COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Sub-Committee

Minutes of Meeting of April 28, 1965

Present: Edna Fritz, Chairman, Edward Defoe, Frances Dunning, Frances Moncure, Marion Murphy, Betty Pederson, Dorothy Titt, Judith Furber, John Westerman

Absent: S. Gaylen Bradley, Hubert Serr

NEXT MEETING: FRIDAY MAY 14, 1965, 2:30 P.M., 118 Millard Hall

1. Miss Fritz outlined the over-all organisation of the various committees and the relationship to the nursing group. Information and developments in other groups will be shared with the nursing sub-committee. In nursing, we must consider what goals are desirable and what will be necessary to achieve them.

2. Miss Fritz pointed out that several related variable factors will affect our study, such as:

   a. The Osler Petersen study sponsored by the Hill Foundation to determine the regional needs for health personnel (primarily doctors and dentists).

   b. The Minnesota Nurses Association Ad Hoc Committee to study the needs for nurses in this state, and the number and kind of educational programs needed to meet this need.

   c. The Federal Nurses Training Act of 1964.

3. Several reference publications were passed around. The sub-committee members may find these useful as resource materials.

   a. "Higher Education Tomorrow - Challenges and Opportunities for the University of Minnesota," Faculty Conference, 1962.

   b. "A National Program to Conquer Heart Disease, Cancer and Stroke" (De Bakey report), President's Commission on Heart Disease, Cancer, and Stroke, Volume I, December, 1964.

   c. Senate Bill 595, 596, 597, from the 89th Congress

   d. "Facts About Nursing", A statistical summary, 1964 edition, American Nurses' Association.

e. "Toward Quality in Nursing - Needs and Goals", Report of Surgeon General's Consultant Group on Nursing, U.S. Department of Health, Education and Welfare, Public Health Service, February 1963.

f. "Professional Nursing in the Care of the Mentally Ill in Minnesota", Report submitted by the Nursing Sub-Committee, Minnesota Mental Health Planning Council.

g. "Medical Education and Physicians for the State of Minnesota", University of Minnesota College of Medical Sciences, 1965.

4. The group discussed how we could best proceed with the study. Some of the areas of consideration suggested are:

a. What diseases will we be treating in the next 20 years?

b. Will the pattern of care be more team-oriented?

c. What will be the role of disease-oriented institutes or system institutes on the educational programs and pattern of practice?

d. Does Nursing have a more stable element to focus on the needs of the patient?

e. What levels of nursing will prevail in the future? Will nursing become less concerned with the carrying out of delegated medical functions and emerge with an independent service to offer?

f. If the team approach will prevail, will this trend be reflected in the preparation of nurses?

g. In making projections, how do we allow for the changing roles? Perhaps the demand for nursing care will force a change in the patterns of rendering nursing care. What needs and purposes will nursing be serving in 20 years?

h. What is the implication of the mobility rate of our population (approximately 20% a year) on the distribution of health services?

i. How will society solve the problem of the disposition of the elderly, the terminally ill?

j. Will professional nursing be on the threshold of a new situation, that is, leaving the routine, historic nursing to technicians?

k. Will the nurse become more specialized as the physician has become? Or, will nursing become more specialized as a total service unit? What will be the nursing role in continuation education?

l. How will automation affect the role of the nurse? What is the role of this school in relation to over-all University growth and expansion?

5. The Sub-committee requested the opportunity to gather their own thoughts, consult with others about the role of nursing in the University complex, and discuss how best to proceed at the next meeting.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Sub-Committee

Minutes of Meeting - May 14, 1965

Present: Edna Fritz, Chairman; S. Gaylen Bradley, Frances Dunning, Frances Moncure, Marion Murphy, Betty Pederson, Hubert Serr, Dorothy Titt, Judith Furber, John Westerman
Guests: Robert Douglas, Richard Magraw

Absent: Edward Defoe

NEXT MEETING - WEDNESDAY, MAY 26, 1965, 2:30 P.M., 118 MILLARD

Mr. Lloyd F. Detwiller, Consultant-Administrator of the Health Sciences Centre, University of British Columbia, Vancouver, Canada, was the guest speaker.

Mr. Detwiller traced the background of planning for the University of British Columbia (hereafter referred to as UBC) Health Sciences Centre. In 1956 discussions about a new centre were started. In 1959 a start was made on the formal planning of the centre. By 1960 certain concepts began to emerge. Around 1962 these basic concepts were agreed upon by all parties concerned with the project. Throughout this period, visiting teams from UBC looked at every new medical center built in North America since 1946. A major point brought out by these visits was that no school or medical centre they saw had enough teaching space in the hospital area. Canada is moving toward the practice of educating all students in the health professions together, wherever possible. It was easy for the health professions to develop their individual teaching space needs, but more difficult to plan the manner in which space would be shared among the groups. The size of the hospital reflects the amount of teaching space included. Although the hospital is planned for but 410 beds (with future expansion to 820 beds), it now includes over 900,000 square feet. By some standards this is a shocking figure (some major teaching hospitals in the east have 900,000 square feet for 700-800 beds), but a very careful analysis was done on room usage. At present, there are 2264 rooms planned for the structure. On each of these rooms, a list of 23 items was filled out by the department head involved and Mr. Detwiller. Basically, these items included the teaching, research, and service functions of the room as used on a 24-hour basis, 7 days a week.

UBC had the advantage of starting from scratch, and thus had no deeply entrenched traditions to overcome. They also had a hospital donor who was an active supporter of automation devices.

QUESTION: What facts, trends, and values did your group identify as a backdrop against which you projected your present course of action?

As a result of his visits to other medical centers and interpretation of current trends, the Dean of the Medical School was convinced the Centre could not be built like those in the past. This idea forced the planning group to look to the future. The planning group foresaw an increase in ambulatory ser-

vices, an extension of rehabilitation services, an increase in the demand for social work, the need for motel-type accommodations, the need to provide for home care visits, and other developments that seem to be well understood by the people at Minnesota.

UBC was not concerned with providing a major service facility for the community. Another hospital in the area has assumed that role. The intent is to build the smallest possible number of beds that will be needed by each service to carry on its teaching program.

QUESTION: Won't the medical students then be confined in their learning to rather exotic diagnoses that they are not likely to see in private practice?

The centre plans a close affiliation with the 1800-bed Vancouver General Hospital. This affiliation should provide the breadth of experience in practice needed by the medical student. Initially, there will be 60 medical students per class. The students will spend part of their third and fourth year at Vancouver General. Special arrangements have been made with Vancouver General to set aside 400 beds for use in teaching the medical students.

Another feature of the program is to include General Practitioners in the UBC Out-Patient Department, since in Canada there seems to be a continuing, or even expanding, valuation placed on general practice as the means for rendering substantive portions of medical care. Preventive Medicine and Public Health will also be included in this pattern, which may emerge as a community health department. The use of GP's may afford the students the opportunity to see the general practice of medicine under ideal conditions.

Consultants work with the faculty on the total plan. The departments have modified the first plan over the years, but they expected to do this and work very well with the consultants. There is a faculty of Medicine, Dentistry, Nursing, Pharmacy, and a School of Rehabilitation (which includes programs in occupational therapy and physical therapy).

THE OUTLOOK

Within a few years Canada will have complete hospital and medical coverage for all of the population. As noted, there will be a trend toward more ambulatory care, although much of this may well take place in the doctor's office rather than the hospital OPD. UBC hedged against this possibility by building a somewhat conservative OPD but making plans to expand its size three times if necessary.

The Hospital is envisioned as being a center for patient care activities with supporting services such as Radiology, Laboratory, Laundry, Dietary, CSR, etc. being moved to the periphery of the building complex or provided by outside agencies under contract.

QUESTION: What will be the role of the nurse in the last part of the 20th Century?

It will be affected by the arrival of the computer. Information systems, certain post-recovery room and intensive care unit functions can be taken over by computer equipment. UBC plans the automatic delivery of supplies needed for Patients' care - the actual delivery of supplies to a "pass-through" cabinet in the patient's room, etc., - to free the time of the doctor and nurse to spend with the patient, as opposed to filling out requisition forms, fetching supplies, etc. The question now comes up as to whether the resultant undiluted "return to the bedside" will impose too great an emotional strain for the nurse.

UBC has kept minutes of the planning meetings. After previewing the 500 pages of planning minutes, Mr. Detwiller concluded that an institution reflects the society it serves. UBC plans have changed and will continue to change in the years ahead. The concept the changes revolve around are the statements of the role and objectives of the centre, as conceived by the faculty. Translated to building requirements, one is tempted to put up only the walls and stairwells on a permanent basis.

One example of a changing concept is the plan for lecture halls. Originally the group conceived of 5-6 halls of 150 capacity spread around the centre. In traveling around the country the faculty noticed the use of video tape instruction, and other electronic devices which led them to conclude their plans were already over five years behind the best thinking in this area. As a result, there will be 5-6 flexible lecture halls centered around a projection booth, with a capacity of 30-350 and the possibility of 6-12 separate rooms through the use of dividers. The UBC group suggests that the supply-demand forces of faculty/student numbers will necessarily lead to greater use of instruction by video tape at the undergraduate level, with perhaps the opportunity for greater personal contact with instructors reserved for students at the graduate level. There is now a system where a student may go to his cubicle and dial in to any part of a video lecture for a repeat look.

To some extent, any time one tries to build for the future there is a gamble. The chance of a mistake must be balanced against the near certainty of failure by repeating current practices.

Mr. Detwiller then reviewed the UBC building plans with the group. There are no more than 30 beds per patient unit and they are constructed on a single corridor/double corridor system.

The hospital was concerned about becoming isolated from the community. For this and other reasons, there is a Board of Management to which the Hospital Director reports. The Board of Management is made up of community representatives. The rest of the organization follows normal academic patterns.

In the event the projected hospital must be reduced in size because of monetary reasons, the areas on the perimeter would probably be sacrificed. The UBC group would not sacrifice the large number of faculty offices and teaching facilities within the hospital. On the other hand, they can add four floors, put on additional wings, and expand the fringe areas on their 80-acre site if expansion is subsequently needed.

QUESTION: What considerations have you given to the pattern of traffic flow?

The centre has worked on patterns of internal control and external control. They have contracted out for over 15 surveys of traffic, parking, power supply, waste disposal, communication, etc. The centre will integrate with University facilities.

QUESTION: In the effort to provide common courses for students in various of the disciplines, how are you dealing with the fact that preparation for some fields is at the graduate level and for others at the undergraduate level?

UBC tries to equate pre-requisites where possible. Sometimes it is only possible to integrate a handful of lectures for a diverse group. But a conscious attempt is made to identify what can be taught to the broadest possible group.

QUESTION: Where is the faculty of the school of nursing located?

There are about 10 offices in the school area. Clinical instructors also have offices in the hospital, along with offices provided for use by social service workers, nursing students, medical students, house staff, dietitians, unit managers, etc.

QUESTION: What does the nursing station become in this system?

