Final Report

on

NURSING SERVICE

and

NURSING EDUCATION

at

Seoul National University

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Professor and Director of Nursing Services
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Nursing Adviser
to
Seoul National University

International Cooperation Administration Program
University of Minnesota Contract
March, 1961
ACKNOWLEDGEMENTS

It would be impossible for me to individually enumerate and thank all the people who have assisted me this past year. Appreciation is extended to the Seoul National University College of Medicine and Hospital staffs, the faculty of the University of Minnesota School of Nursing and the advisers in the Minnesota Contract.

Two people have been outstanding in their assistance to me and whatever has been accomplished has been with their help:

Mrs. Lee, Song Hee—who has displayed unusual interest and ability in pursuing ideas presented to her. Seoul National University Hospital is fortunate to have Mrs. Lee as their Chief Nurse.

Dr. N. L. Gault, Jr.—friend and adviser, from whom I learned patience and understanding when I became discouraged and thought progress was too slow.
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I. INTRODUCTION

On March 19, 1957 Miss Margery Low, the first nursing adviser to Seoul National University arrived in Korea. Miss Low helped to improve nursing administration but concentrated her efforts to a great extent in the School of Nursing. She assisted the faculty in upgrading the content of courses currently being taught and in improving teaching methods; planning the curriculum of the four year collegiate nursing program; the revision of plans for a nursing education building; and plans for a dormitory for both students and graduate nurses. The School of Nursing building has been utilized since February, 1959; the dormitory is nearing completion.

Miss Low remained in Korea for approximately two years and was succeeded by Miss Joan Williams in December, 1958. Miss Williams spent the majority of her time helping to improve the nursing services in the Hospital and thereby helping to improve the clinical experience for students. She also assisted the School of Nursing, especially in the area of planning a rotation schedule through the clinical services of the Hospital during the third and fourth years of the nursing program and assisting the Director in developing content of courses.

From January to May of 1960, Seoul National University did not have a nursing adviser as I was unable to leave the University of Minnesota at the time Miss Williams left Korea. I was fortunate, however, to have a one week's orientation to Seoul National University given by Miss Williams in Minnesota. In comparing the situation in nursing on my arrival with the report given to me by Miss Williams, it seemed that there
was some retrogression in the area of ward management, especially in the use of the Kardex.

Before my assignment as an adviser to Seoul National University, the faculty of the University of Minnesota School of Nursing reviewed the Korean Project. One adviser had been assigned for two years in helping to improve nursing education; the second adviser had assisted in the improvement of nursing services for one year. What should be the next approach in assisting Seoul National University in the area of nursing? After discussing the plans with the former and current advisers, the faculty decided that the objectives for the next adviser should be: (1) To help improve the administration of the nursing service and in this way improve nursing education; (2) To help develop more effective coordination and planning between nursing education and nursing service.

Plans for coordinating my activities with those at the University of Minnesota School of Nursing were made before I left Minnesota. The Director of the School organized a Committee on Foreign Students with one of its objectives to assist the nursing adviser in Korea. Informal reporting has been done by tape recordings, followed by official letters as necessary. Information which I felt would be of help to the faculty advisers as they worked with participants was sent to the committee. In turn, the committee kept me informed of the progress of participants and relayed questions to me. This method of communication has been of utmost value to me in my work as nursing adviser.

I arrived in Seoul, Korea on April 27, 1960, immediately following the "April Revolution". During my first week in Korea, the Lee, Ki Poong
family (Vice President-elect) committed suicide and President Syngman Rhee resigned. History was in the making!

The unrest of the Korean people did not exclude Hospital personnel. On May 23, 84 staff nurses signed a petition asking for the resignation of the Chief Nurse. On June 9, after many meetings, a decision was made to transfer the Chief Nurse to Chonnam National University. The Assistant Chief Nurse was appointed Acting Chief Nurse. This was my introduction to Korea and Seoul National University.
II. NURSING SECTION, HOSPITAL

A. Progress Achieved From 1957 to 1961

On June 30, 1961 the Minnesota Contract of the International Cooperation Administration Program which has given assistance to Seoul National University will be concluded in most areas, including nursing. It seems appropriate, therefore, as the last nursing adviser to serve under this contract, to review the progress made in the Nursing Section of the Hospital over the past four years. It is difficult to recognize accomplishments made over a period of a few months or even in a year. Viewed over several years, progress becomes more apparent. It is also possible to differentiate more clearly between "real" changes and momentary changes.

Organization

The organization of the Nursing Section today is quite different from the organization described by Miss Low in her final report. In 1957, the chiefs of the medical departments had authority over the administration of the stations. Nurses were moved and orders given without consultation with the Chief Nurse. Although the Nursing Section had some responsibilities, it had no authority. In 1961, the Chief Nurse seems to have the authority commensurate with her responsibility for managing the nursing service on the wards and in the clinics. She consults the medical staff when making appointments of head nurses and supervisors, but she is the one who initiates and recommends the appointments to the Hospital Superintendent. Mrs. Lee, Song Hee, Chief Nurse, attends the administrative
meetings and is a regular member of the Medical Care, Hospital Infection, and Nutrition Committees of the Hospital. She seems to have excellent working relationships with both the medical and administrative staffs.

What are the reasons for the changes that have taken place in the past four years as far as the status of the Nursing Section is concerned? After discussing the question with a number of Koreans and Americans who have worked in Korea, the following reasons seem to have played a part in contributing to the changes:

1. The attitude of the doctors change after they have been to the United States for study.

2. Some nurses are beginning to recognize their responsibilities in the administration of the nursing services.

3. The status of women in Korea is gradually changing and consequently the status of nurses is changing.

4. The doctors recognize that it is more efficient to let the nurses manage the wards.

I believe that the change in attitudes and understanding of the medical staff after they have observed the role of the nurse in the United States has probably had more influence on the improved status of the Nursing Section than any other factor.

Only slight changes have been made in the organization of the Section since the writing of Miss Williams's report in December, 1959. There are now three day supervisors instead of two. The Chief Nurse, in addition to coordinating the activities of the Section, assumes supervisory responsibilities for the central supply room, the operating rooms, and the post anesthesia recovery room. As the organization of the Nursing Section changed as it did when an additional supervisor was appointed, the Chief
Nurse discussed the changes with the supervisors and head nurses. An effort has been made to keep personnel informed so that responsibilities will be clearly defined and understood.

The number of positions in the Nursing Section has increased over the past four years along with an increase in patient census. The increase has been in "temporary" nurse and aide nurse positions rather than in Table of Organization positions. There are 36 "temporary" nurse positions and the Chief Nurse has permission to increase the number to 50 as the census increases. The aide nurse positions have increased from 29 in 1957 to 80 in 1961. This number may have to be reduced to 65 in April, 1961. Salaries for aide nurses are not paid from Government funds, but from extra charges made to the patients and from the welfare fund. In April, the welfare fund will probably not be able to support the payment of aide nurses.

**NUMBERS OF POSITIONS IN THE NURSING SECTION**
**1957 and 1961**

<table>
<thead>
<tr>
<th>Positions</th>
<th>1957</th>
<th>1961</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.O. Nurse</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>&quot;Temporary&quot; Nurse</td>
<td>0</td>
<td>36 (may be increased to 50)</td>
</tr>
<tr>
<td>Aide Nurse</td>
<td>29</td>
<td>80 (may be decreased to 65)</td>
</tr>
</tbody>
</table>
AVERAGE DAILY CENSUS
1957 and 1960

<table>
<thead>
<tr>
<th></th>
<th>1957</th>
<th>1960</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>205</td>
<td>302</td>
</tr>
<tr>
<td>Outpatient</td>
<td>302</td>
<td>359</td>
</tr>
</tbody>
</table>

There are three grades of nurses holding table of organization positions: Grade 3 (highest); Grade 4; and Grade 5. The Chief Nurse is the only person in the Section who holds Grade 3. Her appointment became effective in February, 1961. The titles of "supervisor", "head nurse" and "staff nurse" are not government job titles, but were so named by the Chief Nurse several years ago. The three Grades are distributed as follows:

<table>
<thead>
<tr>
<th>Positions</th>
<th>Number of Persons</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Nurse</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Supervisor</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>52</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
<td></td>
</tr>
</tbody>
</table>

Eight Red Cross Volunteer Nurses' Aides have been assigned to the Nursing Section. They have had 40 hours of instruction given by the Red Cross and to earn a certificate they must work 120 hours in a hospital. Currently, the Red Cross Aides are assigned to the Outpatient Clinic and the central supply room. Plans are being made to assign them to the wards.
With the family of the patients doing most of the nursing care and with the present reduced census, the staffing seems to be fairly adequate. However, considering the future plans of the Hospital when the private patient system is in effect, the number will be inadequate. Presently, the majority of the medical staff have their own private practice and clinics outside of the Hospital. This means that the doctors are not in the Hospital full time. A plan is now under consideration which, if approved, will not allow the medical staff holding University full time appointments to engage in private practice outside of the Hospital. They will be able to admit their patients instead to Seoul National University Hospital. It is anticipated that the capacity of the Hospital will be 450 and that the beds will be utilized to the fullest extent. Some additional budget was allocated to the Nursing Section this year because of this anticipated change. "Temporary" positions were given rather than table of organization positions.

It is difficult to predict the need for staffing as many questions first need to be answered:

1. Will the families continue to care for patients?
2. Will the budget be increased sufficiently to heat the entire building during the winter months so that all wards can be utilized?
3. Will the private patient system increase the census appreciably?
4. Will the Nursing Section continue to assume some of the major responsibilities for teaching nursing students?

It is recommended that the staffing needs be evaluated by the Chief Nurse when she is able to answer some of these questions.
During the past year there have been some changes in the organization of the Hospital which have affected the Nursing Section. The responsibility for the Laundry has been transferred from the Nursing Section to the Finance Section. The collection of money from families for aide nurses which was previously a duty of the Nursing Office staff, has been transferred to the Finance Section. Another change which has been of great help to the Nursing Section is the addition of a Social Service Department. In August, 1960 Mrs. Han, Yung Hee was assigned to the Hospital by the Social Work Department of the University. Her salary is paid by the Unitarian Service Committee in New York City. A small fund is also given to her by this Organization so that she may assist needy families in the Hospital. Previous to the appointment of Mrs. Han, any social work done in the Hospital was performed by the Nursing Office staff. There is a great need for a permanent Social Service Department at Seoul National University Hospital, and it is recommended that funds for such a department be provided by the National Government.

