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Nursing in the University: An historical analysis of nursing education at the Virginia Commonwealth University/Medical College of Virginia School of Nursing

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NURSING IN THE UNIVERSITY: AN HISTORICAL ANALYSIS OF NURSING EDUCATION AT THE VIRGINIA COMMONWEALTH UNIVERSITY/ MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING

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Preface

"The major issues confronting nursing education today have their roots in history and are the products of past decisions. Likewise, the ideas of many of today's nursing leaders are not necessarily new but have their genesis in another and earlier stage of our development. All that we are and have is inherited."

M. Louise Fitzpatrick

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CHAPTER 1

INTRODUCTION

Nature and Significance of the Research Problem

A dearth of historical nursing research exists. According to Lucille Notter, a major contribution of historical inquiry is in the development of a broader, more complete perspective to enhance our understanding of the present and our approach to the future.[1] Ashley suggests that both nurses and the American public need historical studies that help provide interpretations and analysis of how the present health care system developed.[2] These histories would help explain the complex economic and political struggles of nursing and nursing education. History also shows directional trends that have persisted over time, is a reminder of how long actual change has taken to be realized, and points out that few new ideas are really new.[3] For example, in 1923, one recommendation of the Goldmark Report was that the development of collegiate schools of nursing be encouraged. Nursing leaders continued this movement; and in 1965, the American Nurses Association stated that the entry level for professional nursing should be the baccalaureate degree. This, however, still has not come to complete fruition. Newton maintains that histories of schools of nursing are valuable additions to historical source materials and the more data and studies available the sounder the conclusions which are made and the larger the number of areas to which they may be applied.[4]

The origin of the Medical College of Virginia can be traced back to 1838 when the president and trustees of Hampden-Sydney College created a medical department located in Richmond.[5] In 1854, a controversy arose between the board of Hampden-Sydney College and the medical department over the appointment of a medical faculty member. The end result was that the medical department of Hampden-Sydney College became the Medical College of Virginia (MCV), an independent institution.[6] In 1860 the General Assembly appropriated money for the construction of a hospital, and the college became a state institution. The hospital completed in 1861 was referred to as the College Infirmary and in 1893 became known as Old Dominion Hospital.[7] The University College of Medicine opened its doors in 1893 and was composed of the schools of medicine, dentistry, and pharmacy; Virginia Hospital provided the clinical facilities.[8]

The Virginia Commonwealth University/Medical College of Virginia School of Nursing dates back to the Virginia Hospital Training School for Nurses that was inaugurated in 1893 by the University College of Medicine. Old Dominion Hospital Training School of Nurses was opened in 1895. In 1903, the Memorial Hospital Training School for Nurses was begun and the Old Dominion Training School was closed with the students being transferred into the Memorial program.[9]

The Medical College of Virginia and the University College of Medicine combined in 1913 and retained the name of the Medical College of Virginia. The Memorial Hospital Training School then became the Medical College of Virginia School of Nursing. The city of Richmond took over the Virginia Hospital and operated the hospital and the school of nursing until 1922. An arrangement was made in 1922 whereby graduates of the Virginia Hospital

Training School, the Old Dominion Hospital Training School, and the Memorial Hospital Training School were eligible for membership in the Medical College of Virginia Alumni Association.[10]

The General Assembly of Virginia appointed the Wayne Commission to study the feasibility of a merger of MCV and Richmond Professional Institute (RPI) to form an urban university. The committee recommended the merger and on July 1, 1968, MCV became the Health Sciences Division of Virginia Commonwealth University. The schools of nursing at MCV and RPI were consolidated on February 1, 1969, and became the Virginia Commonwealth University/Medical College of Virginia (VCU/MCV) School of Nursing located on the Health Science campus.[11]

The purpose of this study is to trace the development of nursing education at the Virginia Commonwealth University/Medical College of Virginia School of Nursing, (hereafter sometimes known as MCV School of Nursing, the school, or the School of Nursing) from its inception in 1893 through 1981. The investigator proposes to identify trends in selected elements in nursing education at the school and to compare them with national trends in nursing education.

This study is significant because the complete compilation and interpretation of the material on the MCV School of Nursing has never been done. The school's seventy-fifth anniversary commemoration brochure published in 1969 only highlighted milestones in the school's development and important leaders involved in the history of the school. For a nursing school that was one of the early schools established in the state of Virginia and a leader in several areas of nursing education in the state, it is incredible not to have a record of its roots.

