then turn to the nurses. This is a bit more difficult but can be done. Perhaps the first thing you would do would be to make out a list of things that should be done only once a week or once every few days. Post a list of days and duties to be done on those days.

SUN	MON	TUES	WED	THURS	FRI	SAT
	Bathe Wd 1	Order supplies Take abd. messurements	Bathe Wd 5 Wd, Confer.	Change Linen Weights	Bathe Wd 6	Completely dust all rooms

Then make a list of the specific duties you want to delegate to your assistant. Perhaps you want her to make out Weekly Time sheet, 2) Order Drugs 3) Check Narcotics 4) Check and order Supplies 5) Give IVs 6) Help orient students etc.

Then you must decide just how you are going to divide the various duties on your ward. Forinstance, if you have a medical ward and there are many patients and many medications and treatments to be given you may decide that you need to assign one nurse to do just medications and one nurse who will just do the treatments. Or perhaps your ward is not so large and you feel that one nurse could give both medications and trestments if she had no other duties. Or perhaps you have many medications and only a few trestments and you decide that the nurse assigned to a certain group of patients can do the treatments for those particular patients. If you are on a surgical ward then parhaps you would want to have a nurse who is assigned to just dressings to be responsible for doing all dressings whether it is assisting the doctor or doing the entire dressing. Or perhaps you have a ward where there are not many medications to be given and nurse will be assigned to certain patients plus giving medications. This problem is to be solved by the individual head nurse according to her own ward.

Let us suppose that you have decided that you will have one nurse to do dressings (Dressing Nurse), a nurse to give medications (Medicine Nurse) and then nurses who will just give care to certain assigned patients (Patient Care Nurse) You would make out a list of the specific

duties involved in those various assignments. The following mifht be examples of what might be included in such a list.

MEDICINE NURSE:

1. Pour and administer all medications (including hypodermics)
2. Chart all medications which must be charted.
3. Dust and clean medicine cupboards including wiping each bottle and jar, each day.
4. Check all medications and set out any bottles or envelopes that must be refilled before the next day.
5. Take perscriptions to the pharmacy and get the drugs at the pharmacy when they are ready.
6. Prepare the medications which the patient is to take home and instruct him about how to take them before he is discharged. Also when a patient is discharged, if he is not to take his medicines with him see that the bottles or envelopes are removed from the cupboard and returned to the pharmacy. The medicine cards of all patients dismissed should be left on the Head Nurses desk to be destroyed.

DRESSING NURSE:

1. Clean dressing cart each morning and see that all necessary equipment is on the cart.
2. Do the dressings that are to be done by the nurse.
3. Assist doctors with dressings that they do.
4. Put all used gauze to soak in disinfectant.
5. See that drums of gauze etc are taken to operating room for sterilization each day.
6. Clean and oil and resterilize all instruments. Leave dressing cart clean and in good order each afternoon.

PATIENT CARE NURSE:

1. Give a bath to each of your patients who appears on the bath list for the day.
2. Give back care and straighten the bed covers of all other patient assigned. Brush out crumbs, tighten sheets and make patient comfortable.
3. Change linen if it is necessary or linen change day.
4. Dust bed and all objects on bedside table. Put everything on bedside table away so that only necessary articles remain.
5. Empty bedpans and urinals and keep them empty at all times while you are on duty (For your assigned patients.)
6. Fill hot water bottle if it is cold.
7. Fill patients water cup.

Now these are just suggestions as to what the various duties might be of these nurses. These may not be what you decide to list for your particular nurses at all. The important thing is that you think about these duties and decide what they will be and write them down and post them on a bulletin board or any other place on the ward where they will be available to all of the nurses. It is not only important that the individual nurse should know what herself is supposed to do; but she should know what the other person is to do also. This is important so that the nurse will know what she does not have to do.

Then there is the Daily Assignment Sheet.

This is one of those very important records which tells each nurse

exactly what she is to do so there will be no question. It makes it possible for her to plan her morning so that she can finish her assignment. And you will find that when she knows just what she is to do she can do a great deal more than she can when what she is going to be asked to do next. Also it assures the patient continuous care.

This Assignment sheet allows the Head Nurse to plan for all of the work of the ward to be done by a particular person. When some new task comes up, instead of the Head Nurse thinking, "Now I must find someone to do that." She can put it down on the assignment sheet.

This sheet gives the student or other nurse a feeling of assurance and self confidence because she can come on to the ward and if the Head Nurse is busy or not around she can just look at the assignment sheet and start in doing what is assigned to her to do. A student should know what she has to do so that she can plan her work and work toward getting off duty on time. We want to teach our students promptness. That does not just mean promptness in getting on duty or giving medications; it also means promptness in getting off duty and to classes. Unless a hospital or office is very short of workers they should be able to finish their assigned work in the 8 hours they are to be on duty. If they stay on 10 to 14 hours we suspect that they are poor organizers because they cannot plan their work to get off on time.

Another thing that it does is to make it easy for the supervisor to see that each student gets all of the experience that the ward has for her. Because in making her assignments, as we will see, she can see to it that each student keeps on assignment just one week. That is long enough for her to become acquainted with the group of patients she has or the treatments she is giving, and she can go on to another group of patients of to some other special assignment. The Head Nurse can look back and see just what each student has done.

Now exactly how do you go about working out the assignment sheet? After drawing the lines you put down the nurses names leaving the evening and night nurses for last. Now on our sheet we have Miss Aoki, Miss Ito, etc. The first thing we do is to copy the hours down for each nurse for Wednesday. Then we choose one student to do the medications and the treatments and write it in.

Then write in the other special duties. These duties include: Giving I.V.S., doing dressings and being responsible for the cleaning and stocking of the dressing cart, going on rounds with the doctors, passing of the milk, taking charge of admissions and discharges, etc. After we have assigned these duties we see how many patients we think that Miss Aoki can do in addition to her other duties. Mr. Sato is an ambulatory patient who will just need his bed made and his room cleaned so we give her that patient. Dr. Oku is one of the doctors and he will need a little special care so we will assign him to her also.

Miss Kudo has medications and treatments but she will have a chance to take care of two moderately ill patient before her A.C. medications. So the Head Nurse gives her Motoi, T. and Suzuki, S.

Miss Ito we give many patients because she has few other duties and can spend from 7 in the morning to 12 at noon getting them done. She has 8 patients. We can leave it up to her who should have baths and who should not but it is best that she keep track so that each patient has a bath at least every other day.

The Head Nurse has decided that 3 nurses should help with trays each meal. So she checks to see that there are three assigned to each meal.

Then she must see that there is some nurse assigned to take over each group of patient when a nurse goes off duty. This is most important.

Here is a sample assignment sheets:

NURSE	ASSIGNMENT	ADDITIONAL DUTIES
Miss Aoki 8-4	Ass't Head Nurse Duties Sato, S. Oku, A.	Admission & discharge of patients Doctor's Rounds Breakfast trays Miss Kato's patients (8-9, 1-3)
Miss Ito 8-4	Sonobe, K. Yano, R. Ito, M. Yamagata, N. Takada, T. Koiki, H. Sonoda, R. Yamada, H.	Breakfast & lunch trays medications & T. 11-1 Miss Kudo's pts 11-1
Miss Sato 8-11 1-5	Koan, H. Ugai, K. Nagai, M.	Supper trays Miss Ogata's pts at 4
Miss Kudo 8-11 1-5	Medications & Treatments Motoi, T. Suzuki, S.	Morning nourishment 3 o'clock T.P.R.
Miss Ogata 8-4	Azaki, A. Ikeda, T. Hori, F. Mino, K. Kimura, T. Makita, M. Kasai, K. Ueyama, F.	Breakfast & lunch trays Clean treatment room Noon T.P.R.
Miss Kato 9-1 3-6	Ikuta, K. Sugino, S. Oku, A. Watanabe, K.	Lunch & supper trays Miss Sato's pts 10-4 Clean Kitchen Miss Kudo's pts at 5
Miss Ohara 4-12	In charge after 4	Supper trays Miss Ito & Aoki pts at 4 Medication & Treatment at 5 Miss Kato's pts at 6 All pts after 7

and after you have assigned them you must check back and see that each group is assigned to some particular nurse each hour of the day.

Each day you must either make a new sheet or use pencil and make reassignment of afternoon duties according to the hours the nurses work.