**Personnel Policies**

General personnel policies are established by the government; interpretations of the policies are made by the Hospital Superintendent. It has been difficult to get exact statements of existing policies for the Nursing Section. It was suggested to the Chief Nurse that it would be helpful to her and the nursing staff if personnel policies for the Section were written and approved by the Hospital Superintendent. This has now been accomplished. The personnel policies which have been developed are listed below. Policies relating to salaries and promotion are reported in
Organizational Chart
Seoul National University Hospital

Superintendent

- Nursing Section
  - Central Supply Room
  - General Affairs Section

  General Affairs Office
  - Medical Record Room
  - Kitchen

- Social Service Section

- General Affairs

- Pharmacy

Clinical Departments

- Finance Section
  - Finance
  - Bookkeeping
  - Maintenance Office
    - Laundry
    - Boiler
    - Generator Room
    - Carpenter
    - Metal Work Room
    - Telephone Exchange

March, 1961
Salaries

Salaries are determined according to the grade of the nurse. Government regulations determine the salary of each grade.

<table>
<thead>
<tr>
<th>Monthly Salaries of Nurses*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3 (Chief Nurse)</td>
</tr>
<tr>
<td>Government Salary</td>
</tr>
<tr>
<td>P.T.A. Fund, S.N.U.</td>
</tr>
<tr>
<td>Yearly Increase</td>
</tr>
</tbody>
</table>

* Includes Room, meals, 2 uniforms/year, and laundry of uniforms.

** Present Exchange Rate: 1300 Hw to $1.00

The salaries of the nurses in the table of organization positions at Seoul National University Hospital are higher than salaries of nurses employed in other hospitals in Seoul.*

* From Survey made by Seoul City Nurses' Association
The general practice in hospitals in the United States is to pay higher salaries to nurses in positions of more authority; the supervisor is paid more than the head nurse and the head nurse is paid more than the staff nurse. This tends to discourage staff nurses who like to give bedside nursing care to patients from staying in their positions. Even if they dislike administrative work, they may take a head nurse position when given the opportunity because of the increase in salary. Should nurses be given the opportunity to work in the type of nursing where they will be the happiest and contribute the most and be paid according to their ability, progress, and length of service? This question is currently under consideration in some hospitals in the United States. The Nursing Section is interested in having all head nurses be classified grade 4 and staff nurses classified grade 5. Careful consideration should be given to this question before changes are made.

Promotion From 5th Grade to 4th Grade

The criteria for promotion from 5th grade to 4th grade, from staff nurse to head nurse, and from "temporary" nurse to grade 5 were developed by the Chief Nurse and supervisors.

The criteria for promotion from 5th grade to 4th grade will be described.
Criteria to be Used in Selecting a Nurse for Promotion from 5th Grade to 4th Grade

1. Education
   a. Graduate of a recognized three or four year Nursing School.
   b. Acceptable School Record.

2. Experience
   a. Staff Nurse – at least three years.
   b. Head Nurse – at least one year.

   Exception: Head Nurse who was appointed before formulation of these policies.

3. Work Performance
   Above average in the majority of items on latest work evaluation.

4. Health
   Acceptable physical and mental health.

5. Plans for the future.

Note: If there are several candidates who meet these criteria, preference will be given to the person who has had the most experience as a head nurse and the best school record.

Functions of Personnel

Both Miss Low and Miss Williams recommended that functions of personnel be clearly defined and written. Efforts had been made to fulfill this recommendation by copying job descriptions from other hospitals. This involved translating the descriptions from the English language into Hangul and the functions being copied did not necessarily fit the situation in this Hospital. The project was never completed. It was decided to write
### Participation in the Development of Functions of Personnel

<table>
<thead>
<tr>
<th>Position</th>
<th>Staff Nurse</th>
<th>Head Nurse</th>
<th>Supervisor</th>
<th>Chief Nurse</th>
<th>Adviser</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Nurse</td>
<td></td>
<td>(Approved by Hospital Superintendent)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Day</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>(Wards and OPD)</td>
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<tr>
<td>Evening</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Night</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Dormitory Sup.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Head Nurse</td>
<td></td>
<td></td>
<td></td>
<td>X*</td>
<td></td>
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<tr>
<td>Wards</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>O.R.</td>
<td>X</td>
<td></td>
<td>X*</td>
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<tr>
<td>C.S.R.</td>
<td>X</td>
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<td>X*</td>
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<tr>
<td>P.A.R.</td>
<td>X</td>
<td></td>
<td>X*</td>
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<tr>
<td>E.R.</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>Staff Nurse</td>
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<tr>
<td>Ward</td>
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<tr>
<td>Day</td>
<td>X</td>
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<tr>
<td>Evening</td>
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<td>Night</td>
<td>X</td>
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<tr>
<td>O.R.</td>
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<td>X*</td>
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<tr>
<td>Day</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Evening (on call)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>C.S.R.</td>
<td>X</td>
<td>X</td>
<td>X*</td>
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<tr>
<td>Day</td>
<td>X</td>
<td>X</td>
<td>X*</td>
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<td>Evening</td>
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<td>Night</td>
<td>X</td>
<td>X</td>
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<tr>
<td>P.A.R.</td>
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<td>X*</td>
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<td>Day</td>
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<td>X</td>
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<td>Evening</td>
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<td>Night</td>
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<tr>
<td>E.R.</td>
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<tr>
<td>Evening</td>
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<td>Night</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Aide Nurses</td>
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<tr>
<td>Ward</td>
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<tr>
<td>Day</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Night</td>
<td>X</td>
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<tr>
<td>O.R.</td>
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<td>X</td>
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<tr>
<td>C.S.R.</td>
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<td>X</td>
<td></td>
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<tr>
<td>P.A.R.</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>E.R.</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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</tr>
</tbody>
</table>

* The Chief Nurse gives supervision to the head nurses in operating room, central supply room, and post anesthesia room.

- 15 -
the functions of each group within the Nursing Section as they exist and then discuss, clarify, and revise as necessary. As the different jobs were reviewed, it was found that 29 different descriptions of functions would have to be developed if they were going to be specific enough to be helpful. The Chief Nurse made all of the plans for this project with only guidance from me. We have been working on functions of personnel for about seven months and a first draft for the 29 jobs has been completed.

The important part of preparing functions of personnel is in the discussions with and involvement of the staff. Many different groups of nurses, therefore, were utilized in preparing the functions as indicated on the chart which follows. As the functions were completed, they were reviewed with the groups concerned. We found that there was a good deal of overlapping of functions, especially between the jobs of the head nurse and staff nurse; in these cases, changes were initiated.

It is important that jobs be periodically reviewed and necessary changes made. I therefore recommend that the functions be reviewed again in 12 to 18 months. Copies of the functions of several groups are included in the Appendix.

**Evaluation**

It is necessary to define jobs of personnel before an evaluation system can be devised. When the functions of the supervisors and head nurses had been completed, the supervisor group with the Chief Nurse as leader, began discussions on evaluation of the head nurse. "What is evaluation?" "Why do we need an evaluation program?" "How do you evaluate?" These were some of the questions discussed. After many hours
of hard work, the group devised a form which is completely original. It was used on a trial basis by each supervisor to evaluate one head nurse. The form was discussed again and revisions made so that it could be utilized for all nursing personnel. The form was then presented to the head nurse group for their suggestions. I recommend that this form be used on a trial basis for approximately six months to one year and then studied again and revised as necessary. The group can then decide whether or not one form can be used for all groups.

The Chief Nurse has made a tentative plan for the evaluation system. It includes statements regarding:

1. Purpose of evaluations.
2. Frequency of evaluations
3. Evaluators.
4. Conferences with employees.

**In-Service Programs**

In-Service, as used in this report, includes any type of program, formal or informal, which helps an employee to improve in her work. Included, therefore, is the progress made in the orientation and training programs, involvement of the nursing staff in meetings of the Section, and specific classes. A concentrated effort was placed on helping supervisors and head nurses to develop because of their role as leaders in the Nursing Section; little was done for staff nurses and aides nurses during the past year.
Evaluation Form
Nursing Section
Seoul National University Hospital

Name __________________ Department __________________ Grade ____________

Definition of Scale:

5. Excellent (Performs assigned duties beyond one's expectations.)
4. Better than Average (Completely performs assigned duty)
3. Good (average: Performs assigned duties almost completely)
2. Less than Average (Does not always perform duties as assigned)
1. Not Acceptable (Very bad; entirely unsatisfactory)

Directions:

1. Mark circle ("O") on desirable number, considering definition given.
2. Omit items which do not apply to the person you are evaluating.

I. Sense of Responsibility

1. Punctuality 5 4 3 2 1
2. Participation in Meetings 5 4 3 2 1
3. Planning and Conducting Conferences 5 4 3 2 1
4. Use of Supplies and Equipment 5 4 3 2 1
5. Making Reports and Giving Instructions 5 4 3 2 1
6. Keeping Records 5 4 3 2 1
7. Planning Activities 5 4 3 2 1
8. Preserving Hospital and Nursing Service Policies 5 4 3 2 1
9. Providing Nursing Care According to Patients' Needs 4 3 2 1

II. Attitudes

1. Toward Patients 5 4 3 2 1
2. Loyalty Toward Supervisors 5 4 3 2 1
3. Cooperativeness 5 4 3 2 1
4. Creativeness 5 4 3 2 1
5. Willing to Work 5 4 3 2 1
6. Willing to Improve Herself 5 4 3 2 1

III. Physical Health 5 4 3 2 1
IV. Appearance 5 4 3 2 1

V. Teaching and Supervision

1. Teaching and Supervision of Staff Nurses 5 4 3 2 1
2. Teaching of Patient and Family 5 4 3 2 1
3. Teaching and Supervision of Students 5 4 3 2 1
4. Teaching and Supervision of Aide Nurses 5 4 3 2 1
5. Teaching and Supervision of Head Nurses 5 4 3 2 1

Evaluator: Position __________________

Name __________________ (Signature)

* Translated from Hangul

February, 1961
Orientation and Training Programs

A short training program for aide nurses was in operation in 1957. There was little evidence of such a program in 1960. In June, 30 aide nurses were employed. The Chief Nurse requested assistance from me in planning a program for this large group. As very little advanced notice was given of the employment of the aide nurses, it was necessary for the Chief Nurse, with my assistance, to make the plans. A copy of the program is included in the Appendix. The program should be evaluated by a group of head nurses and supervisors in the near future and revisions made as necessary.