The nursing station becomes a managerial/information area while the nursing area is now located in the patient's room. If nursing stations becom managerial/information centers (as in the Childrens' Hospital in Akron where 15 procedures are now programmed on a computer), then nursing must decide what its role will be in relationship to this development. Present career advancement in the nursing profession seems to necessitate switching from a patient care to an administrative role. Nurses are not now widely recognized nor rewarded for their skill in the practice of professional nursing.

Minnesota has tried to anticipate these means of freeing nurses to practice nursing by preparing the graduates of the revised baccalaureate program for the kind of nursing that is not paper or function-oriented, but focuses on the need of the people being served. However, the graduates often find it difficult to practice a patient-oriented kind of nursing in traditional institutional employment situations.

Medical instrumentation developments as well as computer applications will have to be coped with in the future. The IBM office in Rochester, Minnesota is now working with St. Mary's hospital on a patient monitoring unit that records 17 aspects of body function. Analog computers can produce information from sensory connections, but the problem is that the absorption rate of knowledge of the average physician may not enable him to utilise all this information. One could question the value of adding x additional pieces of knowledge about the patient when the existing data may be so comprehensive that the physician cannot integrate all of it as a basis for evaluating the patient's progress in response to theraphy.

QUESTION: Does UBC envision a pattern of nursing whereby the nurse will be able to provide continuity of care? (I.e. hospital nurses serving patients both in the institution and in the home if care is needed.)

The group is studying the institutional aspects of nursing service as compared to the outside agency service in order to explore more effective ways of carrying out the medical/nursing plan for the patient.

QUESTION: Why doesn't your plan make greater use of temporary walls, etc.?

Unless UBC can predict what they want in the way of future partitions, the original 20-25% higher purchase price for movable partitions does not seem warranted.

Visiting groups from UBC to other hospitals observed situations in which movable partitions had been installed 10 years before but it had not been necessary to move them during that time. Adjustments in space after such a length of time can be achieved at less cost by knocking down old and building new tile walls. Plaster dust from doing this may have an adverse effect on sensitive instruments, but this can be taken care of if the ventilation system is adequate.

QUESTION: Aren't the 30-bed patient care units expensive to operate?

Yes. However, the total cost of operation will be less because the increase in operating costs for that number of small units that are seen as necessary to accomplish teaching objectives is less than the cost of operating more total beds on any one unit than can effectively be utilized for teaching just to reduce the operating costs per bed. The hospital has both an operating and a teaching budget.

QUESTION: It has been our experience in teaching nursing that one faculty member can serve somewhat more students if the size of the patient care unit is larger than 30 so that suitable learning experiences are likely to be available for as many as 8 to 10 students at a time. This usually requires 40 or more patients to insure appropriate practice opportunities during any given clinical laboratory period. If extensive automation will free nurses from having to make frequent trips to central service rooms for supplies and equipment, couldn't the patient care units be larger without reducing their operating efficiency?

Yes, if the only concern was service. It is true that a limiting factor of size today is the administrative workload per bed. Automation presumably

would take care of this. Other considerations suggest it would not be wise to increase the units at UBC beyond 30 beds.

COMMENT: Just as automation will change the ways in which hospital services can be made available to patients, other developments may make it possible for one instructor to serve more students than is now the case. Closed circuit television and new communications systems may make it possible for a nurse instructor in a central place to provide direction to students practicing in different locations within a hospital. An example of this is to be found in the report of the experience at the Bronx Junior College where one instructor was able to monitor via closed circuit television as many as eight students carrying out nursing care activities for different patients and could

It is hard to predict the effect of automation on nursing service. The field needs 5-10 years of experience with the equipment before any solid conclusions can be reached. It is hoped that UBC'S venture will provide just such experience. The trend in nursing service indicates the heirarchy will become more complex and the level of competence among the personnel more varied.

QUESTION: Is the level of competence based on the experience of the nurse or the level of training?

Mr. Detwiller's approach to this question has been to ask what nursing isn't. A more direct approach by nurses themselves is to identify a goal of nursing or its unique service and then prepare people adequately for it. Among those adequatedly prepared, levels of competence would be differentiated based on performance. The average RN staff nurse at Minnesota stays approximately 12 months. The average LPN stays approximately 20 months. In the question of nursing tenure one should examine what attracts a girl into nursing and how these expectations compare with what she experiences in the field. At present she works mostly with things and does not have the opportunity to develop any commitment to her profession or establish a colleague relationship. Public Health nurses probably stay in the field longer, and it would be interesting to know if there is more satisfaction because of the opportunity to function independently and use a greater degree of judgment than an institution nurse.

It would appear from the above statements that resistence to change is not a major factor in considering the future of nursing.

QUESTION: Are you anticipating more ambulatory patients? How are you providing for them?

Yes, we do anticipate more ambulatory patients. We are providing for them by

building a motel-type unit, having a lounge on each floor, offering meals out of the room on each floor, etc.

Mr. Detwiller pointed out that the UBC Centre turned down a Children's Hospital which was offered as a gift, because the faculty did not believe it was the role of UBC to separately operate a specialized pediatric facility.

In considering what the nurse wants to do, the question was raised that if a nurse has 25-30% more time because of freedom from administrative duties, would this time be spent at the bedside (taking certain chores from the aides and housekeeping personnel) or would she become a scientific nurse? Part of the answer to this question depends on the direction medicine will take. The relationship between specialists in the future is an unanswered question. It may also develop that the nurse will be expected to develop certain skills after 4 years of training, much like the doctors develop skills after 8 years of training. It is possible to envision the abolition of the supervisor or that the head nurse will act in a tutorial capacity with less experienced nurses, but in the area of patient care skills.

Miss Fritz asked each member of the Nursing Subcommittee to write out their projection of appropriate roles, objectives, and programs for nursing and nursing education and be prepared to discuss these ideas at the next meeting that is scheduled for 2:30 P.M. Wednesday, May 26, 1965 in Millard Hall 118.

Respectfully submitted,

John H. Westerman
Executive Secretary

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Sub-Committee

Minutes of Meeting - May 26, 1965 (#3)

Attending: Edna Fritz, Chairman; S. Gaylen Bradley, Edward Defoe, Frances Dunning, Frances Moncure, Betty Pederson, Hubert Serr, Dorothy Titt, Judith Furber

Absent: Marion Murphy

NEXT MEETING - FRIDAY, JUNE 11, 1965, 3 P.M. 118 Millard

Miss fritz distributed reprints of articles to be used for reference: "Excerpts from Perspectives for Nursing", Statistics re Personnel in the Health Services,"report of a medical education study from the Chicago Tribune.

The committee had been charged to prepare thoughts and ideas of the Nursing Program goals and objectives. These were presented to the group and discussed briefly.

Frances Dunning suggested that she would approach the charge with a review of content of the nursing program to arrive at the physical facilities, teaching devices, and instruction requirements. Physical facilities should include classrooms to accommodate entire enrollment and faculty at one time to assure adequate space for teaching programs; classrooms of varying size for various functions, equipped with blackboards, movable furniture, designed with observation space; also, planning areas with tables to accommodate at least 8 people. Students should have lunch rooms, lounges, mailboxes, toilets, air conditioning. Faculty should have sound-proof offices, private phones, lounge, toilets, dressing rooms.

Teaching devices that would include: ways to record patient conversation to better facilitate more complete record-taking ...possibly by means of a pocket tape recorder carried by the nurse; automatic transcribers; means to reproduce materials on short notice; data processing equipment; closed-circuit television. Also, a clinical facility with enough patients to avoid patient fatigue but accommodate all students.

Teaching should be done by curriculum experts and the patient care done by care experts, specifying the need for a Masters and Baccalaureate degree respectively.

Frances Moncure suggested the need for a teaching and research unit to be used for instruction and research projects. A unit to be built with flexibility to facilitate changing studies and needs; also an additional emphasis should be put on seminar, project, and library rooms, with thought to a microfilm library and ample number of viewers; special graduate-level facilities should be planned.

Betty Pederson suggested that nursing services had a need for a research/experimental unit to test "who" might best give "what patient", "what care".

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Miss Fritz referred to the possibility of integrating nursing education with other disciplinces at varying levels to prepare each and all in a relating activity to maintain and expand standards of medical care.

The thought of a possible separation of technical and professional preparation in early training was also presented. The professional nurse being adequately trained in technical as well as more fully in the professional aspects.

The role of the School of Nursing at the University of Minnesota might become that of advisor to other institutes throughout the state who specialise in the more technical training while concentrating on the graduate level of education to keep pace with the expansion to meet the growing needs in nursing education and services.

Dorothy Titt advised thinking in terms of curricula study as associated with other areas of medical education; a review of delegated medical care responsibility. If computers take over some of the present duties of the nurse, this should release the nurse for more patient care and create a medical technician to take charge of a computer, not a nurse.

Dr. Bradley saw a need to define the "role of the nurse", define it in the hope of overcoming the confusion registered among the various disciplines. He suggested: abolishing the Practical Nurse and replacing or retraining her as a diploma nurse; striving for a four-year nursing program to include the technical training; recruiting students from secondary schools, starting as early as the sophomore year; using programmed instruction, video tapes; no combined training with other student groups; at least not before graduate level; machine monitoring of patients; abolishing nurses aides; it is not necessarily desirable for the nurse to follow the patient through the various stages of his care, e.g. acute to rehabilitation; nurses should not conduct research unless with other medical groups; teachers of nurses' teachers should be M.D.'s or Ph.D.'s or a combination, not nurses until a program can be established for Nursing Ph.D.'s; support can be obtained from state, endowment, and, eventually, federal funds, gradually reducing tuition and the financial burden of the School.

Questions raised for future consideration were:

Who should train the medical technician?

What is the responsibility of the School to the state and to the nation for meeting the increasing demands for undergraduate and graduate nurses?

The committee was asked to draw their thoughts together in outline form and each member to submit the outline to Miss Fritz by June 4 so that these reports can be considered at the next meeting on June 11, 3 P.M., 118 Millard.

Respectfully submitted,

Judith Furber

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Subcommittee

Minutes of Meeting - June 11, 1965

Attending: Edna Fritz, Chairman; S. Gaylen Bradley, Frances Dunning, Frances Moncure, Marion Murphy, Betty Pederson, Hubert Serr, Dorothy Titt, Judith Furber

Absent: Edward Defoe

NEXT MEETING - THURSDAY, JUNE 24, 1965, 9 A.M. 118 Millard Hall

Miss Fritz introduced and interpreted the letter to Subcommittee chairmen from Dr. Learn as it applies to the Nursing Subcommittee.

Three additional materials were presented as possible references: Trip Report by John Westerman; Health Science Center, The University of British Columbia; The Professional Schools, William T. McGlothin, The Library of Education, 1964.

Betty Pederson had also prepared a statement of her thoughts and assumptions as seen from the standpoint of a nursing service administrator with a high concern for what a patient experiences during illness. It was emphasized that the nurse must play a multiple role with her major place at the patient's bedside. The points were made that the professional nurse must be responsible for nursing outcomes for patients irrespective of the numbers or levels of different workers who participate in giving nursing care and that each such worker had better do well what she does if patients are to experience safe and satisfying nursing care.