It is important to view major educational trends in the school's past and present as well as its position in relation to national trends. From the data, relationships can be seen and inferences drawn in order to prevent repetition of past mistakes, plan for the future, maintain high standards of nursing education, and remain competitive in the market for attracting well-qualified faculty and students.

The study of the School of Nursing should provide information on the development, trends, and problems common to all nursing education. The historical development of one school of nursing is a small but important piece of the whole when viewing the evolution of the nursing profession.

Statement of the Problem

The question of primary importance to this study is:

What were the major trends in selected elements in nursing education in the Virginia Commonwealth University/Medical College of Virginia School of Nursing from 1893 to 1981?

The elements to be studied are faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and higher education. Essential to answering the main question are responses to the following questions:

1. How have faculty qualifications at the school changed over time?
2. What changes have occurred in the curriculum in the school since 1893?
3. How have the admission and graduation requirements evolved?
4. What effect has accreditation had on nursing education in the school?

5. What have been the relationships of the school with local hospitals and higher education?
6. How do trends in the selected elements of faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships of the school with local hospitals and higher education in nursing education at the School of Nursing compare with national standards and trends?
7. Was the school a leader in nursing education?

In order to gain a broad perspective of the historical development of nursing and to use as a framework in analyzing the data on the School of Nursing, contextual questions to be answered are:

1. How have major nursing studies affected nursing education?
2. How have nursing organizations been involved in nursing education?
3. What are the trends in the selected elements in nursing education in the United States as identified from published reports and from guidelines developed by nursing organizations?

Additional insight should be provided by viewing nursing education in light of selected economic, political and social issues.

Explanatory Framework

The identified trends in the selected elements of nursing education at the School of Nursing will be analyzed in relation to trends in selected elements that have affected nursing education in the United States. The elements, which are faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to hospitals and higher education, were identified as important elements of nursing education following the initial review of the literature.

National standards and trends in the selected elements will be established from published reports and guidelines of the nursing organizations whose purpose was to improve nursing education. The American Society of Superintendents of Training Schools for Nurses was formed in 1894 and began the first organized attempt to improve schools of nursing. This society was the forerunner of the National League for Nursing Education (NLNE), which was founded in 1912 and then in 1952 became the National League for Nursing (NLN).[12] The National Organization for Public Health Nursing (NOPHN), founded in 1912, also was very active in improving the education of nurses.[13] These organizations have initiated, sponsored, or co-sponsored major studies related to nursing and nursing education and, since 1938, have been involved in accrediting for nursing education.

Stewart, in discussing the education of nurses, divided nursing education into the pioneer period, the boom period, and the standard-setting and stock-taking period.[14] Gelinas further elaborated on these periods.[15] Periods of experimentation and growth and stabilization, as well as related time frames for the periods, were identified by the investigator based on the literature. The time periods to be specified in the study when analyzing the data are pioneer period (1873-1893); boom period (1894-1913); standard-setting and stock-taking period (1914-1949); experimentation and growth period (1950-1972); and stabilization period (1973-1981).

The data from the School of Nursing will be studied, using the framework of national standards and trends within specific periods of time. They will be examined within the context of nursing education of each period as it was unique to that time.

Definition of Terms

The following terms are defined to enable the reader to have a clearer understanding of the topic:

Curriculum: The course of study as described in a school catalog.

Basic Nursing Program: The beginning preparation for nursing practice which a student must complete in order to be eligible for licensure.

Associate Degree Program: A two-year basic nursing program in which the student receives an associate degree upon completion.

Diploma Program: A three-year basic nursing program in which the student receives a diploma upon completion. During the early years of nursing education, the diploma program was one or two years in length.

Baccalaureate Degree Program: A basic nursing program that may be four or five years in length or an upper division major in nursing in which the student receives a baccalaureate degree.

Registered Nurse (RN) Completion Program: A nursing program in which graduates of diploma and associate degree programs may receive a baccalaureate degree in nursing.

Registered Nurse: A graduate of an associate degree, diploma, or baccalaureate degree basic nursing program who has passed the state board nursing examination and is licensed to practice nursing.

Landmark Studies: Studies in nursing that have come to the attention of the nation or had significant impact on the development of the profession.[16]

Affiliation: An arrangement with a hospital, educational institution, or other service agency with which the school is not primarily connected.[17]

Clinical Experience/Clinical Laboratory/Clinical Practice/Practical Experience: These terms are used synonymously and refer to the time a student is assigned to any clinical setting as part of the curriculum plan of the nursing program.