There is a tendency not to train aide nurses who are employed in small numbers. It is essential that every aide nurse employed receive a training program of some type. Aide nurses are lay persons with usually no experience in working in a hospital. In my opinion, it is not safe to allow an aide nurse to go on the wards and care for patients without first giving her some assistance.

The supervisors and Chief Nurse developed an orientation program for newly appointed head nurses and staff nurses. The content for these orientation plans are included in the Appendix.

Development of Supervisors and Head Nurses

Meetings, if well planned and conducted, can result in the development of the staff. This was the approach used in working with the Chief Nurse in planning meetings and classes for supervisors and head nurses. The day supervisors meet with the Chief Nurse once or twice a week; the day, evening, night and dormitory supervisors meet once a month. It is unfortunate
that the entire group cannot meet together more often as rapport between
the groups is not too good, but the hours of the evening and night
supervisors make this difficult.

The day supervisors concentrated on the discussion of problem solving
by relating specific problems they encountered in their daily work.
Administrative principles were identified as the group assisted in ways to
solve the problem. Examples of problems discussed are:

"What should I do when the head nurse tells me that an aide nurse
didn't come to work for two days and didn't notify the Hospital?"

"What should I do when I need to transfer a nurse from one ward
to another and the head nurse says the ward is too busy to let her go?"

The day supervisors also discussed the evaluation program which was
reported earlier under "Evaluation".

The total supervisors' group have spent their time in establishing
criteria for the promotion of staff nurse to head nurse, a nurse in grade
5 to grade 4, and "temporary" nurse to a table of organization position.
These were reported under "Personnel Policies".

The head nurses and supervisors meet together once a week. The
meeting or class is usually conducted by the Chief Nurse and at times by
one of the day supervisors. I have conducted several classes this past
year for the purpose of demonstrating to the Chief Nurse different ways
to conduct a class and ways of getting group participation. The
communication of administrative information is handled by writing the items
out in advance and presenting them to the head nurses for them to distribute
to their staff.

The content of the head nurse and supervisor classes can be summarized
Head Nurse Meeting
Conducted by a Supervisor

Head Nurse Training and Aide Nurse in the Central Supply Room

Reporting Between Day and Evening Staff in the Nursing Office
as follows:

1. The role and responsibilities of the head nurse.
   a. The organization chart of the Nursing Section, showing the place of the head nurse in the organization.
   b. Specific functions of the head nurse.
   c. The head nurse as a leader.
   d. Communications
   e. Ward rounds
   f. Method of assigning work to ward personnel.

2. Nursing care conference
   a. What is a nursing care conference?
   b. How do you conduct a nursing care conference?
   c. Demonstration of a nursing care conference.

3. Functions of the staff nurse and aide nurse.

4. Evaluation of personnel

5. Discussions of policies as presented by the chairman of the Policy Committee.

6. Administrative problems
   a. Visiting regulations
   b. Plans for moving patients during the winter months.
   c. How to prevent patients from leaving the hospital without paying their bill.
   d. Dietary problems.

7. Report of Workshop on Clinical Teaching which was attended by several of the head nurses.

The policy committee was reactivated in September, 1960. One of the supervisors is chairman and the membership of the committee includes representatives from the different nursing groups. The committee is in the process of writing the policies and procedures used on the wards. Each member is given the responsibility for writing and presenting a policy or procedure to the committee. When the committee has approved, the policy
is presented to the head nurse group. From there it is placed in a book on the wards and the head nurse reviews it with her staff. The policies worked on this year are:

- Admission and Discharge of a Patient
- Laboratory Requests
- X-Ray Requests
- Operative Procedure
- Charting

The policy on the Admission of a Patient is included in the Appendix.

The nursing care conference which was started on all of the wards is another aspect of in-service education. This is a conference held by all nursing service personnel and students when they are assigned to the wards. The discussions center on the nursing needs of one patient currently on the ward. When good planning is done by the head nurse in preparation for the conference, it can result in stimulating the staff to become more interested in patients. Interest has been shown in these conferences and they have continued with little or no effort on my part since the original demonstrations and discussions. A weekly schedule of nursing care conferences is posted in the Nursing Office. The Chief Nurse needs to review periodically the schedule to see that conferences are continued.

**Administration of the Wards**

During the past four years, the head nurse has gradually been given more responsibility for managing the ward. She is promoted from the staff nurse group and until recently little help has been given to her in understanding her job which I believe is one of the most important jobs in a hospital. Consequently, the head nurse identifies with the staff nurse
Nursing Care Conferences
Discussing the nursing care plan for a patient in Isolation

Team Leader Giving Assignment to an Aide Nurse
and she has difficulty in assuming the position of a leader. This situation is not peculiar to Seoul National University Hospital, but is common in hospitals in the United States as well. Efforts have been made this year to help the head nurse assume more leadership responsibilities.

To assist me in my work with the Chief Nurse, one ward was selected where I could spend time observing the administration of the ward and the nursing care given to patients. Through the head nurse and the Chief Nurse, we tried out some ways of improving the nursing service at the ward level. Conferences were held with the medical staff to inform them of our plan and to get their suggestions. When a particular method seemed to be successful, the head nurse and Chief Nurse presented it to the head nurse group and it was initiated on the other wards. The main areas studied and tried were:

1. Use of the Kardex as originally planned by Miss Williams.
2. Assignment method.
4. Head nurse rounds.
5. Supervision of personnel.

The Chief Nurse and supervisors must constantly check to see that administrative methods decided upon by the head nurse group are continued.

**Visiting Regulations**

Seoul National University Hospital, as the majority of other hospitals in Korea, has not only the patient in the hospital, but also his family, in varying numbers. In the past, the entire family has come to the hospital with the patient, bringing their bed clothes, cooking
equipment, and food. The family cared for the patient and in many instances prepared his food in the ward. Attempts have been made for several years to regulate the number of visitors staying with the patient. There is improvement for a time, but soon the family is back in large numbers.

The Hospital Superintendent requested that I study the visitor problem and make recommendations for improving the situation. Realizing that this problem had been studied many times before, I decided to consult first with the members of the nursing, medical and administrative staffs. A fairly liberal recommendation was then made to the Hospital Superintendent.

For a time, the regulations were enforced by all of the Hospital personnel, but soon the pressure of the unhappy families was too great and the personnel became more lenient. Families were back in large numbers. More recently, however, another effort has been made and the regulations are being enforced. The Hospital is much cleaner and the wards less confusing. The patient still has one member of the family with him constantly and if the patient is seriously ill, exceptions are made so that other members of the family may also stay with him. Cooking on the ward has been reduced to a minimum and, generally, the patients are eating Hospital prepared food. Small children are still on the wards when the mother is the person staying with the patient. There does not seem to be a simple solution to this problem.

I believe it is possible for the Hospital to enforce the visiting regulations if all personnel, including the medical staff, will assist in interpreting the policy to the patient and his family.
Visiting Regulations*
Seoul National University Hospital

1. One member of the family is allowed to stay with the patient with the exception of patients in the Recovery Room and the Psychiatric Department.

2. The family member who is staying with the patient should always wear a tag on his coat when he is in the ward area.

3. One tag is available for each patient on his admission with the exception of the patient admitted to the Psychiatric Department.

4. The family tag is to be returned to the Admitting Office when the patient is discharged. If the tag is lost, it must be replaced by the person responsible for losing it.

5. Visiting Hours are as follows:
   - 1 P.M. to 3 P.M.
   - 6 P.M. to 8 P.M.

   Exceptions: Respiratory Medicine 6 P.M. to 8 P.M. only.
   - No visitors allowed in the Isolation Ward.

6. Each patient may have only two visitors during visiting hours, except for the critically ill patients.

7. The list of critically ill patients will be prepared by the Nursing Office and given to the guide.

8. Children under 12 years of age may not visit in the Hospital.

9. Visitors must receive visiting card from the guard in the lobby.

10. Visitors must show their visiting card to the guard in the lobby before they enter the ward area.

11. Visitors will return visiting card to the guard as they go out of the Hospital.

12. Patients shall eat food provided by the Hospital.

13. Members of the family will not be allowed to eat in the Hospital area.

14. This regulation will be enforced beginning September 21, 1966.

* Prepared by the Hospital Administrative and Nursing staffs.
Dormitory

A new, beautiful dormitory for graduate nurses and students has been constructed under the ICA/Minnesota program. Ground breaking was held in February, 1959. There are a total of 117 rooms, 13 single rooms for supervisors and instructors and 104 double rooms for nursing staff and students. There are linen rooms, toilets, and bathing facilities on each of the three floors. A spacious lounge has been provided. The building is almost completed, but there will be a delay in occupying the building because the counterpart funds for furniture have not yet been released. Eating facilities were not provided in this building as it was anticipated that a new kitchen and dining room would be constructed in the Hospital. Funds have been allocated for this purpose but have not yet been released. Before the nurses move into the dormitory, eating arrangements must be made as the nurses are presently eating in the old dormitory.

Equipment

There have been many changes in the amount and utilization of equipment in the past four years. In 1957, a central supply room was set up with the help of Mr. Mitchell, adviser in hospital administration. Equipment which had been on each ward and in the offices of the doctors was centralized in one place. Many items of equipment have been purchased under ICA funds, such as stretchers, suction machines, oxygen tents, a rocking bed, respirators, and instruments. We are now awaiting the arrival
of the new beds which will be a help in providing better patient care.

Books

Many books and pamphlets on nursing administration have been purchased for the Nursing Section this year. We are in the process of organizing a library in the Nursing Office. One of the supervisors is assigning the books, pamphlets and journals to the nurses throughout the Hospital to read and summarize. The purpose in doing this is twofold: 1), as a means of stimulating and developing the nurses professionally; and, 2), to get assistance in organizing the library.

B. Problem Areas

It is not unusual for a nursing service department to have problems. From one institution to another, problems vary in type and scope. I would like to discuss two types of problems I have observed at Seoul National University Hospital.