In the discussion that followed it was recognized that the cost of providing all aspects of nursing care by professional nurses would be prohibitive even if sufficient persons could be recruited into suitable preparatory programs and the educational costs met for this. While the trend is toward increasing governmental financing of education for various of the health disciplines and for increasing health care services, some on the committee expressed greater concern than others about the extent to which expansion of this will be supportable through taxation in the future. Even assuming this to be so, it seems important in nursing, as in medicine, to assign selected tasks to people with less preparation and/or less motivation to shoulder major responsibilities for service outcomes than the "professionals". This not only serves to lessen costs for service but conserves the time of highly qualified personnel who are in short supply.

Dr. Serr restated his view that it will continue to be important to specifically train personnel for specialized functions in nursing as has been so in dentistry in order to release professional nurses for that which requires their broader knowledge and level of ability. He reiterated that all levels of participants in nursing should be seen as part of the nursing profession but that those within the field who are prepared for professional practice

should be accountable for the supervision of others and for the quality of the services rendered.

Marion Murphy cited a study made in a public health nursing agency of team work with aids as supporting personnel to nurses. The achievement of the aids was high especially where good leadership was provided by the nurses.

There was strong feeling that the nurse could be returned to the bedside in the future in response to patient's needs and the commitment and desire of the nurses themselves.

Prior to its next meeting, the committee was asked to review the assumptions and proposals made by its members for areas of agreement and conflict in an attempt to formulate a supportable statement of goals and objectives in keeping with the request in Dr. Learn's letter.

UNIVERSITY OF MINNESOTA
School of Nursing
COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

NURSING SUB-COMMITTEE

Minutes of Meeting June 24, 1965 (#5)

Present: Edna Fritz, Chairman, Frances Dunning, Frances Moncure, Marion Murphy, Betty Pederson, Herbert Serr, Dorothy Titt, John Westerman

Absent: Gaylen Bradley, Edward Defoe

NEXT MEETING FRIDAY, JULY 9, 1965, 3:30 p.m., 118 MILLARD HALL

1. Correction to the June 11, 1965 minutes. Dr. Marion Murphy distributed two documents at the last meeting that were not cited in the minutes. The first was a six page document entitled, "Graduate Preparation in Public Health Nursing in the School of Public Health." The second was a two page memorandum containing comments on the May 26 minutes and on a compilation of assumptions that were circulated at a later date. Edna Fritz expressed her appreciation for these thoughtful contributions and noted that the ideas were stimulative of much worthwhile discussion.

2. ANNOUNCEMENTS

George G. Reader, M.D., Professor of Medicine, Cornell University Medical College, forwarded a reprint to E. Fritz of "The Organization of Medical and Health Services", which is chapter three of a book entitled, Medical Education and Practice: Relationships and Responsibilities in a Changing Society, 1965, Association of American Medical Colleges. The book also appears as Part 2, Journal of Medical Education, Vol. 40, No. 1, January, 1965. Information in it may be useful to Subcommittee members. Dr. Edward Defoe, a member of the nursing sub-committee will present a paper at the hospital staff meeting on Friday, June 25, noon, Mayo Auditorium on the Role of a University Medical Center in Relationship to its Community Setting.

3. As decided at the last meeting Miss Fritz suggested that the group start their identification of areas of agreement and disagreement with stated "operating assumptions" with a review of the summary of assumptions that was compiled from papers submitted by six members of the sub-committee. The paper contains nine concepts with regard to "Nursing and/or roles of nurses and other health workers." There are 10 items under the heading, "Educational patterns, needs, resources, and support." Under "Research in Nursing and Preparation for It" there are five items. Miss Murphy and Miss Pederson also submitted contributions to be considered in conjunction with this discussion.

CONCEPTS WITH REGARD TO NURSING AND/OR ROLES OF NURSES AND OTHER HEALTH WORKERS

1. "Adequate health care requires the interaction and cooperative efforts of many persons: a) the patient, b) his family and friends, the community as a whole, and c) members of the health care groups...."

The committee then discussed the proposed second paragraph of this first statement in which it was stated, "The physician is the responsible figure, both medically and legally...." At this point it was brought out that this might be dependent upon whether health care is here defined as synonomous with medical care, or as embracing more than medical care. Physicians are legally and otherwise, responsible for medical functions and outcomes, but each professional member of the health care group is legally and other wise responsible for his own acts in rendering service. Services are provided more and more through the community and there is more emphasis on out-of-hospital services. The role of health care should be looked at on a community basis, not always on an institutional basis. It was suggested that the trouble with the above statement is that the physician may not provide direction for all aspects of health care services in other than the traditional institutional pattern, particularly when there are other highly

skilled personnel who can provide leadership on a community basis and when the service required is not medical care per se. A substitute sentance was suggested. "The provision of health care services in given instances may require leadership by any one of the professional groups involved in care and such leadership may change from time to time depending upon a clear delineation of goals. What is needed is a leadership to facilitate collaboration in the best interest of those to be served." The group then decided to bring up assumption #5.

2. "The practice of professional nursing continues to be that of direct services to patients."

Related to this, attention was turned to Miss Murphy's comment in her memorandum on the May 26 minutes. Miss Murphy states,

> "I believe there is evidence accumulating (if one looks for it) that within the last 10 years or so more and more of our best educated nurses have taken the stand that the unique contribution of nursing lies in patient care - with its underlying implications of a contribution to cure. However, to increasingly identify and give priority to the role of the (professional) nurse as a giver of care does not deny the importance of what some call 'delegated medical authority'. It does imply, however, that nursing must continue to find ways to secure additional help and to delegate to lesser trained personnel many of the managerial routine duties which leave too little time to be with patients."

The group then discussed the implications of direct vs. indirect service and what was the important role of the professional nurse in this regard. The question was raised about whether we should consider the different functions of the different levels of nursing service. This would mean that the total nursing role would have quite a vertical grouping. One answer to the question was that we should first concentrate on the overall role of nursing and later define the pieces of delegation or task assignment. The role depends primarily on the patient needs, not on the basis of functional tasks.

A comment was then made that the reason nursing wants to delegate some of its total function is to get back to bedside nursing.

One problem is that the professional nurse must know quite a lot about the types of preparation etc. of nursing personnel to whom she may be delegating certain functions. This means we must delineate nursing as a profession, a practice, and then consider how this school can best contribute to it. For instance, the role of nursing may include the management of associate degree nurses. This does not mean we have to conduct such a program within the University setting, but it does mean we may want to consider training the faculty for associate degree programs. If the professional nurse is ultimately responsible for the quality of the outcomes of delegation, the mechanism for achieving this becomes important in the role definition.

What is professional practice? Is it only direct service or does it encompass indirect service? The group thought it would encompass indirect service, but what we mean by indirection is thoughtful work in making a decision. Today the practice of a charge nurse saying, you take Patient A, you take Patient B. etc. is neither the professional practice of nursing or the thoughtful delegation of responsibility. Very few nurses practice what they would consider professional nursing today. Is there a difference between professional practice and professional care? Does professional practice encompass more than professional care? Can this include direct and indirect services to people? Discussion of the scope of a professional practitioner's responsibilities as going beyond the direct rendering of care led to consideration of assumption #9.

3. "Some levels of nursing should take on those functions which medicine may decide nurses should assume in relieving physicians and/or extending their service. The total needs could be provided by one or more of the professional and technical components (within nursing) in accordance with their qualifications and abilities. The entire group should make up the Nursing Profession. It should have the responsibility for the education, training, coordination and control of all the

groups whether they be professional nurses, technical nurses, specialists, technicians, nurses aids, practical nurses, or whatever. This should provide the most efficient and effective health service for the patient."

Miss Fritz read the following paragraph from page 48 of the reprint forwarded by Dr. Reader. Apropos of discussion of problems of supply of personnel and costs of care that make it necessary to utilize personnel other than professional nurses in providing some element of nursing care,

> In the community at large, furthermore, patient care now embodies a network of services that binds together patients, a variety of health workers, and a multitude of community agencies, only one of which is the hospital, into a social system. A number of schemes of payment support this system and modify it. Most people, including many health workers, still think in terms of all services being offered on a face-to face basis by individual entrepreneurs; indeed the bulk of patient care today is still delivered in most parts of the country through single transactions between a solo practitioner and his client -- the physician and his patient. With specialization, however, a number of new health workers have appeared. One physician is no longer enough for optimal care; many different kinds of physicians are needed, as are specialized nurses, social workers, and therapists of all kinds. Organization of these various workers into social institutions rendering health care is gradually becoming a fact of life; nevertheless, the public, the medical societies, and most solo practitioners continue to deny this development and fail to recognize the powerful effects of these changes. The newer types of health workers, e.g., physiotherapists and vocational counselors, and even some of the older ones, e.g., nurses and social workers, generally accept the concept of organization in health services, but are themselves constantly striving to find a better place in it, trying to improve their status, and even in some instances hoping to become "professional" solo practitioners in their own right. In so doing, they come full circle to the anachronistically simple practice of patient care as a series of single face-to-face transactions.

A comment was made that perhaps we're holding on to a nursing-patient value system that is beyond our means and the issue is how to reconcile or live with less than an ideal approach to meeting patient needs for nursing services. The group agreed that professional nursing care should be under the control of professional people. The professional nurse may well become a planner for the team,

an assessor of patient needs, and evaluator of nursing outcomes; providing direct and/or complete nursing care herself only when the needs of a given patient dictate. An example of the implication of this is that this school may have the role of preparing professional practitioners only but of preparing teachers for both professional and technical programs within the field.

Miss Fritz asked Miss Moncure to review the papers that have been submitted along with today's minutes and draft a statement for further study that would attempt to define what the group identifies to be encompassed within the occupation of nursing and the role of professional nursing within it.

The next meeting will be on July 9 at 3:30 p.m. in Millard Hall 118.

SofN:6/29/65:100

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

A N N O U N C E M E N T

The next meeting of the Learn Committee will be held at 3:30 p.m. on Monday, July 12, 1965 in room 510 Diehl Hall.

At the last meeting, it was suggested that one of the sub-committees be asked to present a preliminary report or outline of roles, objectives, and programs in accord with Dr. Learn's letter to the sub-committee chairmen. None of the sub-committees were ready to make this report, but a group within the Clinical Medicine and Hospital sub-committee has already prepared such a statement. A representative from the out-patient clinic directors group will present a statement of clinic roles, objectives, and programs at the July 12th meeting.

June 23, 1965

John H. Westerman
Executive Secretary

The following material was prepared according to the format suggested by Dr. Learn's letter of June 7, 1965

I. Role of the Public Health Nursing Unit in the School of Public Health (tentatively 1975-80)

The following statements describe the central purpose (or mission) of this Unit.

1. To continue to provide opportunity for non-nursing students in the School of Public Health to become acquainted with the goals and functions of public health nursing. (This is in line with the School's policy of affording the members of the health team the opportunity to understand each others role while in training).

2. To provide opportunity for selected professional nurses to prepare themselves at the masters level for leadership positions in public health nursing or, since terminology is changing, for nursing in community settings outside of hospitals. Such settings would include public health agencies, out-patient departments, other community clinics, schools, and occupational health facilities.