Here are some rules to remember in writing an Assignment Sheet:

1. It must be made new each day. It may be made the day before and simply completed in the morning to include patients who came during night.
2. See that all nurses names are listed.
3. Assign patients according to:
   (1) Student's experience. That is, the young students should be given the patients that are not very ill. The critical patients who will be difficult to do should be assigned to the older students.
   (2) Other duties assigned to that nurse. If you have given a nurse many other duties such as helping with trays, taking patients to the O.P.D. etc do not assign as many patients to her. The nurse who has no extra duties assigned can care for more patients.
   (3) Length of time on duty. Sometimes students have to go to classes in the morning and are only on duty 2 hours. Such a student should not be given as many patients as the one who will be there all morning.
4. The student should keep the same patients for at least a week so that she can plan for their care from day to day and set used to their likes and dislikes etc.
5. See that each patient is assigned specifically to one particular nurse each hour of the day. So that if someone comes to you at 12:30 p.m. and asks "Which nurse has charge of Mrs. Motoi now?" You could look at your assignment sheet and say. "Miss Ito has her. Does she want something? Or if you find a patient uncomfortable and needing care you know who is definitely responsible for her.
6. Assign other duties according to education of the students. For instance the student should not be assigned to give medications until she has had some of her classes in Materia Medica. She should not be assigned to do dressings until she has had some Surgical Nursing.
7. Be sure to assign all duties possible so that you don't need to carry so many things in your mind.
   (1) T.P.R.
   (2) Take patient to X-ray.
   (3) Pass nourishments.
   (4) Clean something specific.
   (5) Take supplies or get supplies etc.
   (6) Help serve trays.
8. See that all nurses look at assignment sheet the minute they come on duty. And that they check to see that they have done everything before they go off duty. Each nurse should report to the nurse who is taking over her patients when she goes off duty. She should get a report on her patients from the nurse who took care of her patients while she was off duty.

Do not assign any one nurse to do all of the cleaning or the emptying of the bed pans. There is cleaning involved in all nursing duties and each nurse should do the cleaning in connexion with her particular duties. If she is giving treatments she should clean all of the equipment

used in treatments. The nurse keeps emptied the bed-pans and urinals of the patients assigned to her. She also cleans the bedside tables of her own patients.

Now, after the assignments have been clearly made the Head Nurse cannot consider her duty done. She must carefully check what the workers are doing. Are the medicine cupboards clean? Has Miss Watanabe been forcing fluids on Mr. Kawasaki? Have the students charted the treatments properly? Is Miss Matsumoto using proper technic when she feeds that baby with the repaired hare lip? Has the maid cleaned the lavatory properly? You must check these things! If not every day have a regular schedule so that you see them each every few days. You must not allow anyone to get careless.

She must see that things are being done according to schedule. In other words must keep the wheels running. To do this she should get to work a little earlier than her other workers so that she can confer with the night nurse and get a picture of the changes on the ward through the night. She can, at this time go over records and delegate work to the oncoming workers so that from 10 minutes to ½ hour will not be wasted before the workers know what they are supposed to do.

She must inspect her ward sometime during the morning and see where things must be cleaned, aired or repaired. She must check her supplies or delegate someone to do it. She should visit all of the patients each day. This helps her check on how the students are doing and gives the patients a chance to register any complaints they may have.

She must keep track of what is being done by each member of her staff to see where changes should be made to lighten the load of one person or give another person a little more to do so that she does not become disinterested. She must see that each patient is getting what he needs. This is the center of the whole program.

She must see that the work is shared by all and that the industrious person who is willing and conscientious does not shoulder the work for the lazy ones.

Another thing that will help to make clear to the nurse or other personnel what her duties are is an adequate orientation when the person first comes to the ward.

A great deal of time will be saved in the long run if the person in charge of the ward will take a little extra time during the first few days to really properly orient a new nurse. You all have probably had the experience of going to a new hospital and not knowing anything about it and having to ask every little thing. If someone had taken you on that first day and given you about 2 hours of orientation to the ward and hospital it would have saved you as well as all the people you had to ask about things a great deal more than 2 hours.

The purpose of orientation is to 1/-introduce the new nurse to the physical set-up of the ward and other departments she will have to contact; 2/-explain to her the routines in the planning of the ward day; 3/-special routines and technics; 4/-duties of the various personnel; and her own position and responsibilities on the ward. 5/-To help her be able to complete her assignments without wasting time asking questions; and 6/-to assure the patient proper nursing care.

Just how much orientation she will give will depend on who the nurse is. Forinstance: is she a graduate of this hospital? Is she a third year student who has never been on this ward? Is she a third year student who has been on this ward before? Is she a graduate of another school who has never worked in this hospital? Is she a begin-

ning student who has never been on the wards before etc.

I will give you the orientation for a new graduate who has never been to this ward before. The first morning you would orient her to the following:

1. Morning Report
2. Introduce her to the other nurses
3. Tour of the floor showing her:
   a. The arrangement of the rooms including the room numbers and bed numbers and patient roster.
   b. Linen closet.
   c. Treatment room. (She can examine it more closely later, when she looks at what is in each drawer or cupboard.)
   d. Medicine closet and narcotics
   e. Sterile trays or sterilizer
   f. Kitchen
   g. Diet and nourishment slips
   h. Necessary keys
   i. Appliances, pillows etc.
   j. Fire equipment and regulations and use.
   k. Where requisition slips are kept, etc.
4. Show the equipment that should be in each room or unit ready for occupation.
5. Show the location of and explain the use of:
   1) Treatment sheet
   2) Narcotic sheet
   3) Assignment sheet
   4) Patient's charts
   5) Requisition slips
   6) Procedure book if there is one.
   7) Weekly time sheet
   8) Any other lists of work or duties.
6. Tell her about what the duties of the other personnel are as they relate to her work. Forinstance: Drs., orderlies, maids, etc.
7. Patients
   1) History, diagnosis of assigned patients
   2) Suggestions for plan of care.
   3) Introduce to patients assigned.
8. Day's routine of the ward
   1) Baths and back care
   2) Doctor's visits
   3) Nourishment
   4) Trays
   5) Bed Pans
   6) Visiting hours
   7) Rest hours
   8) T.P.R.
9. Other services of the hospital
   1) Social workers
   2) Physical therapist
   3) Pharmacy
   4) Diet kitchen
10. Explain special duties assigned
11. Admission and discharge of patients
12. Ward teaching program
    1) Special experience the student should gain here.

2) When conferences are held
3) Who to approach to get questions answered.

There will be other things that you will have to tell this new nurse according to what hospital you work in. Do not try to do all of your orientation in one day. Give the new nurse the things you know she will need in taking care of her particular patients, that first day and then work as closely as possible with her for several days. There will be hours in the afternoon or evening when you are on duty at the same time as the new nurse when you can explain other things to her. She can be sent with a nurse who is going to other departments such as the laboratory or x-ray so that she learns her way. Do not tell her a lot of things she doesn't need to know about the running of the ward.

Earlier I spoke of a treatment Nurse. If we have a nurse assigned specifically to treatments you must have a treatment sheet to make clear to her what she is to do and help her plan her work. There is another purpose of the treatment sheet which is to see that the patient gets the right treatment to the right part of his body at the right time and for the proper length of time. It must contain the following information for each treatment:

Name of patient
Room Number
Type of treatment and solution
Where to be given and hour
How long to be continued.

I is not enough to just put down the patient's name and room and "Hot compresses" You must say "Hot boric acid compresses to right forearm for 1 hour.

(Sample of Treatment Sheet)

The night nurse should khow whether the doctor wishes the patient to be awakened at night so the column for indication of continuation of the treatment through the night is provided.

New treatment ordered during the day can be added on the bottom of the list. The treatment sheet should be done each day if the treatments are being changed frequently. But if there is no change from one day to the next the same sheet may be used for 2 days. A line may be drawn through discontinued treatments, and a new date put at the top of the sheet. But the supervisor must be conscientious about this.

When the nurse has given the treatment she puts a line through the hour. (The next day she may put her cross in the opposite direction.) This helps the supervisor keep track of how her nurses are getting along with their assignment. If she looks at the treatment sheet and seen that the treatment nurse does not seem to be getting finished you can get someone to help her.

This sheet is also valuable for recording the treatments on the chart. The nurse can just take her treatment sheet and sit down and quickly chart them.