Good School of Nursing: The NLNE Committee on Standards defined a good school of nursing as "an educational institution which should have as its primary function the preparation of professional nurses."[18] The major objective is to increase progressively the knowledge and skills of the students and make no demands, such as long hours of scheduled clinical practice, that interfere with the students' education. The school is conducted by qualified teachers and administration and is supported by funds adequate to accomplish the goals.[19]

Delimitations and Limitations

Delimitations

The primary focus of this historical research is a detailed description of the basic nursing programs of the MCV School of Nursing which includes the basic diploma, associate degree, and baccalaureate degree programs. Major emphasis will be placed on the identified elements. The diploma program (1920-1960) and the public health nursing program (1936-1956) offered at Saint Philip School of Nursing for black students and the public health nursing program for white students (1944-1956), the registered nurse completion program (1962-), the continuing education program (1966-), the graduate program (1968-), and the nurse practitioner programs (1974-) offered by the MCV school will be discussed briefly in order to provide a more complete picture of the school. These programs have an important role in the historical development of the School of Nursing, but it was not

feasible to present them in depth in one study. The study begins with 1893 when the first school of nursing, later to become MCV, was founded and continues through 1981 when there was an administrative change.

Limitations

Fragmentation of primary data from the early years and the unavailability of curriculum and faculty meeting minutes of the school are limiting factors in checking for authenticity. The information available will be presented as accurately as possible and with minimal bias.

Sources of Data

Data concerned with the selected elements in nursing education at the national level will be collected from primary and secondary sources in the literature. Information on economic, political, and social issues, nursing, nursing education, nursing organizations, and studies in nursing will be reviewed.

The primary source material in the VCU/MCV Special Collections and Archives housed in Tompkins-McCaw Library will be examined. Among the archival material relevant to the nursing school are personal notes, letters, alumnae questionnaires, newspaper clippings, photographs, reports, class histories, curriculum information, faculty presentations, and memorabilia that are unprocessed and filed in numbered boxes. Other available materials include some Curriculum and Faculty Committee minutes, bulletins, yearbooks, college and university magazines and newspapers, taped oral histories, and Board of Visitors minutes. Additional sources of historical information are interviews and correspondence with two former deans and faculty and minutes of the Virginia State Board of Nurse Examiners in the State Library Archives.

Each piece of material will be examined to ascertain its relevance to the study.

Organization of the Remainder of the Study

The review of the literature will be incorporated into Chapter 2. That chapter, divided into three parts: Social, Political, and Economic Issues; Nursing Education; and Reports and Studies, will provide an overview of the development of nursing and nursing education and answer the contextual questions. National standards and trends related to the five selected elements identified from the literature will be discussed in Chapter 3. The data on the sequential development of the VCU/MCV School of Nursing will be presented in Chapter 4. Chapter 5 centers on the School of Nursing trends in the selected elements. The national and the nursing school trends in faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and higher education will be summarized and analyzed and compared in Chapter 6. Conclusions and recommendations for further study will be included also.

Notes

[1]Lucille Notter, "The Case for Historical Research in Nursing," Nursing Research 21 (1972): 483.

[2]JoAnn Ashley, "Foundation for Scholarship: Historical Research in Nursing," Advances in Nursing Science (October 1978): 30.

[3]Lynn Levine, "Through the Looking Glass at the Integrated Curriculum," Journal of Nursing Education 18 (September 1979): 44.

[4]Mildred Newton, "The Case for Historical Research," Nursing Research 14 (Winter 1965): 22,26.

[5]"The First 125 Years," Bulletin Medical College of Virginia 61 (Fall 1963): 8.

[6]Ibid., p. 21.

[7]Ibid., p. 26.

[8]Ibid., p. 45.

[9]School of Nursing, Medical College of Virginia 75 Years, 1893-1968 (Richmond: Medical College of Virginia, 1968).

[10]Ibid.

[11]The Self-Evaluation Report, School of Nursing, Medical College of Virginia, Health Science Division of Virginia Commonwealth University, 2 vols. (1969) 1:1.

[12]Lucy Harris, The Harris College of Nursing (Fort Worth: Texas Christian University Press, 1973), p. 3.

[13]Agnes Gelinas, Nursing and Nursing Education (New York: Commonwealth Fund, 1946), p. 11.

[14]Isabel Stewart, "Curriculum Revision An Essential Step in the Reconstruction of Nursing Education," "American Journal of Nursing 35 (January 1935): 58.

[15]Gelinas, pp. 4-9.

[16]Janet Flynn and Phyllis B. Heffron, Nursing From Concept to Practice (Bowie, Maryland: Brady Communications Company, 1984), p. 51.

