BETTER TEACHING IN SCHOOLS OF NURSING.

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The problem surrounding the education and training of nurses in schools of nursing in this state have been claiming attention in the past few years and more particularly since the publication of a curriculum for schools of nursing by the State Board of Health.

The fact that a nurse must have a certain definite and systematic course in the theory and practice of nursing in a school connected with a hospital, has become not only of concern in this state but likewise in forty-four other states where laws governing the practice of nursing are in operation. The question of standardization of accredited schools for nurses, and of what shall constitute a proper basis of nursing education is a question under advisement by those who are concerned with the training of nurses.

At present each state is making its own standardization, and, as in the history of medical education, so also in nursing education the question will have to be settled by adopting uniform minimum requirements alike in all states.

In this state the minimum requirements as to what shall constitute a systematic theoretical and practical course of instruction and a proper basis of nursing education has been interpreted by the State Board of Health, taking into consideration three fundamental points of departure.

1. Entrance requirements.
2. Educational facilities of the hospital.
3. The course of instruction to be followed.

Entrance requirements are based on preliminary education, physical and personal qualifications. The full high school course with credits for English, chemistry, biology, anl household economics, will be accepted. This amount of preliminary education should be considered necessary and should not, as heretofore, be taught in the school of nursing, but be given in the high school. In every part of the state we find excellent high schools with teachers well qualified to teach these branches and it is not now even a question that the "poor girl" is kept out of nursing, for the night schools offer opportunities to those who may be obliged to discontinue their education at the working age.

Schools of nursing that have been admitting on a general high school basis, find no difficulty in drawing applicants of good education and with an appreciation of the value of the training offered. On the contrary, those that have been admitting on a low educational basis have lost the applicant who offers good educational prerequisites by the very fact of the low educational standard of admission. When all applicants are admitted on a definite basis of high school education we will obtain a more equal enrollment and at about high school level and will not, therefore, be obliged to reduce instruction to the lowest denominator.

Educational facilities of the hospital include the nature of the services and the number of patients admitted and treated in each service—medical, surgical, obstetric, children; the number of patients in each service coming under the student's care and observation during the three years of her course; class room and laboratory facilities and equipment necessary for teaching purposes. In assuming the responsibility of a school for nurses the hospital sees to providing adequate working and demonstration material. This need not entail a large outlay and when once provided serves for succeeding classes.

The course of instruction embraces the arrangement of theory and practice; the selection of instructors, method of instructing and the supervision of practical work. Too much emphasis cannot be placed upon the arrangement of the course and the instructors selected for carrying it on. In the first place proper grading is necessary by placing elementary and fundamental subjects in the first year and leading the student gradually and logically step by step into the more important points in her second and third years. When the student is plunged immediately on her arrival in the school, into a class on surgical technic or obstetrics, it is unreasonable to expect other than confusion and discouragement. We cannot be too severe on the methods of instruction that have largely prevailed and do still prevail in not a few of our schools for nurses. The teaching frequently follows along the lines of teaching in medical schools and goes far beyond what the student requires. She has been led into details of anatomy and operative surgery and into the sphere of diagnosis and treatment which is not only unnecessary but harmful. Illustration of this is frequently seen in the questions given in the schools. As for example, "Should all cases of acute appendicitis be operated—if so—why?" "Give diagnosis of cerebro spinal meningitis." "Give treatment for infantile scurvy." Good teaching will place the student in command of the knowledge relating particularly and intimately to her work as a bedside nurse and as a physician's and surgeon's assistant. It demands a liberal amount of illustrative material appropriate for her use rather than knowledge obtained in a dissecting room or at autopsies.

The problem of teachers for nurses is serious and should be considered in view of what must be the ultimate result obtained from three years in a school for nurses. Nurses have been slow to take up this particular branch of their work and we find now serious embarrassment on the part of the schools in obtaining sufficient nurse instructors. The teaching has fallen largely to the kind-hearted and often overburdened physician, and the schools have, as a matter of course, accepted these services without any thought of compensation. The physician has been expected to carry long courses of instruction and often he has been obliged to repeat the same course in several different schools. The nurse should be the logical teacher of nurses, and she should receive special training in this work in order that she might take up at least the elementary portion of the instruction contained in the first year, thereby relieving the physician entirely of this part of the instruction.