If you do not assign a nurse to treatments but expect each nurse to do the treatments for her assigned patients you might use the treatment sheet just the same and from this the nurse can make a list which she carries in her pocket and passes on to the nurse who takes her patients when she goes off duty. For this purpose she can use a piece of

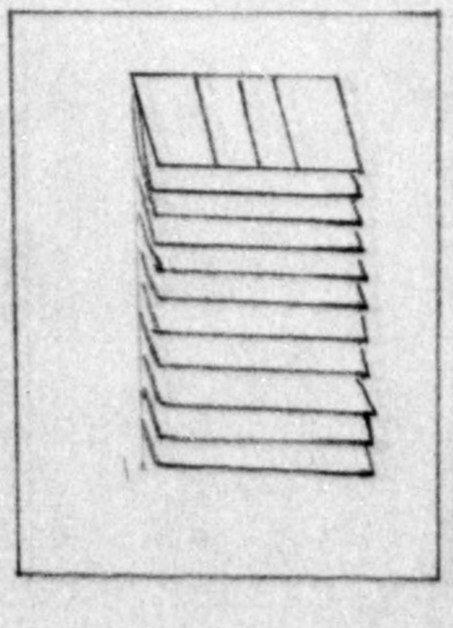
scrap paper and will make a list something like this.

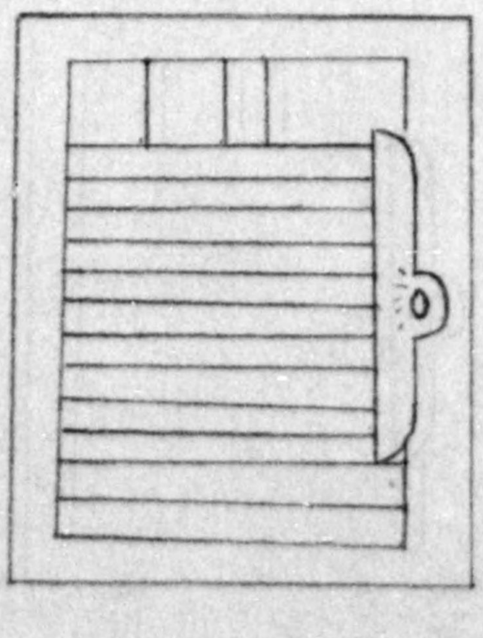
PATIENT	TREATMENT	DAY	NIGHT
Sato, S.	Hot water compress to abdomen. Change every 15 min. for 1 hr. Off 2 hrs. Vit. C. 1cc Intramuscular	9-12-3-6 Daily	
Sonobe, K.	Inhalation with drug provided (Must take treatment in bed.) Vit.B. 1cc) Intramus- Vit.C. 1cc cular	10-2-6 Daily	
Ikuta, K.	Hot boric compress to right elbow. Keep elbow elevated. Vit.B. 1cc Intramuscular	9-12-3-6 Daily	
Sugino, S.	Ice bag to forhead To x-ray dept.	10-2-6 10	10-2-6
OOku, A.	Catheterize every 8 hrs if unable to void. Special care to back	10-6 10-2-6	2-6 10-6 (If awake)
Watanabe, K.	Hot water compress to chest. Change every 15 min. for 1 hr. Off 2 hrs. Keep chest warm and dry between treatments. Sputum spec. to laboratory Nasal O2	9-12-3-6 Feb. 6th As necessary	9-12-3-6 If awake
Araki, A.	1000cc Normal saline by hypodermoclysis Vit. B. 1cc) Intramus- Vit. C. 1cc) cular	8 Daily	8

PATIENT	TREATMENT	HOURS
Ikuta, K.	Hot boric compress to right elbow. Keep elbow elevated. Vit. B1, 1cc (I.M.)	9-12-3-6 10
Sugino, S.	Ice bag to forehead	10-2-6
Oku, A.	Catheterize every 8 hrs, if unable to void. Special care to back.	10-6 10-2-6
Watanabe, K.	Hot water compress to chest 1 hr on and 2 hrs off. Keep chest warm & dry between treatments. Sputum spec. to laboratory Nasal O2	9-12-3-6 Feb. 6 As necessary

Above is an illustration of the notes that Miss Kato took for the treatments for her patients. When she went off duty at 1 o'clock the list she handed to Miss Aoki would look like this. She has checked off the things she has completed so that Miss Aoki will know what she has to do for Miss Kato's patients while Miss Kato is away. When Miss Aoki does the treatments between 1 and 3 o'clock she will in turn check the time off. When Miss Kato returns at 3 she will get this slip back from Miss Aoki and get a report of how her patients have been while she was gone. This insures continuous service for the patient. He will get his treatments regularly and on time.

Before leaving the discussion of the listing of the treatments and special care to be given patients so that it will be clear to each nurse what she is to do I will mention the Rand system of planning patient care. This is used in some of your hospitals here in Japan. Cards or sheets of paper can be used, one for each patient. They are made out as the sample below and should be mounted so that the lower line on each card is all that shoes. A special mount may be made or they may be clipped from the side, as follows:





DIET	TREATMENTS	HOUR	NURSING
Liquid (Does not like cold fluids) Feed patient	Hot water compress to chest 1 hr on and 2 hrs off. Nasal O2 as necessary	9-12-3-6 9-12-3-6 when awake	Complete bad rest. Keep chest warm and dry between treatments. Change position for breathing. Do not allow any exertion.
WATANABE, KIYO	DR. ITO	PNEUMONIA	

The most important section on this card is the NURSING section. It is through this section that the Head Nurse can help the student of the graduate plan the care of the patient. Also little likes and dislikes of the patient can be noted so that even a very new nurse will not offer this patient cold liquids. Of course the TREATMENT section is of major importance, but a treatment sheet could substitute for it. There is nothing to substitute for the NURSING section of this card. There are other advantages of this Rand Card system. It replaces the patient roster because you can look down the names of each patient. Also you can quickly see the diagnosis of each patient on the card, and the doctor can quickly check over the treatments being given to his own patients.

This should be used only if each nurse is to be responsible for her own patients' treatments. Each nurse goes to the Rand Cards and copies down her list of treatments and care of the patient which can be passed on as discussed before.

The arrangement of this card presupposes that there is some separate system of giving medications.

If this system is used it is essential that the cards be kept absolutely up to date by the Head Nurse. She must see that every new order is transferred to the card and that a line is drawn through the discontinued orders. Orders which may only be done once, such as gastric analysis, urinalysis, sputum examination, etc., can be written on very small cards which are just clipped to the patient's card and removed as soon as the treatment or test has been done. These little slips or cards can be kept in a little box so that they do not have to be written each time they are used. Let me warn you again that if these cards are not kept up to date they are of absolutely no value. If you try it and find you cannot keep them up, stop using it! Work out some other plan for your ward

The weekly HOURS OF WORK sheet is another important thing for the head nurse to plan and to keep. It is another important not only for the head nurse to plan ahead but also for her nurses to plan ahead for outside activity. We must always bear in mind that before our nurses were individuals and that no matter what happens to them they are still individuals with interests and desires outside of nursing. If we spend all of the hours of our day inside

the confines of the hospital and only taking care of patients or talking about taking care of them we become very narrow in our minds. We must keep our interests broad by getting out and seeing other people and doing other things. Our nurses will be much better nurses and much happier if they can plan to get away. For this reason a weekly HOURS OF WORK sheet is very important. All of us should be able to plan a week ahead what hours we are going to have off. Of course, if an emergency arises then we should be willing to change our hours.

Here again you will plan your hours according to the activities in your hospital. If you give the bed baths in the morning then you should plan to have as many nurses on in the morning as possible. If the baths are given in the afternoon then there should be a majority of the nurses on at that time. Usually the evening is quite heavy with the importance of getting the patients ready for the night so you should be sure in your planning that you allow for most nurses being on when the work is the heaviest.

This brings up the problem of regular 8 hour shifts for Junior Night and Senior Night Duty. Night duty (12 midnight to 8 a.m.) should be done for at least a week at a time. This is for the sake of the nurse as well as the planning. It takes almost a week to get adjusted to lseeping in the day and working at night. When the shifts are divided into 8 hour shifts all nurses on duty from midnight to 8 are supposed to stay awake. They should not go to bed at all. They should make regular rounds to check on each patient and some routine duties may be assigned to them such as reboiling instruments or other equipment, cleaning of certain cupboards, preparing of sterile water for irrigations or sterile compresses during the day, etc. It is better

It is better if the head nurse does not give the night nurse a day off during the week. First the night nurse accumulates days off and she can have them all at once and be off for a longer period. Second, a nurse doesn't have to go on to relieve the night nurse, for just one night. Third, the night nurse will be changed on the same day each week. If the nurse works only 6 days then the change of night nurse will always fall on a different day. This is hard to remember. It is much easier if you know that there will always be a new night nurse on Tuesdays or Thursdays or whatever day you choose.