Attitudes

This problem is one which does not take money to solve. It takes, rather, sincere effort and desire on the part of the staff. This problem is one of attitude, attitude toward patients and their families, co-workers, and acceptance of change. I have noticed a lack of concern and interest in the patient and his family among the nursing staff. This is not true at this Hospital alone, but is generally true of nurses in Korea. The aides have often shown more warmth toward the patient than the nurses. This attitude seems to be true in some members of the staff nurse group; I have
not observed this attitude in the supervisors, most of the head nurses, and certainly not in the Chief Nurse. I am sure there are many explanations which could be given. The history of nursing in Korea would be one, for from the beginning nursing was considered a lowly occupation and nurses were servants of the doctors. The status of women in Korea has also had its effect on the development of attitudes. Although this lack of true interest in the patient and his welfare concerns me, I have hope for the future of nursing in Korea and at Seoul National University Hospital. However, it is going to take work on the part of the nursing leaders in Korea and in the Nursing Section of the Hospital as well as willingness and understanding on the part of the staff nurses.

Lack of loyalty toward one another among some members of the nursing staff is an attitude that can be changed. I have seen several examples of unhappy nurses because their co-workers were "unkind" to them. This seems to be evident especially when a promotion of one type or another is given to a person. This attitude in the staff can be corrected to some degree, at least, by bringing in the staff on the formulation of policies so that they will gain more understanding. In the earlier part of this report, progress toward this end was cited.

Reluctance to accept change, I dare say, exists in the staff of any hospital in any country. Its prevalence, however, does not mean that it is useless to try to change. Many new methods of nursing administration have been tried in the Nursing Section during the past four years. As advisers, we have not always allowed the staff to instigate changes; we have not always given time necessary for changes. Yet, in instances where we have
given freedom of choice and sufficient time, there is a tendency for the nursing staff to revert to the old method after a short trial period. An example of this was seen in the assignment method, a method developed by the nursing staff with guidance from me. Yet, it has been necessary to closely supervise the staff or they revert to the old method.

**Doctors' Orders**

Another problem which can be solved without financial aid is the failure of the doctors to always write specific orders for each patient. Orders for diet and the amount of activity the patient may have are two essential orders needed by the nursing staff for every patient, and yet in many instances, these orders are not written. The nursing staff must spend time looking for the doctors and asking them to write the orders; or, what seems to be a more common procedure, the nurses give care without this essential information and the patient is the one who suffers.

**Collection of Money by the Nursing Staff**

The nurses in the Emergency Room collect money from patients or their families during the evening and night hours. The Bookkeeping Department is closed but there is an "on-call" person assigned. I do not believe collection of money is a function of nurses. It is also not safe to keep money in the Emergency Room where many people are constantly coming and going. I recommend that a different plan be considered by the Hospital Administration staff.
Laundry

The nursing staff is frequently hampered by an insufficient supply of linen on the wards and in the central supply room and operating room. This shortage is caused primarily by inadequate laundry facilities. In cold and rainy weather, when it is not possible to dry clothes outside, there is not enough indoor space to dry the clothes. As a result, there are times when patients must lie on uncovered mattresses and pillows. This is poor from the standpoint of the transmission of infections, to say nothing of the comfort of the patient. Graduate nurses and nursing students are encouraged to wash or bathe patients; to do this, one must have towels and wash cloths. It was anticipated that a new laundry would be constructed by this time but this plan has not been realized. Funds have been allocated for a new laundry. If the bed capacity of the Hospital is to be increased in the future, adequate drying space for linen should be seriously considered. If this is not possible, the linen supply will have to be greatly increased to meet the demands.

Equipment

Although a good deal of equipment has been purchased for the Hospital, there is still a shortage in certain items such as instruments and basins for the variety of trays in the central supply room. In a teaching and research hospital, the loss of equipment seems to be especially high. It is necessary, therefore, that the budget include an item for replacement and maintenance of equipment.
Heating System

During the winter months, a part of the Hospital must be closed due to lack of fuel to heat the entire Hospital. This results in a complete shift of patients and personnel twice a year. Patients are crowded into a few wards. This problem is fully recognized by the Hospital Superintendent and his staff and efforts are being made to remedy the situation.

The lack of hot water presents a problem to the nursing service. If patients are to be washed or bathed with hot water, the water must be heated in large cans in the central supply room area and transported to the wards. Improvement of the heating system has been given high priority by the medical and nursing advisers.

Visitors

Although the visiting situation improved for a time when the new regulations were effected, there are still too many visitors on some of the wards. From comments made by the head nurses, there seems to be a lack of constant control by the guards at the door. The difficult job of the guards is appreciated, as families have a hard time accepting these new rules and are very persistent in their demands to be allowed to enter the Hospital at any time. The nursing and medical staffs need to enforce the policy more diligently and not just complain about the numbers of visitors.

The small children presently on the wards is distressing because of the danger of their developing disease conditions or transmitting diseases to patients. There does not seem to be any easy solution to this problem as mothers must bring the children with them when they come to stay and care for the patient. The possibility of a nursery in the Hospital was discussed,
but this did not seem to be a practical answer to the problem.

C. Special Studies Made in the Nursing Section

During the year, a few studies were made in the Nursing Section:

1. Activity study in the Nursing Office
2. Study of the administration of the central supply room
3. Isolation technique on the isolation station
4. Visiting regulations
5. Head nurse group

One of these studies will be reported in some detail, the study made of the head nurses. I am reporting this study because of the importance of the job of the head nurse. She has close working relationships with the nursing and medical staffs, administrative staff, personnel in other departments, the public, and, most important, the patient.

Purpose of Study:

1. To give me more understanding in my work with the Chief Nurse.
2. To find out the problems facing the head nurse.
3. To solicit suggestions in solving problems and in establishing policies and procedures to prevent problems.

Method Used:

Personal interview with each head nurse with the knowledge and approval of the Chief Nurse.
Findings:

1. The head nurses are comparatively young, ranging in ages from 23 to 37 with an average age of 28. Several nurses said they felt that a head nurse should be "older" so that the other nurses "will respect her".

2. Only one of the 13 head nurses is married.

3. The head nurses have not been in their present positions for too long a period of time; from two months to five years or an average of two years.

4. Eight of the 13 head nurses are graduates of Seoul National University. Of the 109 nurses in the Hospital, 78 (71%) are graduates of this School.

5. The head nurses seem to feel that it is important to have further education beyond their high school nursing programs. There was some evidence that the head nurses were becoming concerned about the new collegiate program in the School of Nursing and therefore were feeling the need to get more education. Eight of the 13 head nurses have had some additional education beyond their nursing program. Three have had courses in Korean literature, two in English, one in Home Economics, one in Education, and one a post-graduate course in Midwifery. One of the eight has earned a bachelor's degree in education. Several of the head nurses were reluctant to give the name of the school they attended because they felt it was a "poor school". The majority of them attended school at night, sometimes for several hours an evening.
6. The head nurses feel that it is important to have considerable experience as a staff nurse before becoming a head nurse. The head nurses have had an average of five years of staff nurse experience before becoming head nurses. The majority of them had this experience at this Hospital.

7. Only five of the 13 head nurses have worked in hospitals other than Seoul National University Hospital before becoming head nurses.

8. The problems cited by the head nurses are:

<table>
<thead>
<tr>
<th>Problems</th>
<th>Numbers of Times Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors</td>
<td>5</td>
</tr>
<tr>
<td>Lack of supplies and equipment</td>
<td>5</td>
</tr>
<tr>
<td>Lack of consideration for nurses who are not graduates of Seoul National University</td>
<td>3</td>
</tr>
<tr>
<td>Staffing</td>
<td>2</td>
</tr>
<tr>
<td>Assignment of nurses</td>
<td>2</td>
</tr>
<tr>
<td>Nurses not willing to follow orders of head nurse</td>
<td>1</td>
</tr>
<tr>
<td>Transferring of staff by nursing office without advanced notice</td>
<td>1</td>
</tr>
<tr>
<td>Staff nurses not understanding job of head nurse</td>
<td>1</td>
</tr>
<tr>
<td>Doctors not writing orders for new patients</td>
<td>1</td>
</tr>
<tr>
<td>Not enough assistance from Chief of Medical Staff in getting doctors to follow policies</td>
<td>1</td>
</tr>
<tr>
<td>Not enough cooperation from other departments</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate facilities</td>
<td>1</td>
</tr>
<tr>
<td>Collection of money by nurses in emergency room</td>
<td>1</td>
</tr>
</tbody>
</table>

It is recommended that the problems be studied by the Chief Nurse and supervisors to see if improvements can be made. It is also recommended that supervisors hold frequent conferences with head nurses to discuss problem areas.
<table>
<thead>
<tr>
<th>Age</th>
<th>Status</th>
<th>Civil School of Nursing</th>
<th>Additional Education</th>
<th>Years in Present Position</th>
<th>Years Experience as Staff Nurse SNU</th>
<th>Years Experience Outside SNU</th>
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<td>Chonnam Univ.</td>
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<td>3</td>
<td>Married</td>
<td>Sorokto Island</td>
<td>Midwifery post-graduate course</td>
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<td>(Japanese School)</td>
<td>Ill Shin, Pusan - 6 months</td>
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<td>Kyung Kee College English 2 years</td>
<td>0.2</td>
<td>4.0</td>
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</tr>
</tbody>
</table>
D. **Recommendations Regarding the Nursing Service**

1. Staffing needs for the Nursing Section should be evaluated in light of the future plans of Seoul National University Hospital.

2. A permanent Social Service Department should be added to the Hospital.

3. The functions of nursing personnel prepared this year should be evaluated in 12-18 months and necessary revisions made.

4. The evaluation form should be studied again in six months to one year and changes made as needed.

5. The aide nurse training program should be reviewed by a group of staff nurses, head nurses, and supervisors.

6. Every newly employed person should be oriented and/or trained before taking responsibilities in the Hospital involving the direct care of patients.

7. The Chief Nurse and supervisors should periodically check to see that the ward administrative methods are continued.

8. All Hospital personnel, including the medical staff, should assist in maintaining the visiting regulations.

9. The nursing staff should not have the responsibility of collecting money from patients or their families.

10. A space for drying linen should be considered before next winter.

11. Eating facilities for graduate nurses should be planned before the nurses move to the new dormitory.
III. SCHOOL OF NURSING, COLLEGE OF MEDICINE

A. History

A Technical High School of Nursing was instituted at Seoul National University in 1945 after the liberation of Korea from the Japanese. Since its inception, the School of Nursing has undergone many hardships in order to survive. At the time of the first communist invasion from North Korea in 1950, two faculty members and 80 students were taken into North Korea never to be heard from again. The School building was burned by the communists. The remaining students were taken to Taegu by the present Director, Mrs. Lee, Kwi Hyang, where the students attended the Army Nurse Corps School. In 1951 Mrs. Lee went to Pusan and restarted the School of Nursing; using several of the hospitals in Pusan for clinical experience. Following the signing of the armistice in 1953, the School of Nursing returned with the Medical College to Seoul. As the Medical College and Hospital buildings were occupied by the United States Fifth Army Air Force, it was necessary to utilize buildings on the College of Education campus for offices and classrooms. Several hospitals in Seoul were used for clinical experience for students. In March, 1954 the buildings were once again restored to the College of Medicine and the Nursing School classrooms and offices were housed in the present student dormitory. As the student body increased, the School facilities were moved from one building to another on the medical campus. Clinical experience was again provided at Seoul National University Hospital. The buildings were sorely in need of repair and equipment and supplies were inadequate.