3. To further research in the area of community nursing; to continue with orientation to research at the masters level and to explore opportunities for post-masters and doctoral preparation.

4. To continue to render service in the area of nursing and public health nursing outside the University to the extent that it does not seriously interfere with teaching or research.

II. Goals or objectives - specific accomplishments required to fulfill the assigned role. The following goals are stated in terms of the expected outcomes for students.

Non-nursing students in the School of Public Health

1. All non-nursing students who complete masters or higher preparation with public health as a major should have understanding of the goals and functions of public health nursing (or nursing in the community outside hospitals).

Masters students in public health nursing.

1. The masters graduate in public health nursing should have: (a) clinical expertness, i.e., be a clinical "specialist" who is equipped to make a high level contribution to the care of well and sick people in the community outside of hospitals. (b) ability to work collaboratively with other nurses with masters preparation giving and seeking nursing consultation. (c) ability to work collaboratively with a multidiscipline team (physician, social worker, other)

Prepared by Marion Murphy, June 21, 1965

giving and seeking consultation in behalf of her nursing service to well and sick people. (d) ability to participate in research activities; (for some) interest in securing further preparation at the post-masters level.

2. The extent to which a masters program in nursing can also include functional preparation (how to supervise, how to teach) is undergoing scrutiny. Provision for some foundations in these areas, while admittedly of crucial importance in 1965, may be regarded as post-masters in coming years.

III. Program - procedures used to meet the objectives which will fulfill the expected role.

Non-nursing students in the School of Public Health.

1. All non-nursing students enrolled for a professional degree in public health should have the benefits of multidisciplinary student contact, which includes nurses, during their programs of study. This may be accomplished through formal and informal means throughout the curriculum.

2. The curriculum for all students enrolled for a professional degree in public health should include organized instruction concerned with the goals and functions of public health nursing.

Masters students in public health nursing

1. Preparation for leadership positions in public health nursing at the masters level would focus mainly on the achievement of further clinical nursing skill through opportunities for a variety of experiences with patients and families in community settings under faculty guidance. The objective of clinical expertness, or the clinical "specialist" can be achieved only through prolonged intensive carefully guided work with patients and families in the community milieu - a milieu which also is affected by (a) the presence or absence of other professional practitioners (b) the home and community environment.

2. Achievement of certain aspects of clinical depth for the masters students in public health nursing would necessitate close contact with School of Nursing faculty at some points. The nurse in the community setting outside the hospital is confronted with many types of sick and well people and needs to draw upon the clinical expertness of other nurses in coping with certain problems.

3. Collaborative relationships should be developed with the School of Nursing whereby masters students with primary interest in other clinical areas (medical-surgical, psychiatric) could share appropriate faculty and teaching resources in the School of Public Health. Similarly, students whose primary goal was the area of public health nursing (as illustrated above in #2) could share the resources of the School of Nursing.

4. Opportunities should be provided for selected students to secure functional preparation (for supervision, administration, teaching, consultation) in public health or community nursing either as the terminal phase of a two-year masters program or on a post-masters basis. Certain commonalities in such preparation should be offered jointly with the School of Nursing in order to avoid duplication of effort.

5. Opportunities should be provided for selected students in public health nursing to pursue post-masters preparation in research either through collaboration with research programs elsewhere in the University or within the School of Public Health.

6. Ways and means could be explored for developing a program leading to a Ph.D. degree in a fashion similar to those developed by other units within the School of Public Health (Biostatistics, Environmental Health, Epidemiology, Hospital Administration, Physiological Hygiene). Or, another alternative might be for the School of Public Health to develop a Ph.D. program in Public Health which could include concentration in one of several areas such as public health nursing. Exploration also could consider pros and cons of a public health nurse doing doctoral study in a field such as Epidemiology or Biostatistics.

Public Health Nursing Unit

School of Public Health

Programs	Fall Enrollment 1954-55	Fall Enrollment 1964-65
Masters level		
New students	18	28
Fifth quarter students in 2nd year	3	12
Total masters	21	40
Undergraduate		
Supplementary (post-bacc.)	4	22
Specialized (major in public health nursing)	73	1
Total undergraduate	77	23

Graduations		
Masters	6	20 (1963-64)
Undergraduate*	33	32 (1963-64)

Faculty		
Full-time	4	8**
Part-time	1	1

*Program terminated in August 1964
**Plus two vacancies. These positions have been filled for the fall of 1965 making a total of 10 full-time and one part-time.

UNIVERSITY OF MINNESOTA
School of Nursing

NURSING SUB-COMMITTEE OF THE COMMITTEE TO STUDY
PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

MINUTES OF MEETING JULY 9, 1965 (#6)

Present: Edna Fritz, Chairman; Edward Defoe, Frances Dunning, Frances Moncure, Betty Pederson, Hubert Serr, Dorothy Titt, Judith Furber, John Westerman

Absent: S. Gaylen Bradley, Marion Murphy

NEXT MEETING FRIDAY, JULY 30, 1965, 3:30 p.m., Millard Hall 118

1. Miss Fritz noted that she had circulated some statistics from the publication of the State Health Department. She also announced that the second portion of the Cost of Nursing Education Study has been published. Among the findings of the study was the fact that the cost of a bachelor of nursing education is two times the total of tuition and fees collected. The two years in nursing school were more expensive than the two years in liberal arts. The study pointed out issues for the public to face in the financing of baccalaureate nursing education.

2. The rest of the meeting was concerned with a discussion of the material presented by Miss Moncure. Content of material previously presented and discussed was organized into four categories:

   A. Statements, from minutes of meetings, which describe conclusions of the group after considerable discussion.

   B. Statements, from minutes of meetings and lists of assumptions, the details of which imply agreement or compatibility with each other and with statements in A.

   C. Statements, from minutes of meetings and lists of assumptions, with which I know at least one person disagrees.

   D. Statements, from minutes of meetings and lists of assumptions, which have not been clarified enough to imply agreement or disagreement.

Miss Moncure noted that parts of the Public Health Report are not included. Since the assumptions compiled by Miss Murphy have not yet been discussed thoroughly, we could consider these assumptions as part of Section D. (These assumptions have been distributed to Sub-Committee members previously). The statements were considered by categories.

A. STATEMENTS WHICH DESCRIBE GROUP CONCLUSIONS

There was no disagreement with any of the following four statements:

1. Concepts regarding nursing and/or roles of nurses and other health workers.

   a. Adequate health care requires the interaction and cooperative efforts of many persons: (1) the patient; (2) his family and friends, the community as a whole, and (3) members of the health care group. Each professional member of the health care group is legally and otherwise responsible for his own acts in rendering service. The provision of health care services in given instances may require leadership by any one of the professional groups involved in care, and such leadership may change from time to time depending upon a clear delineation of goals. What is needed is a leadership to facilitate collaboration in the best interest of those to be served.

   b. We should first concentrate on the over-all role of nursing based on patient needs, and later define the pieces of delegation or task assignment rather than considering different functions of different levels of nursing practice. The need to differentiate between technical and professional practice in nursing will increase (compatible with statements on which there is agreement).

   c. We must delineate nursing as a profession and a practice and then consider how this school can best contribute to it -- (e.g., although the education for nursing at non-professional levels may not be carried out here, the preparation of instructors of such students may be).

   d. Professional nursing practice encompasses both direct and indirect service to patients. The professional nurse ideally provides complete nursing care, beginning with assessment and ending with evaluation, which would constitute a direct service to the patient. She may at times have to delegate certain aspects of a patient's care to an assistant. Her decision that the patient is to receive that particular care, based on her own careful assessment, makes the giving of it her indirect service.

2. In the second category: <u>The following assumptions imply agreement or compatibility with each other.</u> (The group concentrated on "P.2 #3").

P.2 #3 At present nursing is attempting to circumscribe its primary role around a goal in order to provide a service to patients that they have not been receiving. For the time being, the goal of nursing is being labelled "comfort." This means a perceived feeling of optimum satisfaction and well-being under circumstances associated with illness (discomforts of the illness itself, discomforts from the treatment, or alterations in one's daily activities).

Miss Moncure feels the nurse must accept the responsibility of caring for the comfort of the patient during his illness. Dr. Defoe questioned whether the nurse's role should not include administering to the patient and educating him for future self-care. Miss Moncure maintained that patient education would be a secondary task and not part of the "nursing" responsibility.

The question of preventive medicine as it relates to the role of the nurse was brought up. Because the doctor's contact with patient is generally

limited to the sick patient, might the nurse assume some of the responsibility of preventive medicine education? Miss Moncure, as a nursing representative, said such activity would be the carrying out of orders by a doctor, not those established by the nurse.

Once a distinctive responsibility can be established for the beginning nurse then perhaps when she has attained competency in that initial role new areas might be recognized by the nurse for better care and contribution to the community, such as a greater responsibility for preventive medicine.

The nurse's unique role is the provision of well-being and comfort of the patient. This is her area of decision making -- deciding how to meet the comfort needs of the patient.

The group decided it needed a redefining of the nurse's primary role, but most important her SECONDARY roles must be defined in order to protect her PRIMARY role. As a profession, nursing needs a unique goal for which it accepts full responsibility. Historically, nursing has assumed the delegated tasks of the doctor.

A restatement of P.2 #3 was suggested to read, ... "a perceived feeling of optimum satisfaction and well-being under circumstances associated with <u>health care</u> .....," so as not to infer all patients are <u>sick</u>, e.g., the pregnant woman.

Betty Pederson felt it was of major importance to plan patient care by assessment. Where some patient needs might cause discomfort, the end result would be greater well-being.

Dr. Defoe emphasized the projected change of the doctor's role as assuming greater medical supervision of the community in future, suggesting that the nurse's role will no doubt change with this concept.

Miss Fritz agreed that the professional group's delineation of its goal must meet the needs of the public it serves. It cannot be narrow or too restrictive or it will not be salable to that public it wishes to serve. It must be a contributing role in concert with other disciplines.

Dr. Serr suggested starting with a definition of the areas where nursing was discontent to help find its goals as it sees itself best serving the public. As areas are found that the profession feels could be better carried out by others, recommendations could be made to other groups which would relieve the nurse for her primary responsibilities.

The group decided that the assumptions to date were not sufficient to make up a statement. Miss Fritz asked Miss Moncure to write a statement she felt might better state the meaning the group was trying to present using the previous assumptions, the discussions at the meeting, and help from any of the committee members. Dr. Defoe offered to write out his views as physician sees the goals of the nurse with the inclusion of her role in the developing preventive medicine health team.

The committee complimented Miss Moncure on the job she had done to collect and coordinate the work of the group thus far, and offered any help they could give as she tackled the restatement.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Subcommittee

Minutes of Meeting October 1, 1965 (#7)

Present: Edna Fritz, chairman; Frances Moncure, Marion Murphy, Betty Pederson, Hubert Serr, Dorothy Titt, Kathryn Ritzen

Absent: Gaylen Bradley, Edward Defoe, Frances Dunning

NEXT MEETING AT THE CALL OF THE CHAIRMAN

The Committee began by reading the latest draft of the Nursing Subcommittee report which will be delivered at the Learn Committee Meeting on October 11, at 3:00 P.M. in 510 Diehl Hall. Members of the Subcommittee were reminded that they are invited to the nursing presentation which will be made from 3:45-4:30 P.M.