NURSE	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
A	8-4	12-8	12-8	12-8	12-8	12-8	12-8	12-8 Sleep	OFF	OFF	4-12	8-4	8-4	8-4	4-12	4-12	4-12	OFF	4-12	4-12	4-12
B	12-8 Sleep	OFF	OFF	4-12	8-4	8-4	8-4	8-4	12-8	12-8	12-8	12-8	12-8	12-8	12-8 Sleep	OFF	OFF	4-12	8-4	8-4	8-4
C	4-12	4-12	4-12	OFF	4-12	4-12	4-12	8-4	8-4	8-4	8-4	8-4	8-4	OFF	8-4	8-4	12-8	12-8	12-8	12-8	12-8
D	8-4	8-4	8-4	8-4	8-4	OFF	8-4	4-12	4-12	4-12	OFF	4-12	4-12	4-12	8-4	8-4	8-4	8-4	8-4	OFF	8-4

The first thing you must understand before you can make out such a schedule for three eight hour shifts is how the day is divided into 8 hour periods. A day extends from 12midnights until 12 midnight. Looking at the schedule above, for instance, we say that Miss B works from 12 midnight until 8 A.M.. That is the first third of Monday. Miss A works from 8 A.M. to 4 P.M. which is the second third of Monday and Miss C works 4 p.m. to 12 midnight which is the last third of Monday. It is very important for you to remember this in making out a schedule in order to figure that each person works just 8 hours each day. If you figure from 8 A.M. to 8 A.M. you are working with two days. Part ofthe time is Monday and part of the time is Tuesday. So we must think from 12 mid-

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AOKI	8-4	8-4	8-4	8-4	8-4	8-4	OFF
ITO	8-4	8-4	OFF	8-4	8-4	8-4	8-4
SATO	8-12 4-6	8-10 4-7	8-12 4-7	8-11 4-7	8-2	OFF	8-4
KUDO	8-12 5-7	8-11 1-5	10-12 3-7	8-2	OFF	8-11 2-6	8-4
OGATA	9-1 5-7	8-4	8-11 3-6	8-2	8-11 4-7	8-2	OFF
KATO	8-2	9-1 3-6	3-4	9-12 3-6	9-12 4-7	8-12 3-7	OFF
KOIKI	12-8 Sleep	OFF	OFF	4-12	8-12 5-7	8-4	11 AM - 7 PM
OHARA	4-12	4-12	4-12	OFF	4-12	4-12	4-12
SUZUKI	8-4	12-8	12-8	12-8	12-8	12-8	12-8

night. If you do not understand and this you cannot understand the schedule illustration.

Look at Monday. Miss B goes on duty at midnight on Sunday and works until 8 A.M. on Monday. So on Monday and she works 8 hours. But at 8 A.M. she is off duty and can do as she pleases all day. Because she is off duty all day from 8 .AM. it looks like she is having a day off. But actually she has already worked 8 hours on Monday when 8 A.M. comes. I filled in "sleep" so that it would be clear that at 8 she went off duty and had the day to sleep if she wanted to.

The next day she has OFF. This is her day off for last week. She had worked seven consecutive nights. The next day she has OFF also. That is the day off for the present week. Then, if we want to be very good to her we will arrange that the nurse who works 4-12 shift will be off on Thursday each week so that the nurse so that the nurse may relieve her. If we do this Miss B will not have to be back to work until 4 P.M. on Thursday. That gives her a long time off duty so that she can plan to got for a visit or get a long rest.

If a nurse works two weeks 12-8 she will have an additional day off to add to those that Miss B has, because she would not get a day off for two weeks. This would give the nurse almost a week off duty.

The Hours of Work Sheet should be made out a week in advance. That is, if your week starts on Monday the schedule for the week should be made out by Wednesday or Thursday of the previous week. This makes it possible for the nurses to make plans ahead of time. The nurses should all be told that if they want a particular day off or want to work certain hours on a particular day they should speak to the head nurse about it a week in advance. The special day off or hours should be given on a "first here first served" basis, except when the head nurse finds one nurse always asking for special time off. Then if someone who seldome asks for it asks for the same day the head nurse can explain to the first nurse that this time she cannot give her the day because she wants to be fair to all the nurses. Of course it should also be understood that if some emergency arises any nurse must be willing to sacrifice her special time off. But that is not difficult if the nurses have the spirit of service.

When the head nurse gets ready to make out the Hour sheet she might just ask around if anyone wants a special day. There will be a time when the nurses are around in the dart room. When you sit down to write this sheet the first thing you do is to put in the days off. If a new senior night nurse always goes on on Monday night at Midnight, as in our schedule illustration, then you will write in her days off as illustrated. Then you will put in the Junior night nurse's day off because that is always on Thursday. Then you will want to put in specific days off that certain nurses have requested. Then perhaps you will want to give as many people off on Sunday as you can and still have enough nurses left to take care of the patients. So you will do that. Then those who have not yet been given a day off you will choose a day for. Except for Sunday, try not to have more than one person off on one day. If your staff is large you may not be able to do this, but distribute the days off as evenly as possible throughout the week.

When all of the days off have been put in the red then you are ready to write in the hours of work for each day. Decide which nurse is to go on Senior night duty. Put her down to work 8-4 on Monday. But if possible let her off at noon so that she can get a little sleep before she has to go on duty Monday night at Midnight. This time can be given to her as overtime which most nurses have due to them and she should be reported as working 8-4 because she must work 8 hours on Monday. When she goes on at midnight and works until 8 A.M.

she is working her 8 hours for Tuesday, you see. Then her hours 12-8 can be plotted in for the rest of the week.

Next we decide who is to work the Junior night shift and we can plot her hours in for the whole week. Then we put in the 4-12 hours on Thursday for the nurse who is coming off Senior night duty. From here on we make out the rest of the hours according to:

1. The number of patients who must have care and when the work on the wards is the heaviest. (Consider morning care a baths)
2. Whether or not the graduates are supposed to work 8 consecutive hours, and how many of these graduates there are.
3. How many students there are on the ward.
4. How many hours a day these students are supposed work.
5. The hours that the students have classes.

We have now discussed the first three principles of Ward Management: Writing of objectives, determining lines of authority and making duties clear to the workers. Now our 4th principle is this: There must be a <u>delegation of responsibility and authority</u>.

If you are a head nurse you have complete charge of your department. However it is humanly impossible for you to do everything. So you must delegate authority to others. If you are to do a really good job, which includes planning teaching and checking you cannot tie yourself to hours of routine book work. You must be free to watch the students at their work; to suggest improvements in care of patients; to hold bedside clinics on patients presenting special nursing problems, etc; you must give the routine work to someone else. Being a head nurse is not a desk job. You will not find the really wise and great leader running around wasting his energy doing a lot of little things that could be done by someone else. Instead, she will choose intelligent people to work with her. Then she will tell them what they are to do and if necessary instruct them in how to do it, and then she will leave them alone to do it. I have said before and I repeat "the good head nurse does not run around trying to do all the work of the ward." As quickly as she can train a capable person to do a piece of work she appoints him to do it and trusts him to do it. Then she is free to spend more time with the education of the workers and the helping of the workers with organization and carrying out of their particular piece of work.

One of the first things the good head nurse will do is to study the graduate nurses on her ward and choose the most capable one as her assistant. This nurse she will teach all the things she knows about managing the ward. There should be one person besides yourself who knows all about the running of the ward. Now there are head nurses who do not do this. In fact they try not to let anyone else know about running the ward. By doing this they keep more power for themselves because they know more than anyone else. But such a person is not a good head nurse. She is probably afraid that someone else will take her job from her.

The good head nurse will teach her assistant how to make out the Weekly Hours of Work sheet, the Assignment sheet, all of the requisitions, etc. She will be sure that this assistant knows all of the details. The test of whether or not she has done a good job of teaching is the way the ward is run when she is not there. The ward should run just as well without the Head Nurse as with her if the assistant is well trained. If the head nurse comes back after a few days of being ill and finds things all mixed up and many things done wrong she should not blame her assistant as much as she blames herself. It shows

that the assistant was either not carefully chosen or that she was poorly taught.

Now after you have delegated authority and taught the person how to do what she is supposed to do, then be sure to leave her alone to do it. Don't be looking over her shoulder and telling her how to make every move. Leave people alone to carry their own delegated responsibilities. If you do this they will develop self confidence and increased ability to carry responsibility.

The 5th principle states that a system characterized by order and method must be set up. Order and method are the answer to the problem of waste of time and energy. Most head nurses feel that they do not have enough nurses on their wards. Actually, if they systematized the work of their wards they would find that they not only had enough but might even have some to spare. If you save the time and energy of the people working on your ward it is like having extra help. We will discuss very briefly some of the things that the head nurse can do to save time and energy.

1. Make a clear division of duties to be done. This includes deciding what duties can be done most efficiently by one nurse and which duties all of thenurses should do. For instance you decide whether or not you are going to have a medicine nurse, a treatment nurse or a dressing nurse. Also your assignment sheet and lists for specific duties come under this heading. This also includes the head nurse seeing to it that each worker knows how to do his job most efficiently.