This, then, was the situation of the Seoul National University
School of Nursing when the first nursing adviser, Miss Margery Low, arrived on March 19, 1957. Prior to her arrival, in the summer of 1956, Miss Low had the opportunity to meet and work in Minnesota with Mrs. Lee, the Director of the School, and Mrs. Lee, Song Hee, Surgical Supervisor, in the Hospital. These were the first two nursing participants sent to the University of Minnesota under the Minnesota Contract of the International Cooperation Administration Program.

When Mrs. Lee, Kwi Hyang returned to Seoul after six months at the University of Minnesota, the faculty, with the help of Miss Low, began to consider the future of the School of Nursing. In Miss Low's Interim Report, January 1-March 15, 1958 she states "After observation of the situation and the faculty here in Korea, it was the belief of Mrs. Lee and myself that revision of the curriculum should be upon the collegiate level only. The high school program was, in our judgement, elementary for the production of responsible nurses." On January 13, 1959, President Syngman Rhee approved a collegiate nursing program under the College of Medicine at Seoul National University. The first students were accepted in April of 1959. The last class of the Technical High School Program entered in 1958 and were graduated in March of 1961.

The Republic of Korea has 24 schools of nursing, 9 in Seoul and the remainder scattered throughout the country. Three of the 24 schools are collegiate programs, one located at Seoul National University and the other two at Ewha and Yonsei Universities. Fifteen of the schools have doctors as directors; all three of the collegiate schools have nurse directors.

Seoul National University Hospital which is used for the clinical
experience for students has more inpatients and outpatients than any other
hospital in Korea. On the other hand, Seoul National University School of
Nursing has less faculty members per students than either of the other two
collegiate programs*.

B. Organization

In previous reports, the nursing faculty and student body have been
referred to as the Department of Nursing. The present administration
prefers, as is noted on the organizational chart, to use the title School of
Nursing.

The Director of the School of Nursing is responsible to the Dean of
the College of Medicine. She holds a table of organization position in
the College, that of assistant professor, and is a regular member of the
faculty of the College of Medicine.

The budget for the School of Nursing will be allocated by the Dean
of the College of Medicine when the budget for the high school program is
discontinued. Only four table of organization positions are allotted to
the school because of an inadequate budget in the College to provide for
additional positions.

1 Associate Professor
1 Assistant Professor
1 Instructor
1 Administrative Officer (General Affairs)

The present faculty, however, will not be given these ranks as they
do not qualify according to standards in the College of Medicine. It is
my understanding they will have the following ranks beginning in April,
1961:

* Survey made by Indiana Nurses' Team, USOM (Indiana Contract)
Mrs. Lee, Kwi Hyang  Assistant Professor
Miss Choi, Ai Ok  Assistant
Miss Hong, Yao Shin  Assistant

In April there will be a total of 120 students in the School of Nursing. Fifty students will be taking liberal arts courses and will not be taught by the nursing faculty. Including the Director, there will be a ratio of one faculty member to 23 students enrolled in nursing courses. In the summer of 1961, three participants will be returning from the University of Minnesota. Assuming that positions will be provided for them, there will be a ratio of one faculty member to 11 students. In April, 1962 there will be an additional 50 students. If the faculty numbers remain the same, there will be a ratio of one faculty member to 20 students.

<table>
<thead>
<tr>
<th>Faculty-Student Ratio</th>
<th>Present and Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students in School</td>
<td>Number of Students in Nursing Courses</td>
</tr>
<tr>
<td>April, 1961</td>
<td>120</td>
</tr>
<tr>
<td>Fall, 1961</td>
<td>120</td>
</tr>
<tr>
<td>April, 1962</td>
<td>170</td>
</tr>
</tbody>
</table>

* Includes positions for three returning participants

The faculty-student ratio is only one factor to be considered in determining faculty needs. Nursing is learned not only in the classroom, but also on the wards, in the outpatient department and in other agencies. Consideration needs to be given, therefore, to the number of faculty needed to assist students during their clinical experience. If the objectives of
the program are to be met, and if the major responsibility for teaching is to be in the School of Nursing with only assistance given by the Nursing Section of the Hospital, additional positions will be needed. I recommend that in addition to the three positions for returning participants, eight faculty positions be added by the spring of 1962. This number does not include faculty to teach courses for graduate nurses.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Approved Number of positions</th>
<th>Additional Faculty Numbers Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring and Summer, 1961</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Fall, 1961</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Spring, 1962</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

* Includes Positions for Returning Participants

C. Curriculum

The objectives of the School of Nursing are the same today as when they were formulated before the four year program was instituted. According to Mrs. Lee, Kwi Hyang, the objectives as outlined in Miss Low's final report are for graduate programs in the future as well as for the present under-graduate program.
"The Objectives of the School of Nursing are:

1. To provide most effectively the knowledge, sound judgment, attitudes, and techniques of physical, social, psychological, and emotional education which are necessary for a nurse in the care of the patient, the family, and the community.

2. To develop in the student a profound knowledge of nursing and a sense of professional responsibility.

3. To maintain and promote personal health of the student, to develop in her an understanding and skill in public health care and the solving of public health problems.

4. To provide the student with basic knowledge and attitudes for a satisfactory home life.

5. To provide the student with the knowledge to become professionally qualified in the fields of nursing education, ward administration, public health, and midwifery."

The first two years of the new program operated as planned by the faculty. Minor changes have been made in the curriculum during the third and fourth years. Credits for ward practice have been increased from 12 to 16 during the third year and from 12 to 20 during the fourth year. A health survey course is now included in the curriculum in the fourth year. Careful study needs to be made by the faculty of the present curriculum in the light of health needs in Korea today. Presently, the curriculum is reviewed by a special Curriculum Committee in the College of Medicine with the Academic Dean as chairman. As the School of Nursing faculty increases with well prepared persons, it is recommended that the School have its own curriculum committee with the Director as chairman and function as shown on the organizational chart. Medical faculty who teach in the School should be included on this committee.

All courses, including general education courses, are taught in the
<table>
<thead>
<tr>
<th>Subject</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>German</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mathematics</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Natural Science</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Philosophy</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Culture</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Home Economics</td>
<td>4</td>
<td>3</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Biology</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Chemistry</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Physical Education</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Anatomy</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Physiology</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Psychology</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Drug Preparation</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Physical</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>42</td>
<td>37</td>
<td>44</td>
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</table>
School of Nursing building. This means that a class of nursing students meets only with their own group for the entire program. It is recommended that nursing students attend classes with other students on the Campus of the College of Liberal Arts for the first two years of the program. Associations with students from other fields should help to give depth and breadth to the preparation of professional nurses.

The majority of the nursing classes are taught by doctors. During the past few months, Mrs. Lee has met with the doctors responsible for the teaching and has prepared outlines of the content of the lectures to be given by them. Although the faculty load is heavy, it is recommended that every effort be made by the faculty to attend the lectures given by the doctors. Only in this way can there be assurance of continuity between the lectures given by the doctors and the follow-up classes given by the nurse faculty members.

In the fall of 1960, the first students in the new program were assigned to two hours a week of clinical experience on the medical and surgical wards as part of the course in Nursing Arts. Prior to this assignment, the faculty and members of the Nursing Section in the Hospital met together to make plans for this experience. Efforts had been made during the summer months to improve the method of assignments on the wards as described under the Nursing Section. The students were assigned to a team and the team leader made the assignments of the students with help from the instructor and head nurse. Students were assigned to specific patients and were instructed to carry out all the procedures they had been taught in the classroom. Supervision was given by the instructors
## Department of Nursing
Seoul National University
Rotation Plan

April 6, 1961 to February 28, 1961

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Students</th>
<th>April 6 to May 25</th>
<th>June 26 to July 14</th>
<th>July 15 to 31</th>
<th>Oct 5 to Nov 25</th>
<th>Nov 27 to Dec 16</th>
<th>Dec 16 to Feb 28</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>Operating Room</td>
<td>2 weeks each</td>
<td>General Surgery</td>
<td>Medicine</td>
<td>Gynecology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central Supply</td>
<td>Post Anesth.</td>
<td>Neuro Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Room</td>
<td>Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chest Surgery</td>
<td>Orthopedic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>Central Supply</td>
<td>General Surgery</td>
<td>Medicine</td>
<td>Gynecology</td>
<td>Operating Room</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Room</td>
<td>Post Anesth.</td>
<td>Neuro Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chest Surgery</td>
<td>Orthopedic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>General Surgery</td>
<td>Medicine</td>
<td>Gynecology</td>
<td>Operating Room</td>
<td>Central Supply Room</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicine</td>
<td>Operating Room</td>
<td>Room</td>
<td>Room</td>
<td>Room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>Medicine</td>
<td>Gynecology</td>
<td>Operating Room</td>
<td>Central Supply Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Room</td>
<td>Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>Gynecology</td>
<td>Operating Room</td>
<td>Central Supply Room</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Operating Room</td>
<td>Post Anesth.</td>
<td>Neuro Surgery</td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td>Room</td>
<td>Medicine</td>
<td></td>
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<td></td>
<td>Chest Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Orthopedic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
and team leaders. Ample time was given the students to ask questions, read charts, talk to patients and their families; as well as give care to the patients. Each student completed a nursing care study on one patient and discussed the nursing care given to the patient, conversation with the patient, nursing care plan and special problems. This was done in an effort to get the student to give patient-centered care rather than procedure-centered care. Only two wards were utilized for the assignment of students which meant that nine or ten students were assigned at one time. This resulted in considerable confusion with an insufficient amount of supplies and equipment for all the students. It is recommended that in the future, either additional wards be used or the students be assigned at different hours of the day. This should result in more effective learning for the students and less confusion for the nursing service.