The question of whether the lengthy Introduction in the draft should be included in the final report to the Learn Committee was discussed extensively. The Committee believed the descriptive information contained in the Introduction to be vital in giving the Learn Committee a frame of reference with which to evaluate the entire report. Miss Fritz then read to the Committee the information prepared on graduate programs.

QUESTION: How does the Committee feel about the draft? Are you in accord with it? Are there any omissions? The percentages under Minnesota figures and projections in the tables on page three of the report need to be checked. It appears that the number of Master's Degrees will increase by 200%, not 75%, the number of R.N. Baccalaureate Degree's by 100%, and the Basic Baccalaureate's by 100%.

Marion Murphy said she could strengthen the appended section on Public Health to be more in line with the Master's program.

QUESTION: Does the Service Role paragraph on page five do justice to the actual service of nurses? Indirectly, the School of Nursing upgrades nursing practice through the students it trains in conjunction with cooperating hospitals and through providing leadership personnel in the field of nursing.

QUESTION: Should we include a statement that the School of Nursing faculty serve as a model in instructing students in patient care? In nursing, as educators, we haven't impressed our stamp of excellence on medical centers. That's even true here, perhaps. Is nursing in the University of Minnesota Medical Center any better for the presence of the Schools than nursing in some St. Paul hospital, for example?

It was mentioned that nursing differs from medicine in this regard because the School of Nursing faculty is not in charge of nursing care in the University Medical Center in the same way as the medical faculty is, in relation to the model of medical care provided through medical students, residents, and staff. Perhaps the impact of our nursing school as a model could be greater, but it seems of necessity to be indirect. The same situation holds true in Public Health nursing, where responsibility for the patient is divided.

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Perhaps a revision of this passage should be included under the Teaching Role. How does the faculty persist in excellence without opportunity to persist in its practice competency? Some say that nursing should go the path of medicine, i.e., the faculty should both teach and be responsible for service. The present situation is not this arrangement in many settings, because the nature and scope of the functions that must be encompassed by an organized nursing service makes it difficult for nursing service personnel to also assume responsibility for the conduct of formal educational programs. It's conceivable that the nursing faculty could be responsible for service within a given unit in the University Hospitals as an experiment. In any case, the statement should be revised to show the Nursing School's awareness of the need for model service.

Some of the committee expressed concern about the separation of the baccalaureate students into two groups in projecting growth figures at Minnesota in the tables on page three, and the use of the term "preservice" to define those students with no prior preparation in the field of nursing. "Preservice" is actually synonymous with the Basic Baccalaureate program, whereas "R.N. Baccalaureate" refers to those who have received prior diplomas or associate degrees in nursing from hospital programs or junior colleges, and are now enrolled at the University for baccalaureate study. However, in regard to the report that will be made to the Learn Committee, it was decided to delete the word "preservice", because of the general lack of clarity as to its meaning.

There was some discussion of the future of the R.N. Baccalaureate program.

QUESTION: Do we want to take in more R.N.'s than basic students in the baccalaureate program?

So long as able graduates of diploma or associate degree nursing programs want to engage in baccalaureate study of nursing, we have a special obligation to them since we are the only school accepting them. Certainly we must increase the members who are prepared at the baccalaureate level in order that we can recruit more qualified students into graduate programs. At the same time, we need to interpret the purposes of nursing programs of different types in the hope that young people for whom they are suitable will go directly into baccalaureate program rather than first completing diploma or associate degree programs and then seeking admission for baccalaureate study.

Some of the committee felt that the R.N. students should be referred to as graduates of diploma programs and that this should be clarified on page eight under section two. Those with associate degrees will be included in this category. It was agreed that section two on page eight would be revised to be perfectly clear to the average layman.

Next, the graduate program was discussed. The graduate committee is still working to clarify their values and priorities, and they are looking hard at the realities of present demands in the field of nursing. There is great pressure to prepare more teachers and supervisors and for a considerable period masters level preparation will probably be "terminal" for many of them. However, the need is also great for nurses prepared beyond the masters level, especially to forward research in nursing. The present M.Ed. program prepares for teaching but does not permit inclusion of sufficient nursing content. Possibly the Plan B requirements of masters programs through the Graduate School can serve the needs of a majority of students in the years immediately ahead, while those with an interest in and potential for research and doctoral study might be served under Plan A requirements. In a sense, these two plans might be viewed as providing "terminal" and "transitional" masters programs.

In reference to growth needs mentioned, it should be made clear that the need cited for public health nursing faculty members in the School is immediate and that the number needed may later increase. The plan for more faculty in general needs to be strengthened as well.

It was agreed that the draft of the report and the addendum to it on Public Health Nursing would be revised in keeping with the criticisms and suggestions made at this meeting.

Is it realistic to continually make reference to the "team" approach and still separate Public Health nursing from the others?

- note p. 11 – reference to research needed in hospital. Has this been taken into account by hospital task force? What about outpatient clinic?

- interpret appendix to say – nursing [illegible] is for hospital, – P.H. nursing is for all else. Is this consistent with trends in med. school?

File.

October 11, 1965

TO: Members of the Committee for the Study of Physical Facilities for the Health Sciences

Enclosed is a preliminary report of the Nursing Subcommittee, prepared in the format suggested in Dr. Learn's memorandum for June, 1965, and including introductory material designed to provide a framework within which to assess the roles, objectives, and programs that are described.

Members of the Nursing Subcommittee are:

Edna L. Fritz, Professor and Director, School of Nursing

S. Gaylen Bradley, Professor of Microbiology

Edward C. Defoe, Jr., Assistant Professor of Pediatrics;
Director, Pediatrics Clinic;
Assistant Director, Comprehensive Care Clinic

Frances E. Dunning, Assistant Professor, School of Nursing

Frances D. Moncure, Assistant Professor, School of Nursing

Marion I. Murphy, Professor and Director, Public Health Nursing Department, School of Public Health

Betty M. Pederson, Associate Director, Nursing Services, University Hospitals

Hubert H. Serr, Professor of Dentistry

Dorothy E. Titt, Assistant Professor, School of Nursing

Edna L. Fritz

Chairman, Nursing Subcommittee

STATEMENT OF NURSING SUBCOMMITTEE FOR PRELIMINARY REPORT

TO THE LEARN COMMITTEE

October 11, 1965

I. Introduction

During any one span of time the educational and research contribution of the School of Nursing are influenced by over-all developments within the health field including those within the occupation of nursing. They take cognizance of national, regional, and state needs for nurses and of available resources within the University and elsewhere for meeting these needs.

Continuing expansion of health services and modifications in the patterns for rendering health care can be expected to accelerate in the years ahead. Quantitative and qualitative increases are going to be required of nursing and nursing education. Nursing, in concert with medicine, is going to have to decide whether assumption by nurses of the increasing technical components of medical care, which many members of the medical profession seemingly envision delegating to nursing in the future, will best serve the public, or whether a new worker will be needed to function as an assistant to physicians. If nursing is to absorb these tasks, then ways must be found to make it possible for nursing to develop its technology further at the same time that it retains and extends at some level of preparation and practice those supportive, instructional, and comforting services that people look to nurses to provide during their efforts to maintain or regain what is for them optimum health. The magnitude of such an undertaking suggests that nursing will increasingly have to differentiate the vocational, technical, and professional components within its service and prepare people differently for these levels of functioning.

In the face of rapid social change and unresolved issues before the health discipline the country over, it still remains for this School to chart its future course in nursing. Our teaching, research, and service activities should give promise of maximizing the School's contributions to attainment of over-all University goals and ultimately to the expansion and improvement of nursing care services for the public we serve.

In addition to the usual educational concerns, the following considerations have shaped the projections for the School of Nursing that are presented here.

1. <u>The responsibility of the health team to society:</u>

Adequate health care requires the interaction and cooperative efforts of many persons, a) the patient, b) his family and friends and the community as a whole, and, c) members of the health care group. The health care group has as its over-all goal a state of optimum health for every member of society. The achievement of this over-all goal is dependent upon the contributions of a variety of health professions, each of which has its unique goal. A well-defined goal makes it possible for a given profession to a) circumscribe its role, b) plan the educational preparation of its practitioners, c) develop a body of knowledge by means of clearly focused research, d) meet the changing needs of society from a frame of reference, e) understand the goals of other professions with which it works in efforts to achieve the larger goal, and f) assume legal responsibility for its own acts.

2. The place of nursing on the health team:

At present, nursing on the national scene is attempting to circumscribe its role around a unique goal. Society has for many years expressed the idea that illness itself and measures necessary for recovery from and prevention of illness add up to a variety of discomforts and inconveniences. There is evidence that unrelieved discomfort (stress) makes if difficult for people to take maximum advantage of available health services. Individuals differ from one another in the way in which circumstances associated with health care constitute discomfort for them. Because of this great individuality, it seems appropriate and necessary that a professional group assume major responsibility for the comfort of people receiving health care. Comfort has thus been identified as the goal of nursing, around which is circumscribed a primary role. The nurse assumes her primary role in a variety of settings, wherever there are people receiving health care.

The practice of nursing includes, besides this primary role, certain functions delegated by the medical profession. Nurses carry out measures which have been prescribed by the physician for the attainment of the goal of medicine. In order to assure maximum effectiveness of these medical means, the professional nurse administering them takes responsibility for creating ways to keep concomitant discomfort to a minimum.

3. The education of professional nurses:

The nursing roles described carry implications for the necessary educational preparation of those who fulfill them. To be able to provide comfort one must a) be able to assess the state of comfort of individuals, b) select principles, from the behavioral and natural sciences, related to the maintenance of comfort, c) identify nursing means based on the principles and apply them, and d) evaluate the outcomes of nursing means. To carry out delegated medical care safely and effectively one must be able to a)understand the purpose of the prescribing physician, b) understand the potential and actual responses of the body to the care, and c) apply scientific principles in the actual provision of the care.

The attainment of these abilities to an extent sufficient for initial professional practice of nursing requires that a student have baccalaureate education. To develop a body of principles in nursing one must be able to plan and carry out research related to the nursing goal. This ability is attained through graduate study at the master's and doctoral levels. These levels of preparation are also necessary to extend the understand and abilities of practitioners who wish to undertake specialized roles in the field.

4. The place of non-professional assistants in nursing and their preparation:

The professional nurse ideally provides complete nursing care, beginning with assessment and ending with evaluation, which would constitute a direct service to the patient. This is not always possible, since socio-economic factors limit the supply of professional practitioners. A nurse may have to delegate certain aspects of a patient's care to an assistant. The nurse's decision that a given patient is to receive that particular care, based on her own careful assessment, makes the giving of it her indirect service. The nurse decides who is best able to perform a particular aspect of care and then assumes responsibility for the outcomes. Thus, professional nursing practice encompasses both direct and indirect services to patients.