This teaching of the nurses, especially the students, to plan their work is most important. For instance:

a. Teaching the student it will save her time and energy to fix up all the patients in one ward at once. Maybe three patients can bathe themselves and two have to be bathed. She can get water for the three to bathe andwhile they bathe she can give a bath to the sickest of the other two. Then she can wash the backs of the other two. Then she can wash the backs of the three who bathed themselves and then bathe the other patient and then make up all the beds and if the floors are not cleaned by an orderly or maid she can then clean the floors and straighten up and ward so that all of these patients are left comfortable and happy for the morning.
b. Helping the student in giving medications to arrange all of the medications in the order in which she will walk around the ward so that she will not have to look for the medication on the tray.
c. Helping the treatment nurse to plan to do her bits of cleaning while she is waiting for hypos to boil, etc.
d. Showing the student the effort saved by passing out several basins and then taking a pitcher of hot water and filling them for baths instead of carrying each individual basin from the room where she gets the water to the patient's room.

2. All equipment should be arranged systematically in drawers and on shelves so that time and effort of hunting will be saved. Each drawer should have a label on it stating what is in that drawer. Then nothing else should be in that drawer.

3. See that all equipment is left in good condition for use. The head nurse must insist that each nurse clean up the equipment she uses and put it back where it belongs. Bandage should be washed and rolled carefully ready for application, not just wadded up and pushed into a drawer.

4. Have some system about having things taken to various departments. This includes requisition slips, reports, specimens, bottles, etc. A book

might be made with compartments for each department to which things must go. When there are requisitions to go to the x-ray, for instance, they can go into the compartment labeled "X-ray" and when anyone leaves the ward to go in that general direction she will look in the box and take all of the things that go to departments in that direction, including the x-ray slip.

5. Establish a system for pouring of medications so that there will not be errors in this important procedure. Even the arrangement of medicine cards on the tray should be systematized so that time and steps will be saved in passing.

6. Have things conveniently located and arranged. That is, things that are to be used together should be kept together on a shelf or in a room. For instance, when preparing to give an enema a nurse should not have to go to one room for the can, to another room for the tubing and to still another room for the soap. All of this takes much time.

7. Having all equipment in order for use. IF things are broken worn out they should be sent for repair and not be allowed to accumulate on the ward. (Example)

8. Having all the medicines in order and the labels visible and easy to read and eliminating all unnecessary bottles.

9. Having a regular plan for days certain patients are to be bathed, days for changing of linen, etc.

There are many other methods of systematizing procedures on your wards. It just takes a little observation and thinking. Don't forget those working on your ward can help with this organization. Also all head nurses and instructors should work together in establishing standards which will make all of the wards as much alike as possible. This is especially important where you have students who are moving constantly from one ward to another. There is much time wasted in orienting them to a new ward if things are not as much alike as possible. For instance the records should be as much alike as possible. The equipment should be cleaned and put away in the same way and even in approximately the same place on all the wards if possible.

This also applies to the standards taught in the classroom. You people who are instructors - it does no good to each students methods in the classroom if they cannot carry them out on the wards. For instance: You teach backcare in the classroom and you have little trays or baskets with bottles of alcohol and powder on them. Then the student goes to the ward and there is no basket, no alcohol and no powder. What is she to do. She must learn all over again how to give back care. The instructor must work closely hand in hand with the head nurse to help maintain this standardization. There is often, both here and in America a feeling of antagonism between the instructors and the head nurses. The head nurse feels that the instructor doesn't understand her problems and that she is snooping and criticising. This should not be so. The instructor should be very helpful to the supervisor and visa versa, because the supervisor can help the instructor know what there is to work with and also how much the students are remembering about what has been taught in the classroom. And the instructor can help set standards and see that the student is properly taught so that the supervisor will not have to spend so much time teaching things over, when the student arrives on the ward.

When changes are made in procedures all supervisors must be told because they have to see that the equipment is at hand and that the students do it dorrectly. There must be a close relationship between the supervisor and the instructor at all times.

The 6th principle is that you must help coordinate the activities of your

ward with the activities of the whole hospital. This also includes the activities of the school.

There are many departments in the hospital and they all have the function of serving the patient. It should be made very clear to each department that that is their purpose. If all departments are working to serve the aptient and help him regain and retain his health as quickly as possible, then all departments should work to help each other. The x-ray department shouldn't work against the drug department or the nursing department; the nursing department should not work against the kitchen department, etc.

But it isn't enough that the workers do not work against each other, they must work for each other. As head nurse you should know something about the pharmacy, the x-ray department, the diet kitchen. You should know what their problems are and should be eager and willing to adjust your work to make theirs easier whever possible. She should know that thepharmacy cannot function without bottles and see to it that her Medicine Nurse gets the bottles back to the pharmacy promptly. This is real cooperation. Each person in the hospital must try to make the work of each other person working in the hospital easier.

This helpful attitude is actually just carrying out the common courtesy of everyday living, but many of us forget it in the rush of getting things done. We must learn to think of the other person's problems as well as our own. Here we must think of the cooperation with the school also. Often one finds head nurses working aginst the instructors or visa versa. Now this is very foolish. Both the instructors and the head nurses are working toward the education of the students. They must work together. The head nurses must know what is being taught in the classroom so that they can have the students do the same way on the ward. They should keep their equipment up to the standards taught in the class. The instructors should go to the wards and help the head nurses in organizing their wards. Also they should keep the head nurses informed of any changes in procedure etc. The head nurses should make suggestions for improvements in the procedures so that they will fit the situation on the wards better and the instructors should accept these suggestions and use them.

The last principle of ward management is this: the head nurse must apply sound principles of personnel management. This is one of the most important principles of all because if all of those who work on a ward are happy and satisfied the work gets done easily and quickly, because each persons helps the other.

The head nurse must first get the right attitude toward her job. Some head nurse think that their job is just to dictate to those who work under them and tell everyone what to do. If she has this idea then she cannot be a good head nurse. The head nurse must see that all of the patients, nurses, doctors and other workers are happy and that each of the workers has the opportunity to develope to the fullest all phases of her personality.

We will discuss some of the things that the head nurse must do and be if she wishes to put into practice sound principles of personnel management.

1. Takes a personal interest in each worker and allows for individual differences. Miss Watanabe should not be just classified by the head nurse as "a student" or as "a graduate." She should be, in the mind of the head nurse, Toshiko Watanabe who is in her second year of training. She is very shy and lacks self confidence therefore she needs encouragement in assuming responsibility. She is the youngest one in her family and she has always been considered the baby, the family have all made her feel that she could not do anything. She has a sick mother at home about whom she worries a great deal. Now the head nurse may know many more things about Toshiko. These she learns by talking to

the individual and through conferences with the instructors who have additional information. Everyone should work together to help the students to develop their abilities.

If you are having trouble with a student and think her work is poor, go to the Director or Director of Nursing Education and see what you can find out about the girl. Then have an individual conference with her and see how you can help.

Your interest should not be only in the nurses and the students. You should also learn to know your maids and orderlies. For instance when you are head nurse ask yourself "How much do I know about my orderly? Is he married? How many children does he have? Is he interested in reading? What sort of things does he like to do when he isn't working? Are his family all in good health etc?" It is a strange thing but when we take a personal interest in someone we are almost sure to like them. (Probably many of you disliked Americans just as Americans before there were many in Japan. But now you probably know Americans whom you like very much because you have looked upon them as individuals with problems and interests just like your own. And I know many Americans who were sent over really disliked Japanese but as soon as they looked upon them as individuals and became acquainted with them they came to like them and to love them). Now as head nurse you won't dislike those working under you but you may have a feeling of indifference toward them unless you learn something about them.

This personal interest in other people is something that all nurses must cultivate. It is not just important for head nurses. This interest in people is the basis of Public Health Nursing. The nurse goes out into the patients home and finds out what his problems are and helps him solve them. The good administrator should have the same attitude toward her workers--one of interest and helpfulness.

We must remember that each individual is a product of all of the things that have happened to him. We react to things that happen to us today in a certain way because of the things that happened to us all of the years that went before. We know that each individual is part physical, part emotional and part spiritual. We know that as a child grows from birth to adult he receives many physical injuries. Some of these injuries are small and many of them leave permanent scars or even crippling. We recognize this physical injury and accept it but we forget that over than span of years the child also received many injuries to his emotional and spiritual self also. These we cannot see but they are just as real and just as crippling at times.