In April, 1961 the junior students will be assigned to the wards for four hours a day, six days a week or a total of 24 hours a week. A rotation plan for the third and fourth years was planned by the faculty assisted by Miss Williams in 1959. In preparation for the clinical experience, one of the faculty members has prepared objectives and plans for each clinical area where the students will be assigned during the third year. These have been discussed with the head nurses and supervisors concerned. The head nurses in the operating room, central supply room, and post anesthesia room will have to take full responsibility for teaching students when they are assigned to these areas because of the inadequate numbers of faculty. The head nurses in the medical, surgical, and gynecological areas will assume responsibility in assigning students and
supervising them in certain procedures and care given to patients.

Concurrent teaching with the clinical experience was originally planned. The time of both the faculty members and the medical staff does not now make this plan feasible. The only place where concurrent teaching will be done is in the areas where the teaching is done by the head nurses. More consideration should be given by the faculty to the work load of the head nurses in planning the curriculum.

Although it is true that teachers and administrators of nurses are needed in Korea, I do not believe that Seoul National University should undertake the development of graduate programs for many years. The present four year collegiate program needs to be studied and improved; additional faculty members are needed for this program alone. It would seem feasible, however, when the faculty load increases, to offer extension courses and workshops for graduate nurses in the fields of education and administration.

D. Buildings and Equipment

The School of Nursing did not have a building of its own after 1950 as the building was destroyed by the communists. In 1955 money was allocated under ICA funds for the construction of a School of Nursing building. The building was occupied in February, 1959. Seoul National University now has, without a doubt, the most spacious and well equipped nursing school building in Korea. It has four classrooms, one reading room (library), one conference room, business and instructors' offices, nursing arts laboratory, auditorium, heating plant, and toilets. Heating the building in the winter months is a problem because of insufficient budget. The School of Nursing building is used frequently by nursing groups in Seoul for meetings and
School of Nursing Building

Dormitory for Graduate Nurse and Nursing Students
workshops.

The building is well equipped for teaching. The nursing arts laboratory has more equipment than the average ward in the Hospital. Approximately 250 books have been purchased through ICA funds since the arrival of the first nursing adviser in 1957. A movie projector has been purchased and an order is in for an opaque projector and slide projector.

A new dormitory for both graduate nurses and students has been constructed under the ICA/Minnesota program. The dormitory was described under the Nursing Section portion of this report. When the senior students in the High School Program graduate in March, the student dormitory will no longer be used for this purpose because of lack of budget for a housemother, cook, and food. The students in the third year of the collegiate program therefore will have to continue to live in homes in the City which will necessitate some changes in hours of clinical practice. When the new dormitory is ready for occupancy, the housemother for the graduate nurses will probably also be the housemother for the students.

E. Recommendations Regarding the School of Nursing

1. A minimum of 11 positions should be added to the School of Nursing by April, 1962 if the faculty is to assume the major responsibility for teaching both in the classroom and in the clinical areas of the Hospital.

2. If it is not possible to add faculty positions, consideration should be given to reducing the number of students accepted in the program.

3. A study of the curriculum needs to be made by the faculty in the School of Nursing and necessary changes made in light of the health
needs of the people in Korea.

4. Students in the first two years of the program should attend classes with students in other fields on the College of Liberal Arts Campus.

5. Faculty members periodically should attend classes taught by the doctors for the purpose of evaluating the content and to give continuity to the total program.

6. The faculty should give more consideration to the numbers of students assigned at one time to the wards in the Hospital in the interest of student learning and patient care.

7. Faculty members should spend as much time as possible on the wards with the students.

8. Consideration of the work load of the head nurses should be given by the faculty when they expect them to take major responsibilities for teaching students.

9. A graduate program for nurses should not be started until the present four year program is operating effectively and faculty numbers are substantially increased.

10. Courses and workshops for graduate nurses should be offered in administration and teaching as faculty numbers increase.
IV. COORDINATION BETWEEN THE NURSING SECTION AND THE SCHOOL OF NURSING

The purpose of a collegiate program in nursing is to teach students to become professional nurses. The purpose of a nursing service department is to provide nursing service to patients. In a teaching institution, such as Seoul National University Hospital, the Nursing Section also has a responsibility to provide an environment which is conducive to student learning and to assist in the informal aspects of teaching. If a nursing service department is to fulfill its major purpose of providing nursing care to patients, which involves training of auxiliary personnel, improvement of methods, development of staff, etc., it cannot, in my opinion, assume major responsibilities for teaching nursing students.

There are times, however, when the nursing service department is called upon to assume major teaching responsibilities in certain clinical areas. It is true at the present time in this Hospital. The number of faculty members is inadequate to teach both in the classroom and on the wards. As has been previously mentioned, additional faculty members are needed if the program in the School of Nursing is to be truly educational.

Whether the Nursing Section assists or assumes major responsibility for teaching nursing students, there needs to be a close working relationship between education and service. Miss Low and Miss Williams both recommended a more effective system of communications between the School of Nursing and the Nursing Section in the Hospital.

In the fall of 1960, the sophomore students in the college program were assigned to the wards for the first time. Prior to this assignment, several joint meetings were held to plan for the student assignments. The supervisors and head nurses concerned were included in the planning committee.
For several months, there was little formal communication between the two groups, although it was necessary to do a good deal of planning for student experience in April of 1961. During the past two months, however, there has been a renewed interest and several effective meetings have been held.

Specific plans have now been made for the students' clinical experience during the spring and summer of 1961. Conferences have been held with the head nurses and supervisors. Information regarding the background of the students and the specific objectives of each clinical assignment has been written and discussed with the persons in the Nursing Section who will be responsible for the teaching. I recommend that more initiative be taken by the faculty members in planning for student experience in the Hospital.

It is also important that nursing service keep the faculty informed of changes in the Hospital situation which effect the teaching program. A close working relationship between the two groups is therefore important in the teaching program and will help to produce nurses who can function more effectively in a nursing service department.
Planning Meeting
Between Nursing Education and Nursing Service

Workshop sponsored by nurses in Indiana Contract and Minister of Education held in Seoul National University School of Nursing building
Information for Head Nurses on Wards
Where Students Will Be Assigned for Clinical Experience
Spring and Summer, 1961*

During the fall of 1960, students had 2 hours a week for 12 weeks clinical experience. (12 hours on medicine; 12 hours on surgery). During this time, they had the following experiences:

1. Practiced what they learned in the classroom.
   Procedures of bedmaking, bath, T.P.R., B.P., comfort measures, charting, talking with patients, getting assignments from head nurse or staff nurse.

2. Observed demonstration on the wards:
   Catheterization; Medication; Enema

3. Observed demonstration in the C.S.R., P.A.R.
   a. Preparation of sets.
   b. Handling autoclave.
   c. Making packages.
   d. Methods of sterilization and care of the various articles.
   e. Observed in P.A.R.

4. Some of the students observed aspiration performed by a doctor.

5. Each student made a report of what they had done on the ward; discussed report in the classroom.

6. Had experience as a team member: received report from the team leader; gave report to the team leader.

7. The following procedures were practiced in the school laboratory but not on the wards:
   a. Injections
      Subcutaneous
      Intramuscular
   b. Catheterization
      Retention catheter
      Irrigation of a retention catheter
      Bladder irrigation
      Obtain a sterile urine specimen
   c. Positions
      Dorsal
      Side
      Fowler's
      Prone
      Sims'
      Knee-Chest
      Lithotomy
      Trendelenburg

8. Procedures learned in the classroom:
   a. Aspiration of body cavities
      Thoracentesis
      Abdominal paracentesis
      Lumbar puncture
   b. Surgical dressing
   c. Irrigation
      Gastric Lavage
      Perineal irrigation
      Vaginal irrigation
      Wound irrigation

9. Lectures by doctor
   a. Oxygen therapy
   b. Blood transfusion

* Prepared by Instructor in the School of Nursing
February, 1961
Information for Head Nurse Regarding Clinical Experience for Students Assigned to Post Anesthesia Room*

Time Schedule: 7:30 A.M. to 11:30 A.M.
Monday Through Saturday
For 3 Weeks
Dates for Each Group: April 3 to April 21
April 22 to May 11
May 12 to May 31

Objectives of Student Experience in Post Anesthesia Room

1. To get experience in giving patients postoperative nursing care and to develop an understanding of preoperative nursing care.

2. To get experience in taking care of the critically ill patient.

3. To develop an understanding of the administration of medicines and to observe the results of the medications. (Particularly in critically ill patients.)

4. To understand the importance of accurate records and the need for recording specific data.

5. To develop cooperation and good relationships with the patient and his family.

6. To develop an understanding of the procedures for the various types of emergencies.

7. To develop an understanding of the methods of oxygen therapy.

8. To develop an understanding of the prevention and nursing care of the patient with postoperative complications.

9. To develop an understanding of the observations and nursing care of the patient with postoperative discomforts and complications.

10. To develop an understanding of the care of the patient in the artificial lung and the respiratory bed.

Remarks:

If there are no patients in the Post Anesthesia Room when students are on duty, the students should be sent to the wards to get experience in giving nursing care to critically ill patients. The wards where the students will go are general surgery and orthopedic surgery.

* Prepared by Instructor in the School of Nursing
February, 1961

- 54 -
V. PARTICIPANT AND ADVISER PROGRAMS

Participant Program

Since 1956, nine participants in nursing have been sent to the University of Minnesota for study. Six have returned, three to the School of Nursing and two to the Nursing Section in the Hospital. One participant returned after six months because of illness; she is no longer employed by the Hospital. Three participants are presently at Minnesota and will return in the summer of 1961 unless their time is extended. The plan is to give them positions in the School of Nursing. One participant, Miss Hong, Yeo Shin earned a bachelor's degree in nursing education and graduated with distinction.

There is a need for additional participants in the Nursing Section of the Hospital as there are only two nurses on the staff of this large Department who have studied abroad. It is recommended that three persons be prepared for supervisory positions.

The School of Nursing will have six faculty members who have studied at the University of Minnesota. It is my feeling that they can assist in preparing faculty members who may be added to the staff.

Adviser Program

In reviewing the situation in nursing at Seoul National University over the past four years, it seems to me that it would have been desirable to have had two advisers here at the same time, one in nursing service and one in nursing education. There is still a need for continued guidance in both departments and it is recommended that two advisers in
nursing continue at Seoul National University.