Since nursing is responsible for outcomes of the functions performed by assistants, it follows that the preparation of these people is determined by nursing. The ability to perform certain functions can be developed through on-the-job instruction.

The development of other abilities may require completion of organized vocational or technical programs conducted by vocational high schools or institutes, by hospitals, or by junior colleges.

5. Nursing needs and resources for meeting them in the nation, region, and state:

Current national projections about needed numbers of nurses, teachers and supervisors of nursing, etc., while very high are related only to predicted population increases. They do not allow for qualitative improvements either in the educational opportunities within nursing or in the services rendered by nurses, nor do they seem to take into account the likelihood of more diverse and demanding types of service in the future.

Admitting that the projected numbers were inadequate to meet the actual need, but assuming them to be the greatest that were attainable, the Surgeon General's Consultant Group on Nursing recommended in 1960 that by 1970 the numbers graduating from masters programs in nursing be tripled while those completing baccalaureate programs be doubled.

National figures and projections:

Type of Program	Numbers Graduated 1961	Goal for Number to be graduated in 1970	Projected Percentage Increase in Number of Graduates between 1961-1970	Projected number of Graduates needed in 1985 at same rate of increase.
Masters or higher degree	1,020	3,000	194	5,280
R.N.Bacc.	2,456	5,000	103	6,784
Basic Bacc.	4,039	8,000	101	10,563

Minnesota figures and projections:

	Number of Minnesota Graduates 1962-63	Percentage of Nat'l Total of Graduates Prepared in Minn. in 1962-63	Minn.Goal for 1970 Graduates /Surgeon General's recommendation	Percentage Increase in Minn. Graduates between 1962-63 and 1970	Projected Numbers of Minn. Graduates for 1985 at same rate of increase
Masters or higher degree*	51	5.0	153	200	293
R.N.Bacc.**	59(spec.)	2.4	118	100	170
Basic Bacc.	262	6.4	524	100	753

*Now prepared only at SofN and SofPH of University of Minnesota
**Now prepared only at SofN of University of Minnesota.

To yield 262 graduates in 1962-63 from Minnesota's basic nursing programs leading to a baccalaureate degree required enrollments of 865, hence if we wish 1572 graduates in 1985 enrollments in such programs in Minnesota must total 5188 students or approximately a 500% enrollment increase. Within baccalaureate programs an even higher percentage increase would be needed in the enrollment of students who had previously completed programs in nursing leading to either a diploma or an associate degree, since attrition of these students has been greater than that of basic students. Seven institutions in Minnesota, in addition to the University, now conduct baccalaureate nursing programs. Two of these are in state colleges at Mankato and Winona, but neither program is now professionally accredited. The liberal arts colleges that conduct baccalaureate nursing programs do not accept into them students who have had prior preparation for nursing because of the nature and location of their institutions. Further, it is not likely that they can appreciably expand their enrollments of basic nursing students without altering their institutional missions. This, coupled with the cost to institutions of providing baccalaureate nursing education, suggests that the principal burden for expanded enrollments in such programs will fall to public institutions.

Admission and graduation figures are more nearly synonymous in masters programs than at the baccalaureate level, since attrition is not great and, presently at least, federal traineeship support is available to most students for full-time study. Assuming the need to increase masters nursing program enrollments in Minnesota by 475% to 293 by 1985, it goes beyond the means and potential of the University's Schools of Nursing and Public Health to accomplish, but at present this institution is the only one offering programs in nursing at this level.

These facts suggest that if the University delineates its responsibility in nursing education in terms of the state's needs for nursing personnel only, the School can reasonably expect to contribute an appropriate share both quantitatively and qualitatively, given the necessary resources for program development and expansion. If, however, the University views its responsibilities as extending to the upper midwest, to the nation and to the international scene, any reasonable projections of nursing personnel needs go beyond this institution's capacity to fully provide now or in the foreseeable future.

Assuming acceptance of the broader of these two areas of concern, it is appropriate for the School of Nursing to contribute what it reasonably can to the quantitative need for nurses prepared in baccalaureate programs and to exemplify in its program the soundest preparation possible for the beginning practice of professional nursing. The University's greater contribution is to be realized through expansion of enrollments in graduate programs designed to prepare for increasingly expert nursing practice and/or for selected roles in nursing such as teacher, supervisor, administrator, or investigator. We need to provide leadership in the development and expansion of undergraduate programs in other educational institutions, especially in those state colleges that have access to suitable clinical resources. Assuming sound baccalaureate programs in several state colleges, masters programs are then to be encouraged in them as well.

II. Roles of the School of Nursing

Delineation of role emphasizes the faculty's concern for current and foreseeable needs. In addition, we must continuously explore new frontiers in nursing and health (with members in other disciplines.)

In keeping with the generally accepted purposes of universities and in common with most other educational units of this university, the School of Nursing's major roles are teaching, research, and service. Primacy among these roles will undoubtedly continue to be accorded to teaching although increased attention will be given to the research role in the years ahead.

A. Teaching Role

The teaching role is to

1. provide an exemplary undergraduate program which prepares for the initial practice of professional nursing.
2. conduct graduate nursing education except in public health.*
3. assist nurses who are studying in other educational units of the university as appropriate to their needs.
4. contribute instruction in nursing for students in other fields, such as hospital administration, when it is requested.
5. maintain excellence in the faculty.
6. share our experiences with faculty elsewhere in the University and in other nursing education programs.

B. Research Role

The School's research role is forwarding the development of theory and theoretical models that will contribute to the advancement of nursing practice.

C. Service Role

The provision of direct nursing care for patients is the responsibility, not of this School's faculty, but of the staffs of the hospitals and public health nursing or other agencies whose resources are utilized for laboratory practice in various of our educational programs. Service responsibility to patients is indirect in nature and implemented through guidance of students giving nursing care, consultation to individuals and agencies, as well as provision of continuing education experiences for nursing personnel in a variety of employment settings.

*See addendum to this report for a statement of the roles, objectives, and programs of the public health nursing unit in the School of Public Health.

III. Objectives of the School of Nursing

A. Teaching Objectives

1. Undergraduate Education

a. To provide a baccalaureate program in nursing that exemplifies educational excellence and prepares students for the initial practice of nursing at a professional level.

b. To test in this program the extent to which baccalaureate education in nursing, while realizing its principal purpose, can provide foundations for further study in nursing and/or in other subject fields.

2. Graduate Education

a. To offer programs (other than in public health nursing) designed to prepare increasing numbers of individuals for the roles of expert practitioner, teacher, supervisor, administrator, or investigator in nursing.

b. To assist nurses who are enrolled in graduate programs in units of this or other universities.

3. To participate upon request in the teaching efforts of other university departments, especially within the health disciplines.

4. To recruit, select, and develop a faculty which can effectively discharge the roles appropriate to faculty within a university.

5. To promote exchange of experiences relative to program development, implementation, and evaluation.

B. Research Objectives

1. To undertake research in nursing care, education, and service in areas other than public health.

2. To plan and participate in research efforts of an interdisciplinary nature with faculty in other divisions of the University as appropriate.

3. To provide opportunity for students to participate appropriately in ongoing research activities.

4. To participate selectively in the research efforts of others within nursing and allied disciplines.

C. Service Objectives

1. To provide opportunities for continuing education to a variety of

groups within the nursing profession.

2. To offer consultative services to individuals and agencies, both private and governmental, in nursing and allied fields.

3. To participate selectively in activities of organized nursing at local, state, national, and international levels.

4. To assist in referral and placement of graduates of the School's programs.

IV. Programs of the School of Nursing

On the assumption that the current pace of expansion in knowledge and health services will accelerate over the next quarter century, it is not unreasonable to suppose that by 1985 baccalaureate nursing programs may well be desirable as preparation for the technical practice of nursing. The professional practitioner of the future will need fully as much substantive knowledge of the physical and biological sciences as the nurse technician, considerably more knowledge in the social and behavioral sciences, and a considerable degree of expertness in carrying out all aspects of the nursing process in the care of patients. Such preparation may desirably require completion of a "generalized" baccalaureate program that provides the foundational work in the supportive sciences coupled with other liberalizing studies. This to be followed by preparation for nursing practice at the post-baccalaureate level in programs whose main focus would be on the nursing process with opportunity for requisite study of supportive sciences, including medical sciences, at the graduate level. Such an arrangement would permit greater interdisciplinary teaching of students in professional programs in various of the health fields. On this basis, preparation for the more expert practice of nursing and/or for other functional roles such as teacher, supervisor, investigator, etc., would take place at the post-masters level.

While this upgrading of educational preparation for nursing may well be important to insure nursing services of the quality desired under the circumstances of future practice that seem likely, it does not now seem an attainable goal. The current state of nursing and nursing education, the prevailing attitudes about higher education and the appropriateness of life-long career pursuits by women, and the rewards so far provided to women in the labor force of this country militate against this being practicable within a quarter of a century. However, speculation about such directions do have relevance for program considerations here.

A. Teaching Programs

It is recognized that the function of teaching is integral to the discharge of the faculty's responsibilities to interpret nursing and nursing education and to the conduct of the service role.

Undergraduate Program

1. The baccalaureate nursing program has recently been revised extensively. In preparing for initial practice it provides the fund-

amental aspects of a liberal undergraduate education and the prerequisites for graduate study in nursing.

It remains now to persist with evaluation of this curriculum, including the follow-up study of its graduates, to obtain evidence upon which to base future program changes. Particular attention must be given to a.) determining whether or not the purpose and objectives of the program are accomplishable by the majority of students within 13 quarters of study, b.) whether the laboratory time provided for the practice of nursing is sufficient to enable new graduates to perform nursing functions with reasonable effectiveness and security in beginning positions, and c.) whether the courses selected as prerequisite and contributory to the nursing courses are satisfactory both for the purposes of this program and as a foundation for graduate study in nursing.

On the first of the above points, it seems likely that as the expec expectations held for the nurse practitioner expand in the future initial preparation will have to be more extensive. Therefore the length of our baccalaureate program may increase, which would serve to increase enrollments within it.

On the last point there is particular need to investigate with other departments the provision of suitable courses in the physical and biological sciences for nursing students and other non-science majors.

2. The program is seen as serving as a model rather than as a major supply source of beginning professional practitioners. Therefore it is not anticipated that the numbers admitted to it will go much above the current goal of 130 students per year.

   Nurses generally, school counselors, and the public are not yet fully aware of the differences in purpose and design among the several types of programs that prepare for nursing. The School's faculty recognizes their interpretive responsibilities in this regard and expects that within five years or so greater clarity about different levels of nursing education will be reflected in the recruitment and selection of students for all programs. As higher percentages of students with interest in and potential for the collegiate study of nursing go directly into baccalaureate programs, the need for us to admit any appreciable number of graduates from diploma or associate programs for baccalaureate study will lessen. Until such time as this is the case, however, we have a particular obligation to qualified applicants among this group, since ours is the only nursing program in Minnesota that serves them. Nurse faculty will be seeking the cooperation of others in the University in utilizing and/or developing procedures for determining the advanced standing that can be accorded to individuals in this group.