Let us take one example of how an emotional injury may occur and what the lasting crippling might be. Let us suppose that little Reiko Saito was the oldest child in a family of 5. But she was sick a great deal when she was a little child and her parents spoiled her even when she was not sick. As the other children came along they were made to give in to little Reiko all the time "because she is not strong." She was never allowed to play hard with the other children and when any task came up that little Reiko didn't want to do she found that if she just complained about not feeling well her parents would quickly make one of the other children do it.

Now, if Reiko came to the hospital as a student the instructors and head nurses would recognize the scars of this emotional injury in her behavior. Perhaps she would react something like this: She would not be interested in any sports or activities that involved physical energy, because she had not been allowed to do these thingsas a child. She would give the appearance of being lazy because should would try to hold back and let the other students

do things for her as she had done as a child. When emergencies arose or if examinations came up for which she had not properly prepared Reiko would frequently become ill, because this had freed her from the things she had not wanted to do as a child.

So studying Reiko we find that her behavior is not really her fault as as we think of "fault". That is she does not deliberately do these things. She does them from long habit. Her attitudes and reactions are just scars and crippling from emotional injuries when she was a child.

Now if an understanding head nurse or instructor talks to this girl and lets her tell about her childhood she could help Reiko see why she reacts in this unacceptable manner and can help her plan how she can change her attitudes. We ourselves seldome recognize our own emtional injuries and some understanding person can help us if they take the time and effort. That is one of the responsibilities of the conscientious head nurse.

2. Recognizes ability and meets it with increased responsibility. This is very important in helping people to grow. If you want someone to learn something you give her progressively more difficult tasks to do. So it should be on the ward. If a student or a graduate is able to carry responsibility the head nurse should see that she gets more and more to carry. This not only helps her to grow but also gives her a feeling of accomplishment.

3. Encourages initiative and resourcefulness. If a nurse or a maid has has an idea about how something should be done and it is a good idea, accept it and encourage her by giving her credit for the idea. Do not always answer a question by telling the nurse or maid what to do. Encourage them to be resourceful and think of how they might solve the problem themselves.

4. Keeps her word. This is extremely important - to keep faith with those with whom you work. If they can trust you then usually you will have no occasion to distrust them. If you promise anything to a patient, nurse or doctor, or any worker, keep that promise unless an emergency arises that makes it impossible. Then be sure the other person understands.

5. She is fair in her dealings with people. She does not have favorites among the workers who she lets do the the light work. She does not always give the good hours to a few people but passes them around equally. She delegates authority equally among those of equal standing, etc.

6. She is considerate of the feelings of others. She never humiliates any of her staff. She never ciriticises anyone in the presence of others. She is kind to patients and workers. Maintains high standards of efficiency so that work is easy for workers and patients get better care.

7. She is always open to suggestion and advise. Even if it is a student, or maid or orderly who makes a suggestion as to how his job might be made easier or more effective - listen to him and act on his suggestion if it is reasonable. It is the person who is actually doing the job who knows the steps and needs of that job.

8. She is always ready to help, especially where the student needs council. She cannot give this help without maintaining her own standards by review and study.

9. She does not look upon her job as police duty, or just one of discipline. A task done because the worker was afraid not to do it is not a task well done. The good head nurse is admired by her workers and is not an object of fear.

10. She stimulates those under her to do their best by good example.

11. Makes each one feel that her job is important. This is a very very important point in getting along well with people and keeping them happy.

If a person feels that what he is doing is not important to anyone he has no inspiration to do his job well. Nurses are apt to look down on the work done by the maid or the kitchen worker, for instance. If the maid feels that the nurse does not think that he work is important she will not like the nurse and she will not do her work well. No matter who the worker is, make occasions to talk to them about their work, compliment them on work well done and point out how important their work is to the happiness of the patient and the running of the whole ward. Just as a mother must let each child in the family feel his importance in the family group, so the head nurse must see that each of her workers feels his or her importance in the welfare of the patient and the work of the ward.

12. Appreciates good work and gives praise where praise is due. Each one of us knows from experience how much it means to us to get a little praise. We are all willing to work very hard and to make sacrifices if we feel that someone appreciates it. When someone gives us a word of praise it makes us happy inside and our energy seems renewed and we work harder than ever to please that person. Now this happens just as surely as one gets water when he puts together the proper proportionof hydrogen and oxygen in the laboratory. So we canuse this law of praise with the utmost faith that it will work. Praise had a great deal more power than blame or ciriticsm. If you learn to use it right you will prove this.

Of.course praise must be won. You should not praise people unless they have earned it. If praise is not earned then it has no power. Sometimes we see people who praise people all the time whether they do well or not. When this happens the praise that person gives does not make the person who received it feel happy and light-hearted because he knows that everyone gets it whether they do well or not. So see to it that you use praise with good judgement.

13. Gives encouragement when a person becomes discouraged. If you watch your workers you will become very sensitive to when they get discouraged. We all have days when we feel a little discouraged and low. The keen head nurse will recognize when a worker is having such a day and if she was planning to repirmand him about something that she had been doing she will wait until the next day rather than to scold her when she is already unhappy. Even small criticisms seem major blows on a day when we are discouraged. Instead of criticising, give the person a little extra praise on such a day. It will help her through the day.

14. When she must criticise someone she gives constructive criticism instead of just faul-finding. Fault-finding just tears down, it does not building anything. If we want to criticise someone we should have a suggestion of a better way to do the thing. If we can do this we are building. This is constructive criticism.

15. She is always a good example. If you wish to teach a student or other workers promptness you can teach her best by your own example. You cannot scold a student for not being prompt when you yourself come on duty an hour late in the morning. You cannot teach a nurse to be kind when you youself scold your nurses in public and are unkind to the maid. Example speaks much louder than words.

Now these principles of Ward Management are basic in the officient running of a ward. But these alone will not assure the patient adequate care. Since the giving of nursing service is one of the most important functions of the hospital the Head Nurse should concentrate on this in her onw thinking.

Perhaps the most important factor in insuring good nursing care is to awaken in the nurse a real disire to serve the patient. I don't know exactly how to explain it to you here in Japan. Many times nurses have asked what is meant by this "spirit of nursing" we talk about. I have seen it here as well as in America and I will try to make clear what I mean.

Forinstance, in America girls usually choose to go into nursing, not to make a lot of money, because they know that it is not money-making work not just to get an education because they know that an education may be gotten perhaps better in some other place. They choose nursing because they have a desire and a need in their hearts to take care of and to help those who are weaker than themselves and those who are sick. They want to prevent suffering and death and they see a place beside the phusician where they can help todo this. The student who really has this spirit of love and service does not go to class just to get a notebook full of notes and to get a 95% or 97% in an examination. She does not study just to get through the courses. She learns all she possibly can so that she will know better what is happening to her patient who lies sick in bed on the ward. She listens and studies so that she will know what she can do to help make him more comfortable, relieve his pain, hasten his recovery and help him to understand how he can prevent illness. Anyone can do a lot of routine procedures that they have memorized, but the real healing comforting power comes from doing these things with love and a true desire to help someone who is suffering.

There was a very wise man once who lived in Lebanon. His name was Kahlil Gibran. He said about work: "Work is love made visible." (That is, when we love someone, we want todo something for him. What do we do? We may give him gifts or we may perform little acts of thoughtfulness for him. This makes our love "visible.") This man said that all work, to be satisfying, should be done for love. Let us look at a mother's work. She works very hard from dawn to dark for her husband and her children; but it gives her great satisfaction because she loves them so much and everything she does she does with loving thoughts about them.

Aside from being a wife and mother there is no other work that a woman could do that would give her a greater opportunity to "work with love" than nursing. The patients' need is so great and the nurse with her love plus her knowledge can do so much to fill that need in her patients.

This man, Kahlil Gibran, went on to say: "And if you cannot work with love but only with distaste, it is better than you leave your work and sit at the gate of the temple and take alms of those who work for joy. For if you bake bread with indifference, you bake a bitter bread that feeds but half of man's hunger" That is to say, if you do things for your patients but are indifferent about it - just do it because it is assigned to you to do - that service that you give fills only half his needs. Because all of us need food

and shelter, but, more, than this we need the knowledge that someone cares what happens to us and is ready to help us when we need it.

We know that a patient's family does not have the knowledge necessary to give the patient the care he should have; in spite of this the patient usually prefers to have his family instead of the nurse care for him. Why? Because his family "works with love." They may not have the skill, but they fill his need for loving service. Now the nurse, if she "works with love" and serves each patient as though he were her brother, her sister or her dearest friend, can give a service far greater than that of any member of the family because she combines love and sympathy with knowledge and skill. Until you combin that love and sympathy with your knowledge and skill, however, you cannot hope to win for the nurses of Japan the respect and honor they deserve.