Tentative plans have been made for the nurses in the Indiana Contract to assist the School of Nursing. The collegiate program is beginning its third year and the faculty needs assistance during this critical time. I therefore support the plan to have the nursing advisers in the Indiana Contract include Seoul National University as one of the schools receiving assistance. I recommend that an additional nursing adviser be assigned to the Nursing Section of the Hospital.

Recommendations Regarding Participant and Adviser Programs

1. Three additional participants should be sent to the University of Minnesota for study in nursing administration at the level of supervisor.

2. Two nursing advisers should continue at Seoul National University, one in nursing education and one in nursing administration. If the Indiana Contract includes Seoul National University as one of its schools receiving assistance, only one adviser will be needed, in nursing administration.
<table>
<thead>
<tr>
<th>Name</th>
<th>Present Rank or Position</th>
<th>Program of Study</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee, Kwi Hyang</td>
<td>Assistant Professor</td>
<td>Nursing Education</td>
<td>August 20, 1956 - February 18, 1957</td>
</tr>
<tr>
<td>Lee, Song Hee</td>
<td>Chief Nurse</td>
<td>Nursing Education and Nursing Administration</td>
<td>August 20, 1956 - August 12, 1957</td>
</tr>
<tr>
<td>Choi, Ai Ok</td>
<td>Ass't Instructor</td>
<td>Nursing Education</td>
<td>August 17, 1959 - August 12, 1960</td>
</tr>
<tr>
<td>Hong, Yeo Shin</td>
<td>Ass't Instructor</td>
<td>Nursing Education (Earned B.S. degree)</td>
<td>August 13, 1958 - March 31, 1961</td>
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<tr>
<td>Kang, Yoon Hi</td>
<td>Supervisor</td>
<td>Nursing Administration</td>
<td>August 17, 1959 - March 31, 1961</td>
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<tr>
<td>Lee, Sung Hak</td>
<td>Ass't Instructor</td>
<td>Nursing Administration and Public Health Nursing</td>
<td>March 21, 1960 - (September 21, 1961)</td>
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<tr>
<td>Cho, Yun Sup</td>
<td>Ass't Instructor</td>
<td>Nursing Education</td>
<td>January 27, 1960 - (June 27, 1961)</td>
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<tr>
<td>Yoo, Hea Soo</td>
<td>Ass't Instructor</td>
<td>Nursing Education</td>
<td>June 25, 1960 - (June 25, 1961)</td>
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<tr>
<td>Kim, Un Sook</td>
<td>Head Nurse</td>
<td>Nursing Administration</td>
<td>August 17, 1959 - February 26, 1960</td>
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</table>
VI. MEETINGS AND FIELD TRIPS

A. Regular Meetings Attended

1. All Nursing Section Meetings
2. Hospital
   - Administrative Committee
   - Operation Committee
   - Chief of Department
   - Auxiliary Meeting
3. Dean of College of Medicine Weekly Meeting
4. TC-HS Weekly Meeting
5. Nursing Organization Meetings
   - Seoul City Nurses' Association
   - Korean Nurses' Association Annual Meeting
6. USOM Nurses and Ministry of Health and Sanitation Nurse Monthly Meetings
7. Workshops
   - Indiana Nurses' Team
   - Korean Nurses' Association

B. Field Trips

1. Hospitals in Seoul
   - Severance
   - Eastgate
   - National Medical Center
   - Red Cross
   - Children's Relief
2. Hospitals in Pusan
   - University Hospital
   - Ill Shin Maternity
   - Children's Charity
3. Visits to Health Centers

Wondong
Inchon
Pusan Provincial Health Center
Save the Children's Func Clinic, Pusan
Mary Knoll Catholic Sisters' Clinic, Pusan

4. Other Visits

Tong Nae Rehabilitation Center, Pusan
Maria Model Village, Seoul
School for the Blind, Seoul
Visit to home of patient, Pochun
ASCOM Evacuation Hospital
Nursing Section
Seoul National University Hospital

Functions of Chief Nurse*

Responsible To: Hospital Superintendent

1. Plans and controls nursing service given to the patients by:
   a. Selecting nursing personnel to recommend for appointment to the Superintendent.
   b. Making assignments of nursing personnel to the wards, Out Patient Department, Emergency Room, Post Anesthesia Room, Operating Room & Central Supply Room.

2. Determines functions of nursing personnel and informs persons concerned after the Superintendent has approved.

3. Supervises all nursing personnel including direct supervision given to:
   a. Day Supervisors
   b. Evening Supervisor
   c. Night Supervisor
   d. Dormitory Supervisor
   e. Head nurses in Central Supply Room, Operating Room and Post Anesthesia Room.

4. Delegates supervisory functions to:
   a. Day Supervisor (Surgical Wards) - Supervision of Head Nurses working in Orthopedic, Neurosurgery, Surgical TB Ward, Gynecology, Emergency Room and General Surgery.
   b. Day Supervisor (Internal Medicine Wards) - Supervision of Head Nurses working in Pediatrics, Internal Medicine, Psychiatry, Communicable disease and Respiratory Medicine.
   c. Out Patient Department Supervisor - Supervision of nursing staff in Out Patient Department and EKG

5. Evaluates nursing personnel under her direct supervision and informs them of their progress.

6. Evaluates nursing service by:
   a. Making periodic rounds in all areas of the Hospital.
   b. Having discussion on nursing care to patients with nursing staff, medical staff, patient, patients' families, staff from other departments, and Superintendent.

7. Communicates information to nursing personnel.
   a. Periodic meetings with nursing personnel:
      Supervisors' meetings
      Head Nurses' meetings
   b. Written Notices
   c. Individual Interviews

* Translated from Hangul
8. Maintains communications in Chief Nurse's Office through:
   a. 24 hour report
   b. Message Book

9. Informs nursing personnel of the information given by the Superintendent and/or departmental chiefs; relays information of the nursing service to the Superintendent and/or departmental chiefs.
   a. Administrative Staff Meeting (Every Monday and Thursday)
   b. Individual Interviews.
   c. Departmental Chief Meeting.
   1) Daily patient census
   2) Unusual incidents
   3) Problems involved in patient care.
   4) Problems with other departments.
   5) Personnel who need assistance.

10. Prepares budget for equipment, supplies, and nursing salaries and reports to the Hospital Superintendent on January 1 of each year.

11. Prepares request for equipment and supplies every three months at the end of March, June, September and of December, and submits to the Superintendent.

12. Establishes a committee on Nursing Administrative Policies and Procedures in order to formally describe and revise those policies and procedures in the nursing service. Committee will consist of supervisors, head nurses, and staff nurses.

13. Participates in the formation of policies for the Hospital and Nursing Service.

14. Plans and controls orientation and inservice education programs for all the nursing staff (delegated to Out Patient Department Supervisor).

15. Encourages nursing staff to improve in their professional development by providing opportunities for them to participate in lectures, workshops and conferences.

16. Keeps individual records of all nursing staff.

17. Develops good relationships with the Superintendent, medical staff, administration staff, Nursing School staff, visitors, volunteer workers and other personnel in the Hospital.

18. Participates in professional conferences in an effort to improve.
   Ex: Chief Nurses Meeting, Seoul City Nurses' Association, Korean Nurses' Associations.

19. Arranges weekly meetings for head nurses and supervisors for the purpose of:
   a. Communicating information
   b. Solving problems
   c. Discussing inservice education

20. Meets with Director of School of Nursing and faculty members periodically to set up plans for clinical experience for the students.

21. Assists in maintaining favorable environment for the nurses living in the dormitory.

December, 1960
Nursing Section
Seoul National University Hospital

Functions of Day Supervisor*

Responsible To: Chief Nurse
Supervision Given To: Head Nurses in assigned wards

1. Communicate instructions given by the Chief Nurse to head nurses; relay information from them to the Chief Nurse.
   a. Supervisors' meetings.
   b. Information resulting from the above meetings.
   c. Individual conferences.
   d. Explanation of Hospital policies.
   e. Twenty Four Hour Report.
      Read report on patients' condition from previous day; prepare report for the Evening Supervisor.

2. Make at least one round daily on all wards to see critically ill patients on your Service. See all patients on each ward every other day; observe nursing care provided by staff nurses, student nurses and aide nurses. Make suggestions to the head nurses as to how they can improve their service for the patients.

3. Check the assignment card every morning to see if it is made out properly, and help the head nurse in her planning.

4. Participate in nursing care conferences on your stations. Make suggestions to the head nurse as to how they may be improved.

5. Participate periodically in morning and afternoon reports on the wards.

6. Participate periodically in doctor's rounds.

7. Discuss with head nurses, staff nurses, doctors, patients and families about the quality of patient care.

8. Check periodically the Kardex to see if it holds the necessary information. Nursing care plan included? Discuss with head nurse.

9. Check patient chart periodically to see if doctors' orders and proper observations of the patient have been done. Discuss with head nurse.

10. Hold discussions with head nurses on the matter of problems and help her to solve.

11. Help head nurses evaluate the nursing activities of the staff nurses, student nurses and aide nurses.

12. Introduce head nurse to reading material available for clinical nursing.

13. Arrange staffing on the wards.
   a. In the absence of a staff nurse or aide nurse, make temporary reassignment.
   b. Check the weekly-hour-schedule
   c. Discuss staffing with the Chief Nurse.

14. See if a comfortable environment is maintained for the patients as follows;
   a. Make detailed rounds on your stations.
   b. Observe cleaning procedures provided by ward personnel.
   c. Make suggestions to the Chief Nurse on the improvement of ward facilities.

* Translated from Hangul
15. Participate in meetings and committees;
   a. Supervisors' meetings
   b. Head Nurses' meetings
   c. Nursing Administrative Policy and Procedures Committee.
   d. Planning committee for clinical practice of the student nurses.

16. Coordinate relationship between nursing service and that of other departments;
   a. Discuss nursing service with the doctors.
   b. Participate in interdepartmental meetings in order to improve patient care such as chart conference in neuro-psychiatry ward.

17. Evaluate head nurses' activities. Inform them of their performance and report to the Chief Nurse.

18. Get inventory report from head nurses on linen and emergency medicines once a week.

19. Get and check supply request from each head nurse every Thursday and give to CSR.

20. Explain new equipment to head nurses.

21. Read books and participate in workshops, panels, and nursing care conferences.

22. Discuss with head nurses and OPD supervisor (in charge of inservice education plan) the inservice education plan for staff nurses and aide nurse, and the orientation program for new staff nurses and aide nurses.