The weakest point in the education of nurses in this state is in bedside supervision. Schools that

even have a well organized course in the classroom do not maintain sufficient daily and nightly supervision of practical work. This should be considered equally important with classroom work and both should have a close relation. In hospitals where patients are in separate rooms this supervision is difficult to carry on, but where the patients are in open wards the nurses' work can very readily be overseen. Advantage is gained thereby when the school is connected with a university or county hospital or where the hospital has open wards and the students do not work behind closed doors. In the hands of a good nurse instructor the bedside teaching can be made of inestimable value to the student, and the hospital should profit by this in that its nursing will be of a higher grade.

Nurses. as a class, have come under the heavy fire of criticism, the reason for which cannot be attributed wholly to the nurse herself, but must be shared by the school. The lack of careful selection of applicants is primarily the cause of many misfits; the exigencies of hospital service has taken precedence of the training school, hands and feet were considered and not head. Obviously women unfitted for the work have been carried through the school and sent out into public service. The type of instruction and training together with housing conditions and government of the student body have contributed to no small extent to deficiency in the graduate and have largely been responsible for some well founded criticism.

The most hopeful aspect in the situation is the awakening of the student herself to the necessities of her course and the inquiries that are now coming from applicants as to what the course will offer for three years of service in the hospital. The high schools have been thoroughly aroused and have entered into the preliminary requirements for entrance to schools of nursing not only with cooperative spirit, but with real practical enthusiasm. Nothing will do more to steady and to improve the training schools of the state than their assumption of definite educational entrance requirements, a well organized course of instruction and good teaching methods.

SOCIAL INSURANCE.*

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It is time for the medical profession to wake up to the realization that universal insurance against sickness, maternity and old age is coming, so that the movement will not catch us napping, as did the industrial insurance act, the unsatisfactory features of which could easily have been avoided if we had taken the trouble to study the history of this world movement and the lesson taught by countries where it has been tried out.

Insurance against accident and sickness was left to private corporations, lodges and insurance companies, until in '83, when the government of Germany took the first step to organize it into a national system. Other countries followed, so that today almost every civilized nation has adopted some form of industrial or sickness insurance. The systems varying greatly as all is yet in an experimental stage.

We are coming to the conclusion that this is not a matter to be left to private initiative, it is a social question of the greatest magnitude and it takes the concerted action of the nations to solve it.

Statistics tell us that this nation loses 650 millions a year from sickness. When we consider that at least 50% of these are preventable, if the proper steps are taken, and that these steps never will be taken as long as the matter is left to individual corporations, we see one reason why this ought to be a national issue.

Another reason is that private insurance does not reach the workers who need it the most; the underpaid for whom a few days' illness means destitution, perhaps starvation, do not insure. To reach them the insurance must be made compulsory.

Another fault which ought to be corrected by national insurance, is in its relation to the medical profession.

Lodge practice has long been condemned as unethical, because it lowers the standard of the profession; this holds good with most forms of contract practice also, not because it is made in this form but it tends to diminish the individuality of service and makes most doctors fall into a rut.

This would apply to contracts by the state as well, unless a different arrangement is made, and it is one reason why choice of doctor by the patient is the only form of service which has stood the test.

It is evident that the success of any form of health insurance depends on the co-operation of the medical profession. Efficient service pays, as a Bavarian Company says, "8000 paid in the highest class medical service saved 160,000 in compensation expenses."

It would seem proper then that governments framing this kind of laws would consult the medical authorities and be guided by their counsel.

Such, however, has not been the case, and it has resulted in a continuous struggle by the medical profession to get justice.

In Germany there has been over 1000 conflicts between insurance and medical societies and in this the doctors have been victorious in 900, and some of the rest are still pending.

In January, 1914, the total 32,000 doctors went on strike and refused to treat any member under the insurance act. The universities effected a compromise on the following basis:

(1) Contract committees composed of representatives of medical as well as insurance societies.

(2) Free choice of doctor by the patient within the list of the insurance societies.

(3) Compound arbitration courts. Remuneration being left as a local issue.

* Read before Sonoma County Medical Society.