So the student must have in her heart the desire to serve and comfort the patient and then she comes to school to get the knowledge and skill to give really good care. Now what responsibility do you, the head nurse, have in this? It is your responsibility to see that this spirit of loving service is not orushed in the student when she is under your guidance. Instead, under your guidance, this spirit should grow and become greater. How can you do this? First and foremost you yourself must always work with love for the patients. Your good example is the very greatest power for good on your ward. Then you must remind the nurses, if you think they are forgetting, that the things they are doing they are doing for the comfort and healing of the patients and not just to complete a certain amount of work assigned to them. Teach them that when they approach Mr. Suzuki lying uncomfortable, perspiring and miserable in the bed that they should not think: "I must give Mr. Suzuki a bath because this is Tuesday and Tuesday is bath day for the patient in this bed." But rather the nurses thought should be: "Poor Mr. Suzuki is so miserable, how much better he will feel if I give him a nice bath. Perhaps he will be able to go to sleep afterward and get some much needed rest."

There are many instances when the head nurse can make a very pointed lesson about the proper attitude toward the patient. For-instance, very often a patient comes to be admitted to your ward at a very busy time of morning and I am afraid that he gets the impression from the nurses who receive him that he is a niusance and an imposter. That is a very easy impression to give a patient when we are busy; and it is one of the worst things that could happen as far as his getting well is concerned, because he will feel that he is being a bother and he will not relax and rest.

Suppose you went to someone's house to visit and instead of greeting you with a smile and a welcome they put you off in a room and left you alone and left you feeling that they didn't care whether you were there or not. Wouldn't you be unhappy and miserable? And you would be particularly miserable if for some reason you <u>had</u> to stay in that room as the patient does. The patient is not only sick but he has been told that he has to come to the hospital. He is frightened about what might happen to him and is worried about where the money will come from to pay the bill. So this miserable creature arrives and is sitting waiting for admission. A hurried nurse comes over from the ward and with her mind on a thousand other things and not even a smile on her lips says; "Are you the new patient? Come with me." How would you feel if you were the patient? How different it would be if when the nurse came down she had the name of the patient and she went up to him and said, "Good morning

WARD TEACHING

What are the objectives of the ward instrction program? I think they have been most pointedly outlined by Miss Anna Taylor in her book on Ward Teaching. She says that the objectives for the instructor (Who is the ward supervisor or head nurse) are as follows:

1. To assist the student to give more thoughtful and intelligent nursing care

2. To increase the interest in and ability of the student to give good nursing care through more specific applications of the things she learned in class to the patients themselves.

3. To insure adequate nursing care for the individual patient.

4. To develop student skill in technical procedures and good judgment in handling nursing situations.

The objectives for the students are:

1. To learn how to give sound, planned nursing care to the individual patient.

2. To learn to observe and interpret symptoms in common disease conditions

3. To master new nursing techniques and develop skillin their use.

4. To develop initiative, resourcefulness, and judgment in adapting nursing procedures based on principles in the care of the individual patient.

5. To appreciate the effects of social and economic factors on the health of the patients.

6. To recognize the need for instructing the patient regarding convalescent care and health principles, and to seek an opportunity to give such instruction.

No head nurse, without study and the desire to teach can teach effectively. Especially is this true of impromptu teaching which much of ward teaching is.

The first requisite is that the head nurse analyze what experience is available on her wards and to see that each student who comes to her ward gets every experience possible. No instructor from the school can follow the patients closely enough to carry out this ward teaching program.

Analysis of ward content

MEDICAL WARD

Spinal puncture

Pneumothorax
Assisting with special tests: Kidney function, Liver function, B.M.R., etc.
Giving of special medications
Thoracentesis
Abdominal paracentesis
Observation and reporting on patients with special medical diseases

SURGICAL WARD

Preoperative care
Immediate postoperative care
assisting with I.V., Hypodermoclysis, etc.
Making the postoperative patient comfortable
Assisting with dressings
Care of the patient in shock, hemorrhage.

PEDIATRICS

Formula making
Feeding the baby with the repaired hare lip or cleft palate
Preparation of food for children of various ages
Helping establish good health habits
Play for children of various ages
Rest hour
Giving medications to children

OBSTETRICS

Watching the patient in labor
Making labor patients comfortable
Giving perineal care
Care of the newborn
Assisting the mother to get the baby to nurse
Observation and reporting of lochia
Assisting in the delivery room
Giving a demonstration baby bath for the mothers going home
Post-partum emergencies

In this giving of experience to all the students the head nurse's daily assignment sheet will be most helpful. She can check back and see what each student has done and plan ahead. Here we must be careful not to sacrifice depth of experience for breadth of experience. The student should not have different patients each day but should have the same patient for at least a week so that she gets to know them and be able to plan nursing care for them. She has a chance to get used to the patient and his habits and to study his progress and plan for his comfort. Then she should move to another set of patients.

It is easy to assign one student treatments and let her do those all the time because then she learns how to do them and the supervisor doesn't

have to spend time with a new student. But this is not education of the students. Students must rotate through the various experiences.

Students must be taught to organize their work so that they get to class on time. The ward experience is just a part of the whole educational program for the student. The supervisor must be careful about the amount of work she assigns the student. She must not give her more to do than she can complete in the time she is on duty and then she must be taught to plan so that she will complete the work and get to classes on time. If one day she doesn't get through in time you must see that she goes anyway and let someone else finish her work. Next day you must help her plan her work so that she finishes. It might be a good idea to ask her to bring on duty next morning a list of the minutes and steps she wasted that morning and why they were wasted. This may be very enlightening to the supervisor. She may find out that some of the trouble is hers; That it is a matter of equipment shortage or poor arrangement of the ward.

You must also remember that you are an example for the student. Do you get through your work on time? Watch yourselves.

We will turn now to some of the specific methods of ward teaching that the supervisor can employ. They include such things as the Ward Conference, the Individual conference, the Ward Clinic, the Demonstration, etc.

The question always arises, "Which method of teaching shall I use?" This you will have to answer by deciding which method will teach the student most effectively and economically.

THE DEMONSTRATION

This method of teaching should be used for all new procedures which come up on the ward or for procedures that the students don't seem to understand very well. This might be perineal care on Obstetrics, assisting with a pneumothorax on T.B., assisting with an abdominal paracentesis in the Medical ward, making the postoperative patient comfortable in the Surgical ward or feeding of a patient with a repaired hare lip in Pediatrics.

Japanese students, I have found, learn more by observing and copying than by any other method. This fact gives the supervisor a great opportunity to use the demonstration method to advantage. Not only can the supervisor teach the student a technic by demonstration but she can also use it as a time to teach the student how to teach the patients by demonstration also. The things to remember when planning a demonstration are:

1. Get the patient's consent to use him in demonstration if you must have a patient.

2. Have all the equipment assembled and tested so that there is no failure in demonstration.

3. Practice the procedure before you demonstrate it if necessary. Do not attempt to do something you are not sure of every step or it will be confusing to the student.

4. Give it using a patient in your own ward if possible so that the students can make an application to the individual patient.

5. Never forget the patient for a moment. If the patient is acutely ill do as much talking as possible before you go into the room, or after the actual demonstration. Do not forget that your first interest is the comfort and well being of the patient.

6. Do not sacrifice the patient's comfort to the demonstration. Go slowly unless such slowness would cause the patient discomfort. For instance, if passing a stomach tube, do not stop with the tube half way down to give a little talk on howit should be done.

7. Always end the demonstration with a period of discussion. This gives the student a chance to ask questions that will clear up any of the points that she didn't understand.

8. The demonstration should beperfect; but if it is not, meet the emergency created by recognizing it and remedying it in the best possible way and thus showing the student - who may make the same mistake - the way out of the difficulty. (Tell of the demonstration of isolation technic when I forgot to take a piece of gauze or tissue to wipe the termometer.)

WARD CONFERENCE

There are two types of Conferences we will discuss, the Individual and the Group Conference. Whichever you use you must have a suitable place to hold it where there is no noise or confusion. A special room is best. If it is a Group conference there should be chairs for each student to sit down comfortably and there should really be a blackboard if possible.

Choose a time for conference when the patient demand is the lightest. It may be at 12:30 Noon or 3:00 in the afternoon, or any other time of day that your particular ward is the lightest.

Individual Conference:

This individual talk with one student or nurse may be used especially when you have noticed a continued error or wrong attitude on the part of the student and you wish to help her to better performance before she establishes too many bad habits. A conference should not be given when you are feeling upset about something the student has done or at a time when both of you are busy. You should think out very carefully exactly what you wish to accomplish in this conference before you callthe student in.