3. Public health nursing instruction within this program is now largely provided by nurse faculty in the School of Public Health. Since that School no longer engages in baccalaureate nursing education and the School of Nursing's undergraduate program has been extensively revised, the coordination that is necessary to integrate their contributions to

curriculum and instruction in the School of Nursing is time-consuming for all concerned. There is need in the 1967-69 biennium for additional budgeted positions in the School of Nursing to make possible assumption of responsibility for this aspect of undergraduate instruction both for students enrolled in the baccalaureate nursing program and for potential graduates who must remove a deficiency in this area of undergraduate nursing preparation.

Graduate Programs

1. Currently, programs in psychiatric and medical-surgical nursing, having as their purpose the preparation of expert practitioners, are offered through the Graduate School under Plan B. requirements for the degree of Master of Science.

   A teacher preparation program leading to the degree of Master of Education is offered through the College of Education with School of Nursing faculty responsible for student selection and advisement, and for planning and implementing those parts of the curriculum that constitute the major in nursing education.

2. Present masters programs serve thirty-five to forty students per year on the average. Students come from many states beyond this immediate region, especially since graduate study in nursing is financed for most by federal traineeships. Each year usually finds enrollees from a few foreign countries.

   As the only institution offering graduate nursing programs in the three states of Minnesota, North and South Dakota, and in view of the national needs for persons prepared through them for leadership positions in nursing, we expect to both extend graduate programs and to expand enrollments within them during the next twenty years. By 1970 it is reasonable to expect that we will have 60 to 75 students, while as many as 150 or more may be enrolled by 1985. Additional faculty will be needed to permit such growth.

3. Attention is being given to curriculum development in masters programs with a view to insuring that all serve to extend students' knowledge and ability in nursing per se, and that opportunities are available upon election to prepare for specialized roles within the field of nursing. Attaining these two purposes may necessitate extending the length of masters programs to two years.

   We would hope that all such programs might be made available through the Graduate School and that students might elect to meet either Plan A. or Plan B. requirements in them. Fulfillment of Plan A. requirements seems especially pertinent for students who wish to undertake post-masters study in disciplines other than nursing and/or to prepare for research participation.

4. Refinement and further development of content for inclusion in nursing education programs at the various levels will be dependent upon research by nurse faculty here and elsewhere. Such ongoing research is requisite in the learning environment of both undergraduate and graduate students and provides opportunities for students to participate as appropriate in research.

As nursing theory evolves further and is supported, we see its potential for inclusion in nursing programs at the post-masters and/or doctoral level. It is somewhat difficult to predict the pace at which this will occur. The research emphasis of nurse faculties in selected universities over the country has already led to the establishment of a few doctoral programs in nursing.

Increased numbers of nurses should be encouraged and can be expected to undertake doctoral study in other fields of the University. The School of Nursing faculty plans to maintain liaison with them and to make assistance available to them in their research investigations in nursing.

General considerations re the program of teaching

1. Attention needs to be given to the facilitation of interdepartmental faculty communication and cooperation in the interests of program development, implementation and evaluation.

2. The national shortage of qualified persons for university faculty positions in nursing requires aggressive recruitment efforts, and attention to all elements that bear on the retention of faculty. Efforts to provide developmental opportunities for faculty will need to be systematized and extended. The need for this and the time of faculty that it entails has to be recognized in according budgeted positions to the School.

3. Opportunities to practice nursing need to be regularly available to and utilized by faculty teaching nursing in order for them to maintain their expertise and to demonstrate the effectiveness of the nursing process they are teaching.

4. Attention must be given to maximally conserving the time of faculty for their central functions.

   Experimentation with methods and means of teaching that promise to conserve faculty time without compromising potential learning outcomes for students must be continued by faculty.

   Provision of additional clerical staff and of budget to employ teaching and/or research assistants is needed.

   To the extent possible, geographic proximity to the clinical or other laboratories that are utilized in the programs and to persons in other University units with whom we work closely should be maintained both to facilitate planning and conserve faculty travel time.

B. Research Program

1. It is imperative that an investigative research climate be fostered in order to develop knowledge that enriches all programs in the School as well as to demonstrate that the academic role involves research.

2. Because of the limited research preparation of most present and potential faculty at this point in time, we are presently working to further competencies through a developmental program supported by U.S.P.H.S. for a five-year period from 1963 through 1968. The

beginnings made during this interval will have to be continued by us beyond the end of the project. Seminars, consultation, opportunities for collaborative participation in the research of others, and opportunities for study are among the means being used to assist faculty.

3. Need is felt by the faculty for a clinical unit in which the exercise of certain controls by nursing would make it possible to carry out research in patient care. Such a unit in University Hospitals would serve the research interests of the Schools of Nursing and Public Health, and the Department of Nursing Services.

C. Service Program

Of many areas of service that the School's faculty are requested to provide, selectivity is needed in determining participation that is manageable in light of commitments to teaching and research and that have the greatest potential of contributing ultimately to improved nursing care.

1. In order to promote exemplary nursing care in agencies where students have learning experiences, faculty need to utilize informal opportunities to work collaboratively with nursing personnel in identifying and solving nursing problems. In addition, conferences, demonstrations, investigation and other means of participation in direct care of patients in agencies utilized for student laboratory experience serve to maintain effective relationships with nursing service personnel.

2. Consultation of a short-term nature is provided as appropriate in response to requests for assistance from individuals, schools, or agencies. Priority is given to local and state requests, but the region is also served.

   Requests have increased markedly out of general interest in the conduct of the newly revised baccalaureate nursing program. Some of the needs expressed can be met by providing carefully planned observation visits with us for faculty in other schools, but the number we can serve in this way must be limited.

3. Ongoing consultation or program participation is provided selectively to governmental agencies, professional organizations, and foundations by individual faculty members.

4. Our conviction that learning experiences are enhanced by contact sufficient to provide reinforcement has led us to concentrate our efforts on providing sequentially planned opportunities for continuing education. In addition we have defined our audience as those nurses in a position to provide leadership to others in improving nursing practice or nursing education.

5. The dynamic nature of current nursing education coupled with the extreme need to prepare maximal numbers in the shortest time possible, makes it imperative that students at either the graduate or undergraduate level pursue preparation in regular full-time academic programs. This makes

inappropriate the provision of regular courses out of sequence in summer or in extension and has led to the development of non-credit offerings designed to assist employed nurses to increase nursing knowledge and skills.

UNIVERSITY OF MINNESOTA
College of Medical Sciences
(School of Public Health)

Addendum to the Preliminary Report of the Nursing Subcommittee to the Committee to Study Physical Facilities for the Health Sciences

The following material was prepared by Marion Murphy for study by subcommittee members according to the format suggested by Dr. Learn's letter of June 7, 1965:

I. Introductory: Public Health Nursing Programs in the School of Public Health

Present masters programs in public health nursing lead to either a Master of Public Health or Master of Science degree (Plan B), the latter administered by the Graduate School. As of the 1965-66 school year all programs are a minimum of 5 quarters in length; it is likely that faculty will take action to move to a 6 quarter (2 academic year) plan in another year. The major concentration in all programs is public health and public health nursing. The programs are termed "clinical" in that students work with patients in public health settings (and sometimes in hospitals) during a two or three quarter period. In addition, a student may broaden her program so as to include further emphasis in mental health, long-term patient care (rehabilitation) or school nursing. Selected students pursue functional preparation for supervision or for junior teaching positions in collegiate schools of nursing. The School of Public Health has a project grant from the Public Health Service which partially supports the latter program; support for mental health teaching comes from the National Institute of Mental Health.

Fifty-three public health nursing students are enrolled as of the fall of 1965; 37 of these are new while 16 are 5th quarter students from last year. Even reasonable enrollment projections indicate that by 1985 the School of Public Health will need to plan for an estimated 100 public health nursing students (50 new, 50 2nd year). (See projected figures for the School of Nursing and for other programs in the School of Public Health in relation to this).

II. Role of the Public Health Nursing Unit in the School of Public Health (tentatively 1975-80)

The following statements describe the central purpose (or mission) of this Unit.

1. To continue to provide opportunity for non-nursing students in the School of Public Health to become acquainted with the goals and functions of public health nursing. (This is in line with the School's policy of affording the members of the health team the opportunity to understand each other's role while in training).

2. To provide opportunity for selected professional nurses to prepare themselves at the masters level for a variety of leadership positions in public health nursing or, since terminology is changing, for nursing in community settings outside of hospitals. Such settings would include public health agencies, out-patient departments, other community clinics, schools, and occupational health facilities.

3. To further research in the area of community nursing; to continue with orientation to research at the masters level and to explore opportunities for post-masters and doctoral preparation.

4. To continue to render service in the area of nursing and public health nursing outside the University to the extent that it does not seriously interfere with teaching or research.

III. <u>Goals or objectives</u> - specific accomplishments required to fulfill the assigned role. The following goals are stated in terms of the expected <u>outcomes</u> for <u>students</u>.

Non-nursing students in the School of Public Health

1. All non-nursing students who complete masters or higher preparation with public health as a major should have understanding of the goals and functions of public health nursing (or nursing in the community outside hospitals).

Masters students in public health nursing.

1. The masters graduate in public health nursing should have: (a) clinical expertness, i.e., a level of nursing practice which equips her to make a high level contribution to the care of well and sick people in the community outside of hospitals. (b) ability to work collaboratively with nurses with masters preparation in other fields, giving and seeking nursing consultation. (c) ability to work collaboratively with a multidiscipline team (physician, social worker, other) giving and seeking consultation in behalf of her nursing service to well and sick people. (d) ability to participate in research activities; and (for some) interest in securing further preparation at the post-masters level.

2. The extent to which a masters program in nursing can also include functional preparation (how to supervise, how to teach) is undergoing scrutiny. Provision for some foundations in these areas, while admittedly of crucial importance at the present time, may be regarded as post-masters in coming years.

3. While masters preparation in public health nursing has been largely terminal in the sense of preparing nurses for leadership positions in this field of practice, it is anticipated that this emphasis will change in the future. Faculty are exploring the advantages of the Plan A program for public health nursing students who have aptitude and interest in post-masters study.

IV. <u>Program</u> - procedures used to meet the objectives which will fulfill the expected role.

Non-nursing students in the School of Public Health

1. All non-nursing students enrolled for a professional degree in public health should have the benefits of multidisciplinary study contact, which includes nurses, during their programs of study. This may be accomplished through formal and informal means throughout the curriculum.

2. The curriculum for all students enrolled for a professional degree in public health should include organized instruction concerned with the goals and functions of public health nursing. All public health nursing faculty are expected to participate in this phase of the instructional program in the School of Public Health.

Masters students in public health nursing

1. Preparation for leadership positions in public health nursing at the masters level should focus mainly on the achievement of further clinical nursing skill through utilization of opportunities for a variety of experiences with patients and families in community settings under faculty guidance. The objective of clinical expertness, i.e., the development of the clinical practitioner in public health nursing, can be achieved only through prolonged intensive carefully guided work with patients and families in the community milieu - a milieu which also is affected by (a) the presence or absence of other professional practitioners (b) the home and community environment.