23. Explain Hospital policies to the patients, visitors and hospital personnel.

January, 1961
Nursing Section
Seoul National University Hospital

Functions of Head Nurse in the Operating Room.

Responsible To: Chief Nurse
Supervision Given To: Staff Nurses, Aide Nurses, and Janitors.

1. Relay instructions given by the Chief Nurse to staff nurses and aide nurses; relay information from operating room staff to the Chief Nurse.
   a. Morning report (reading report of previous day)
   b. Afternoon report
   c. Head Nurses' meeting
   d. Conferences.

2. Define activities of personnel and make assignments accordingly.

3. Get operation slips from the wards every afternoon and check to see whether or not the deposit money has been paid at the Admitting Office.

4. At the completion of an operation, send a charge slip which has been filled in by the surgeon to the Admitting Office on the following morning.

5. Observe work of operation and make suggestions as to how they can improve.

6. Make intensive rounds to see that the environment is desirable and make suggestions for improvement.

    a. Cleaning of rooms.
    b. Temperature.
    c. Lighting conditions.

7. Report repairs needed to the Maintenance Section.

8. Make suggestions to the Chief Nurse as to how to improve the facilities in the Operating Rooms.

9. Request supplies every Thursday through the Chief Nurse.

10. Request necessary medications to the Pharmacy every morning.

11. Request needed equipment through the Chief Nurse as necessary.

12. Keep a record of equipment on hand and check to see that the equipment is in good condition. Report damaged or missing equipment to the Chief Nurse.

13. Report unusual events to the Chief Nurse.

14. Evaluate the work of personnel in the Operating Rooms and inform them of their progress.

15. Guide newly appointed staff nurses, student nurses, and aide nurses in their activities in the Operating Room and show them their assignments.

16. Take inventory once a week on linen and emergency medications and report the results to the Chief Nurse.

17. Help staff nurses and aide nurses to develop in their work by having classes in the Operating Room and by helping them individually.

18. Help student nurses' practice by:
   a. Assisting them in their technique.
   b. Making assignments according to their learning needs.
   c. Evaluating their practice.

19. Make two copies of previous day's work schedule and that of immediate day; send to the Nursing Office every morning.

20. Interpret Hospital policies to staff nurses, aide nurses and students in the Operating Room.

21. Check each morning to see that there are enough supplies for the day's work.

* Translated from Hangul

February, 1961
Nursing Section
Seoul National University Hospital

Functions of Staff Nurses Assigned to Out Patient Department*

Responsible To: Supervisor of Out Patient Department
Supervision Given To: Aide Nurses, Orderlies, and Student Nurses

1. Relay information to the supervisor and communicate instructions given by Chief Nurse or Supervisor.
   a. Morning and afternoon report
      Report to Supervisor as she is making rounds: Information on staffing; unusual events; etc.
   b. Participate in staff nurse meetings.
2. Define activities of student nurses and aide nurses and make assignments accordingly.
3. Observe nursing care provided by student nurses and aide nurses and teach them how to care for patients.
4. Explain Hospital policies to students and aide nurses.
5. Evaluate activities of aide nurses and student nurses, and inform them of their individual ability.
6. Explain Hospital regulations to patients and their families; e.g. procedures for X-Ray.
7. Report to Supervisor on weekly inventory of equipment and linen.
8. Guide newly appointed students and aide nurses to their assignments.
9. Help students and aide nurses individually so as to improve their nursing activity.
10. Request necessary equipment of the Supervisor.
11. Request expendable items every Thursday.
12. Request from the Supervisor, Medications from the Pharmacy every Friday and Tuesday.
13. Sterilize equipment.
14. Help doctors whenever necessary. e.g. Dressing
15. Give medications and treatments as necessary.
16. Report to the maintenance office for required repairs.
17. Make suggestions to the Supervisor on improving OPD facilities.
18. Arrange with Bookkeeping if patient is to be admitted to the Hospital.
19. Calculate the number of treatments given the previous day and report to the Admitting Office.
20. Make out a list of patients and their diagnosis and submit to General Affairs Office at the end of each month.
21. Check to see that electricity is off, water taps closed, and door locked at end of day; bring the key to the Nursing Office.
22. Make daily patient census and bring to the Nursing Office.
23. Record or insert new patient's chart on 'Out Patient Department Patient Note' daily in correct order. After a week, release it to the Record Room. If continued treatment is required, keep the chart until it is completed.
24. Fill in 'treatment slip' before patient is given treatment. Ask patient to bring slip to the Admitting Office and return it to clinic.
25. Get chart of return patient from the Record Room.
26. Care for patients according to time of arrival.

* Translated from Hangul February, 1961
Responsible To: Team Leader

1. Participate in morning and afternoon reports.
2. Get instructions from the team leader and read the assignment list.
3. Give nursing care to patients as assigned by the team leader.
   Examples: bath; massage; washing hands and face; shampoo; mouth care.
4. Make at least three visits daily to assigned patients to observe their condition and take care of their requests. Report unusual findings to the Team Leader.
5. Assist the staff nurse in caring for patients.
6. Give enema, shave, and catheterize male patients. (Male aide nurse)
7. Distribute water to patients.
8. Assist at meal hours by:
   a. Distributing food to patients.
   b. Feeding patients when necessary.
   c. Reporting to Team Leader when patients do not eat.
   d. Heating food as necessary when meals are delayed because of X-Rays, laboratory procedures, etc.
   e. Collect trays and take to kitchen.
9. Clean and prepare room for new patients.
10. Assist patient when discharged by checking, packing and transporting property.
11. Clean room and equipment following discharge of patient.
12. Clean patients' rooms.
13. Transport and/or accompany patients going to X-Ray and Operating Room.
14. Call for supplies at Central Supply Room.
15. Assist staff nurse in making linen inventory.
16. Report damaged or missing equipment to team leader. Use equipment carefully.
17. Make suggestions to team leader as to ways of improving the physical facilities on the wards.
18. Inform Team Leader of needed repairs.
19. Interpret Hospital policies to patients and their families and help them to observe policies.
20. Participate in nursing care conference.
21. Care for patients' belongings. (Psychiatric Ward)
22. Purchase merchandise for patients according to the Team Leaders instructions.

* Translated from Hangul

January, 1961
<table>
<thead>
<tr>
<th>Day</th>
<th>Subject</th>
<th>Time</th>
<th>Teacher</th>
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<tbody>
<tr>
<td>First</td>
<td>Introduction</td>
<td>2 Hours - A.M.</td>
<td>Chief Nurse</td>
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<tr>
<td></td>
<td>Purpose of Hospital</td>
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<td></td>
<td>Organization of Section</td>
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<td>(Lines of Responsibility)</td>
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<td>Functions</td>
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<td></td>
<td>Personnel Policies</td>
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<td>Clothes, Eating Facilities, etc.</td>
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<td>Hospital Ethics</td>
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<td></td>
<td>How to talk with Patients and Families</td>
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<td>Tour of Hospital</td>
<td>1½ Hours - P.M.</td>
<td>Supervisor</td>
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<tr>
<td>Second</td>
<td>Cleaning Ward</td>
<td>2 Hours - A.M.</td>
<td>Supervisor or Head Nurse</td>
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<td>Patients' Rooms, Kitchen, etc.</td>
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<td>Cleaning Equipment</td>
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<td>Transportation of Patients</td>
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<td>Use of Wheelchair and Stretcher</td>
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<td>Passing Trays to Patients</td>
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<td>Feeding Patients</td>
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<td></td>
<td>Practice on Wards</td>
<td>2 Hours - P.M.</td>
<td>Staff Nurse</td>
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<tr>
<td>Third</td>
<td>Bed Making</td>
<td>2 Hours - A.M.</td>
<td>Instructor (School of Nursing)</td>
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<td>Bathing Patient</td>
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<td>or Supervisor</td>
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<td>Passing Drinking Water</td>
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<td>Practice on Wards</td>
<td>2 Hours - P.M.</td>
<td>Staff Nurse</td>
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<tr>
<td>Fourth</td>
<td>Use of Bedpan and Urinal</td>
<td>2 Hours - A.M.</td>
<td>Supervisor</td>
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<td>(include cleaning)</td>
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<td>How to Deliver Messages</td>
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<td>How to go to Departments from Own Station</td>
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<td>Practice on Wards</td>
<td>2 Hours - P.M.</td>
<td>Staff Nurse</td>
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June, 1960

- 68 -
Nursing Section
Seoul National University

Content of Orientation Program for Head Nurses*

Introduction to Ward Personnel
Organizational Chart
Responsibilities of Head Nurse, Staff Nurse, and Aide Nurse
Reporting and Communications
Visiting Regulations
Procedures for:
   Emergency Medications
   Charting
   Making Assignments
   Kardex
   Admission and Discharge of Patients
   X-Ray and Laboratory Requests
   Prescriptions
   Ordering Food
   Requesting Supplies
Conducting Nursing Care Conferences
Evaluation of Student Nurses

January, 1961

*Prepared by one of the supervisors and assisted by the Chief Nurse.
Nursing Section
Seoul National University

Content of Orientation Program for New Staff Nurses*

Hospital Tour
Introduction to Personnel
Organizational Chart

Responsibilities of Staff Nurse and Aide Nurse

Visiting Regulations

Procedures for:

Use of Kardex
Making Assignments as a Team Leader
Getting Supplies from C. S. R.
Prescriptions
Charting

Admission and Discharge of Patients
Laboratory Specimens
Operative Permit
X-Ray

Nursing Care Conference

February, 1961

* Prepared by one of the supervisors and assisted by the Chief Nurse.
Policy and Procedure on the Admission of a Patient*

1. The nurse will ask the patient or his family for a slip from the Admitting Office stating that he has completed the admission process.

2. If the patient is admitted during the evening or night and has a temporary admission slip, instruct the family to get a permanent slip the next morning.

3. Send an aide nurse to the Outpatient Department to get the patient's registration number and chart.

4. Guide patient to assigned room and explain about Hospital regulations to both the patient and his family.

5. Assemble chart for the patient.


7. Chart on the nurses' notes the condition of the patient and time admitted.

8. Call the doctor in charge to find out the name of this patient's doctor. Notify the doctor responsible for the admission of the patient.

9. Send food order to the kitchen.

10. Make out a Kardex card for the new patient and insert it in Kardex holder.

11. Carry out treatments as prescribed by the doctor.

* Translated from Hangul

January, 1961
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* Developed by Chief Nurse and Supervisor  
November, 1960