Do you want to help her in the organizing of her work? If so, have you observed her sufficiently to know some of the places where she wastes time?

Do you wish to help her in her approach to the patients? If so, do you have some really constructive things to tell her to do in order to do this? It is not enough just to tell her she is wrong. You must have some practical suggestions as to how she may improve.

Do you wish to help her to keep a unit tidy while she is working in it? If so, can you list the things you have observed that she did or didn't do while she worked?

Do you wish to help her overcome carelessness? Do you have at hand examples of her carelessness and suggestions as to how she may overcome it?

This individual conference should be in the form of a discussion and an analysis and not a lecture by the head nurse. Sometimes the student can best discover her own difficulties if led in her thinking by the head nurse. This is muchmore difficult than lecturing but it is far more valuable and will correct the student much more effectively than just saying to her that you don't like the way she does this and this and this and you want her to do them in another way in the future.

Do not close the conference until you are sure that the student understand her problem and has a determination to overcome it and the knowledge of how she may go about going it.

Sometimes the supervisor may learn through the individual conference that the problem is not on the part of the student but some neglect of the head nurse herself. She should be open to student suggestion.

Another less formal type of individual conference is that done at the time the head nurse checks on the students' work either by going around and seeing the patients alone or taking the student with her. This is the impromptu teaching that we mentioned earlier and its success depends on the head nurse's knowledge of the "why" of the disease and the "how" of good nursing care. If you do not remember these things that you were taught when you were a student and you are a head nurse, you should get out your old notes or get hold of some books on your special subject and study a little. You must know at least as much as the student or even with your longer experience you will not feel adequate.

Some head nurses work as dictators rather than democratic leaders. The democratic head nurse seeks to improve the abilities of her workers and to provide the opportunity for them to grow and to rise in their professions. They are loved and respected by their workers. If she demands, threatens, or dictates she makes people afraid of her and no one grows or learns to the fullest under fear. If she ridicules, she calls forth a defiant attitude which destroys her opportunity to teach. People do not learn from those they fear or hate. You can look back in your own experience, and I don't think any of us got through training without having some head nurse or nurses whom we feared or hated.

This is all leading up to your making rounds to see how the students are getting along in their care of the patients. You may go into a room and see Miss Watanabe, a second year student, just leaving, having completed giving her patient morning care. You note that the shade is high with the light glaring in the patient's eyes. He is squinting. The covers are right across his chest and pinned down by his arms resting on them outside the covers, so that his respirations are made more difficult. No pillows are put under the arms to relieve the weight of them on his chest. If you are a good supervisor you will not say this: "Miss Watanabe, come right back here. Just look at poor Mr. Ono! Is that the way you were taught to make a cardiac patient comfortable? If that is the best you can do you will never be a nurse. Now you just fix him up, and you can stay on duty overtime until you can do things right."

Instead you would wait until the student and you had both left the room and you would speak to her in the corridor if there is no danger of being overheard by the patients in a nearby room. The conversation would go something like this: "Miss Watanabe, what is the matter with Mr. Ono?" (Thus you check to see that she knows what is the matter with her patients.)

"He has heart trouble but they are not sure exactly what it is asyet."

"Did you notice his dyspnea?" (You check on her observation.)

"Yes, I did."

"What nursing procedures have you learned that will relieve this condition to some extent?"

"I learned to sit the patient up, so I raised Mr. Ono's bed."

"What other special support might you give?"

"Oh, I know, pillows under his arms to relieve the weight of them on his shoulders! And loosen the bedding across his chest! I had forgotten!"

"That is right, come, we will get extra pillows from the linen closet. There was one other thing I noticed about Mr. Ono. He seemed to be squinting and frowning quite a bit. Why do you suppose this was?"

"Did I leave the shade high?"

"Yes, I am afraid you did. Now Mr. Ono has a shade on his window; but what if he didn't, what could do about it?"

"I could turn the bed around so that his back was to the light."

"That is right. Now here are the pillows. Would you like me to go with you and help, or do you remember how to do it?"

"Oh I know I can do it now!"

"All right. You get him just as comfortable as possible and I will drop in later. It is nearly time for you to go off duty so as soon as you finish with that you run along. Have you everything else finished?"

"Yes, Miss Yamada, I have. Thank you."

The head nurse, if she had spoken in the first manner, would have frightened the student and made her feel inferior and therefore resentful, upset the patient and made him lose confidence in his nurse, and taught the student nothing.

The second manner of speaking gave the student a chance to do her own thinking. She did not reprimand her in front of the patient and therefore helped her retain her self respect. She offered her assistance but did not force it when the student felt she could do the procedure herself. The student would never forget this instruction.

Now do you understand what I mean by guiding? By democratic supervision and not dictatorship? Students do not respect supervisors who do maintain a high standard.

The Group Conference

Now a conference I want to remind you again is not a lecture. It is an "interchange of views, a discussion." Too many conferences become just lectures by the doctor or the student. A conference means talking together and everyone partaking must know something about the subject to be discussed.

In a ward conference the discussion should be limited as much as possible to the nursing care of a specific patient or specific patients on the ward at the time. Then, since all of the nurses are taking an active part in the care of the patient they will all be able to join in the discussion.

In group conferences, the student may learn things that she cannot learn in any book. There will be intimate things about the patient which make the patient an individual and not just a disease.

If less than an hour is to be spent in conference it might be well to plan for two half hour periods for discussion. It is not good to have to feel rushed in discussion. Many phases of the care may be considered:

1. Patient's immediate needs and comfort measures.
2. Nursing and personal problems presented by the patient
3. The health teaching necessary for the patient.
4. Necessary convalescent and discharge instructions.
5. Necessary health program for the family.

If you have conferences two times a week you may discuss one phase at one conference and another phase at the next. If it is only one conference a week, it may still be divided.

There are a few rules that you should remember in planning and leading a group conference. We will list some of them here:

1. The conference should be on a patient not on a disease. For instance, in posting the conferance, the supervisor would not post the subject "Pneumonia" but rather "Nursing Measures for the Comfort of Mrs. Yoshida who has Pneumonia."

2. The patient should be present on the ward at the time.

3. The discussion should be important to all those attending. That is if it is too elementary, the 3rd year students should not be included and if too advanced the 1st year students should not be included.

4. All students should review the patient's record before the meeting.

5. 5. Limit the topic to discuss a few points well rather than many points superficially.

6. Plan the conference to be within the grasp of those present. Do not use too difficult a case or a case where no definite diagnosis has been made just because the patient's condition looks interesting.

I have planned a ward conference about Mrs. Yoshida and we will not present it to you. (Or later as the plan seems best). This demonstration I felt would be better than trying to tell you how it should be done.

The Clinic

This may be conducted anywhere but at some time the patient must be brought in or the students must go to the patient's bedside. Be careful never to conduct a clinic at the expense of the patient's comfort or well being. For instance, we would not bring a group of nurses to the bedside of a cardiac patient who should not have excitement.

Also always ask the patient's permission and seek his cooperation. Most patients are quite happy to be considered important enough to be the subject of a conference. But here you must know your patient.

Be careful about the discussion or talking done at the patient's bed side. There may be things that you would want the nurses to know that the doctor does not want the patient to know. Such things should be discussed outside the room. For instance, if the patient's prognosis is poor it is not a thing that should be discussed in front of him. Above allwe must maintain our patient's hope and will to live.

After leaving the bedside, always go somewhere to summarize the principles presented and give the students time for questions.

To summarize our own discussion of teaching let me say again: The instructors efforts in the classroom are lost if there is not adequate teaching supervision. The instructor must work very closely, hand in hand, with the supervisor if the student's education is to be awhole and not a broken body of knowledge.

For instance, the supervisor must make it her business to learn how the students are taught and the instructors must follow the students onto the wards to help the supervisor check them. This does not mean that the supervisor cannot have her own ideas. If she has a good idea she should share it with the instructors so that it can be started on all the wards and taught in the classroom.

The instructor should be on the ward also to help the supervisor know what formal instruction the student has had. For instance, the student should not be asked to give medications until she has had or is having materia medica in the classroom. She should not be asked to take care of the orthopedic patient until she has studied it in class. All these things the supervisor must know in making out her assignment of patients in the mornings.

In brief then, the supervisor must:

1. Help the student correlate what she has learned in class with the care of the patient on the ward.

2. Conduct demonstrations, bedside clinics and conferences.

3. Explain newroutines and procedures.

4. Plan clinical experience of each student in the light of the classroom instruction she has had.

5. Confer with students on problems of care of the patients, methods of working and personal problems.

6. Help the students plan and organize their work.

7. Evaluate the students work.

8. Efficiency reports.