2. Achievement of certain aspects of clinical depth for the masters students in public health nursing will necessitate close contact with School of Nursing faculty and students at certain points. The nurse in the community setting outside the hospital is confronted with many types of sick and well people and needs to draw upon the clinical expertness of other nurses in coping with certain problems.

3. Collaborative relationships should be developed with the School of Nursing whereby masters students there with primary interest in various clinical areas (medical-surgical, psychiatric) could share appropriate faculty and teaching resources in the School of Public Health. Similarly, students whose primary goal is the area of public health nursing (as illustrated above in #2) could share the resources of the School of Nursing.

4. Opportunities should be provided for selected students to secure functional preparation (for supervision, administration, teaching, consultation) in public health or community nursing either as the terminal phase of a two-year masters program or on a post-masters basis. Certain commonalities in such preparation should be offered jointly with the School of Nursing in order to avoid duplication of effort.

5. Opportunities should be provided for selected students in public health nursing to pursue post-masters preparation in research either through collaboration with research programs elsewhere in the University or within the School of Public Health.

6. Doctoral study for a selected group of public health nurses must be encouraged. Present channels for collaboration with other Departments of the University and other divisions of the School of Public Health toward this goal should be further clarified and appropriately publicized. Through such efforts, public health nurses who meet admission requirements for doctoral study in a given field could pursue a program leading to a Ph.D. degree in that field but retain an interest in and a tie with nursing while so doing. A possible alternative would be for the School of Public Health to develop a Ph.D. program in Public Health which could include concentration in one of several areas such as public health nursing.

The above alternatives are looked upon as a more desirable approach than effort to develop and defend a doctoral program in nursing, per se, at the present point in time.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Sub-Committee

Minutes of Meeting - July 12, 1966 (#9*)

Present: Edna Fritz, Chairman; Nancy Cook, Margaret Grainger, Helen Hansen, Marion Murphy, Betty Pederson, Grace Sarosi, Alma Sparrow, Edmund Nelson, Kathryn Ritzen

Absent: Jean Berg

NEXT MEETING - AT THE CALL OF THE CHAIRMAN

Mr. Nelson, space consultant to the Long Range Planning Committee, acquainted the Nursing Subcommittee with his view of the goals Dr. Learn has asked the subcommittee to work toward, in completing their final report by October 1, 1966. He emphasized the need for administration approval of projected numbers of faculty, before going on to project actual space needs. An important first step in this process is to evaluate the adequacy of existing space in terms of the present program. To facilitate this evaluation, Mr. Nelson has provided Miss Fritz with an account of space now used by the School of Nursing. In response to the subcommittee's concern about general University standards of office space, Mr. Nelson advised the subcommittee to make their own best estimates of required office sizes, subject to later over-all review and modification.

The subcommittee reviewed the initial student, faculty and program projections which Miss Fritz had distributed at the last meeting and which is to be reviewed later with the School's faculty for adjustments as seem wise. By 1973, the total number of baccalaureate students projected is 365, plus 140 masters students, in the School of Nursing. By 1977 and after, there will probably be a total of 328 baccalaureates and 166 masters students, exclusive of those in the SPH nursing program. By then, the number of R.N.'s may be so reduced as to fit into the basic baccalaureate program without a separate designation. The number of masters students includes about 40 in Medical-Surgical Nursing admitted each year, about 28 in Psychiatric Nursing, and 18 in Maternal Child Nursing with a grand total of 80 masters students graduating yearly by 1977.

Some felt that in the future, the University of Minnesota School of Nursing would attract even larger numbers into the graduate program. Miss Fritz asked whether others were of the same opinion, and indicated that the subject will be discussed later by total faculty.

The figures which Miss Fritz projected don't include part-time students. However, the School of Nursing does not intend to devote a major effort to part-time students, since it is anticipated that the professional nurse traineeship program will continue and it supports students only for full-time study as a means of lessening the span of time required for individuals to qualify themselves for positions requiring preparation at the graduate level.

* No minutes were taken at meeting #8.

Miss Murphy pointed out that lengthening the masters program to two academic years does not necessarily decrease the total numbers of masters graduates. For example, the Master's in Public Health Nursing class size has continued to grow, despite its two-year duration for those now electing to study that long. For 1985, SPH Nursing projects 50 in each graduating class, with a total of 100 students in the two-year program.

The ratio of faculty to undergraduate and graduate students was discussed at length. The standard University ratio of faculty to undergraduate students in programs such as that in nursing is 1:12.7; however, because of the nature of the subject matter and the need for close supervision of students in their clinical laboratory practice, it is considered important by nurse faculties the country over to have a faculty-student ratio at 1:8. By 1973, with current enrollment projections and on the basis of a 1:12.7 ratio, the School of Nursing would require 27 faculty for undergraduate instruction; but on the basis of 1:8, 45.6 faculty would be required. Given budgetary considerations and recruitment problems, however, Miss Fritz estimated there would probably be only 26 School of Nursing faculty for undergraduate instruction by 1973, or 6 more positions than are now budgeted.

The ideal graduate instruction ratio in nursing is 1:4, but the University operates on the standard of 1:6.3. By 1973, at the 1:6.3 ratio, 22.2 faculty would be required for graduate instruction; at the 1:4 ratio, 35 faculty would be needed. Presently, there are 5 positions on legislative support and 3 on grant support for faculty teaching in masters programs. Budget-wise, by 1973, there may be as many as 20 faculty for graduate education in the School of Nursing. Adding to these several faculty on research grants, the Nursing faculty will likely total 57 by 1973.

One question the subcommittee felt ought to be explored is whether the number of faculty could be reduced by hiring Research and Teaching Assistants for some undergraduate instruction. However, there is the further question of whether the School of Nursing could attract Research and Teaching Assistants for undergraduate instruction. Mr. Nelson felt the subcommittee should resolve this question, because it would be unwise to project unrealistic numbers of faculty, if there is a substantial recruitment problem. It is difficult to attract T.A.'s and R.A.'s, unless the jobs proposed had real experience value, since graduate students can often obtain work-free grants to finance their education and would not otherwise be interested in part-time teaching or research. It's possible some doctoral students could be recruited, because they don't receive so much work-free financial assistance. Another point is that Research Assistants would not necessarily have to be in Nursing.

The next topic discussed was the creation of a doctoral program in the School of Nursing. At present, no such program is projected for the next twenty years, because the question of what kind of doctorate in nursing would be desirable has yet to be answered. At the same time, space must be projected for doctoral students enrolled in other schools who are doing research in the field of nursing. This factor ought to be mentioned in the program support and be reflected in the space projections.

The subcommittee will deliberate further on whether the School of Nursing should work toward a doctoral program, since this determination will affect ultimate space needs. The prerequisite for a doctoral program in nursing is the development of a sufficient body of knowledge and research to teach. As matters now stand, faculty time is consumed in teaching and the type of research necessary for a doctoral program is not being conducted.

Mr. Nelson asked whether time for research and sabbaticals is built into the faculty projections. Miss Fritz said that depends on whether the ratio of faculty to students will be 1:12.7 or 1:8. If it's 1:8, there could be time for research and sabbaticals.

The University of Washington has a Ph.D. program with a nursing minor and a major in Physiology, Sociology, Anthropology, etc. It seems that this type of Ph.D. program is the one most likely to develop here, if at all. The rising expectations of graduate teachers toward the quality of work done by their masters students is another impetus toward a doctoral program. Often the work expected is more appropriate to the doctoral level than to the masters level.

The question of joint faculty appointments came up in this discussion. As one example, perhaps an arrangement could be made whereby a Physiologist could be supported, half by the Department of Physiology and half by Nursing, and thereby could help develop content suitable for a doctoral program in Nursing.

The committee thought that at some future time there could be more joint appointments between Nursing Education and Nursing Service, although this is not included in the present projections. Miss Pederson thought this was a good idea and would be quite possible, provided the non-nursing functions are completely divorced from nursing service. This arrangement would also have budgetary advantages for nursing education. In this regard, the need for hospital teaching space for nursing was again noted.

Some of the committee wanted to know whether there were any general standards for clerical help ratio to faculty, primarily for research. Miss Fritz thought research "scut work" in all probability would have to be done by teaching and research assistants, rather by civil service clerical help. By 1978, the School of Nursing will need 20 clerical workers; at present, there are only two available full-time to do clerical work for 34 of the faculty.

Miss Fritz summarized what is needed for the final Nursing report. Both the School of Nursing and the School of Public Health need to estimate the space they need for nursing education, avoiding as much duplication as possible. Both will have to decide how desirable geographical proximity, including some shared facilities, would be. Real preference rather than present space limitations, should be the guide at this point. Further, the desired overall congruence of Public Health Nursing, School of Nursing, and Nursing Service space has to be indicated, taking into account projected student and faculty numbers.

The Nursing Subcommittee planned to hold a meeting to acquaint the entire Nursing faculty with the main principles of the subcommittee report, and to obtain general agreement on the projections made and direction to be taken.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Nursing Subcommittee

Minutes of Meeting February 16, 1967

Present: Edna Fritz, Chairman; Nancy Cook, Margaret Grainger, Helen Hansen, Isabel Harris, Grace Sarosi, McCollum Brasfield, Edmund Nelson

NEXT MEETING AT THE CALL OF THE CHAIRMAN

Miss Fritz stated the principal reason for meeting was to learn of the progress since the last full Learn Committee meeting and the completion of subcommittee reports.

Secondly, Miss Fritz circulated to the committee a recent report from the School of Pharmacy. Although Pharmacy initially was not included in the long range planning, the School is interested in expanding its physical facilities and since it is related to the medical sciences, it has submitted a report. It was suggested that our long range planning gave the School of Pharmacy direction in their planning.

The subcommittee reviewed Editing Committee recommendations for reducing the total subcommittee requests from $89 million to $54 million. These reductions were made individually for each subcommittee rather than a percentage decrease across the board. Classroom requests were reviewed by Vernon Ausen, Director forSpace Allocation and Scheduling. Questions regarding the Editing Committee cuts may be presented at the February 27 Learn Committee meeting.

The subcommittee felt student enrollment should be cut when faculty and space requests are cut. The Editing Committee applied the University student/faculty ratio, which includes all faculty members regardless of capacity. Many faculty members are administrative and do not share in teaching responsibilities. The Legislature adds faculty on the basis of student enrollment.

Mr. Nelson suggested the subcommittee use previous tables to establish priorities to decide how best to use the allotted 33,000 square feet. Miss Fritz asked about the location of the 33,000 square feet and location of shared classrooms. Mr. Nelson said priorities have not yet been established as to whether each school will expand equally in the first expansion stage, or whether one school may expand more than another.

The subcommittee is quite interested in the planning of spatial relationships, and indicated needs by the School of Nursing to be near:

--Main campus since nurses relate to other colleges and use Walter and West Bank Libraries as frequently as the Biomedical Library;

--University Hospitals where nursing research and training occur;

--School of Public Health since members of the subcommittee see advantages in developing more relations with the Public Health Nursing Program.

Subcommittee members asked if the University had standards or guides for ratios of clerical to faculty members or equipment needs per faculty members. Faculty members may be under-utilized if not adequately supported.