[17]The National Nursing Council for War Service and the Association of Collegiate Schools of Nursing, A Guide for the Organization of Collegiate Schools of Nursing (New York: National Nursing Council for War Services, 1942), p. 12.

[18]Committee on Standards, Essentials of a Good School of Nursing (New York: NLNE, 1936), p. 7.

[19]Ibid.

CHAPTER 2

REVIEW OF RELATED LITERATURE

The nature of the study does not lend itself to the usual review of the literature. No studies relate specifically to the VCU/MCV School of Nursing; however, the study of one school cannot be considered in a vacuum because there are many factors that influence its growth and development. The purpose of this literature review is to provide a brief review of nursing education and some of the important social, political, and economic issues that have had an impact on it as well as a review of the studies and reports that resulted in standards and guidelines for improving the education of nurses.

Social, Political, and Economic Issues

This historical development of nursing education cannot be considered without first looking at the effect of social, political, and economic issues. Anything that has an effect on hospitals, medicine, and nursing ultimately affects nursing education. McKay, in examining the development of nursing education, saw the concept of nursing as a profession linked closely to educational level, social status, and independent employment opportunities for women.[1] The women's movement; Depression; wars; social reforms; the Social Security Act; health insurances, technological, scientific, and medical advances; population demographics; government funding; education system; and a better informed public have all had an impact on nursing and nursing education.

Women's Movement

Brand and Glass contend that the development of nursing and the status of women were interdependent and often parallel.[2] The advances of one affected the advances of the other.[3] Feminism and nursing were interwoven with the movement for social reform and social justice. Allen suggests that women historically have been able to focus attention on their grievances in times of social reform.[4] Nurses identified with social reform movements, and their interests, centered on those aspects most concerned with the health and welfare of society.

Nursing allowed women to enter the job market and still keep within the traditional role of the woman.[5] The early nurses saw the opportunity to enter a useful occupation and because there were few men in it, develop a monopoly.[6]

The influence of the feminist movement was seen in the efforts of nursing leaders to organize the young profession and establish some control of education and practice which had been lost when hospitals gained control of training schools.[7] Nursing leaders realized they could not exert influence until women had a bargaining agent and could use it to demonstrate their power; therefore, in 1910, nurses and their leaders marched down Fifth Avenue in support of suffrage.[8]

Several women's professions began to appear in the late 1800s. They all were related closely to tasks that women had done as a volunteer activity or in the home.[9] Nurses, social workers, elementary school teachers, librarians, and secretaries all faced similar difficulties in establishing an identity; but nursing had some different problems because of the dominance of the physician.[10] Nurses, in trying to overcome the problems facing

women and developing a new profession, always had to be careful not to antagonize the physician.[11] Nurses went out of their way to be subservient to allay the physician's fear that nursing was trying to take over medicine.[12] Up until 1920, many nurses were as well educated as physicians. Much of medical education was provided by apprenticeship. It was not until well into the twentieth century that medicine became firmly entrenched in colleges and universities. Many physicians as well as the general public were opposed to nurses becoming "over trained."[13] An editorial in the March 3, 1906, New York Evening Sun, maintained that nurses needed more practice and less theory.[14] The article said that a thoroughly trained nurse was indispensable but an over-trained nurse and "learned" nurse was apt to be a nuisance. Physicians did not want to lose control, and they objected to nursing becoming independent and having professional status.

Lavinia Dock, a pioneer in nursing, saw the connection between the oppression of women and the exploitation of nursing by physicians and hospital administrators.[15] As early as 1903, she warned nursing leaders that the threat of male dominance was the major problem confronting the nursing profession.[16]

Women again, in the 1950s and 1960s, activated their own rights movement. During this time, nurses also demanded an equal voice in health care planning and a collegial relationship with physicians.[17]

It is not surprising that nursing education began in hospitals and not colleges. Women's education was limited in the nineteenth century. Most schools for women emphasized training of young ladies. Public high schools and coeducational colleges were mainly twentieth century developments. By 1890, hospital-based training for nurses was accepted as the standard by physicians, hospital administrators, and the public. The public was not

interested in the education of the nurse, only in having nursing care provided.[18]

The placement of nursing care within the university system when higher education was becoming increasingly available to women in a variety of fields helped nursing keep pace with the advances of women. Nursing benefited from the acceptance of education for women and attracted increasing numbers of educated women into the profession.[19] The growth of nursing in higher education was slow. By 1945, only 6 percent of schools of nursing were organized and controlled by institutions of higher education.[20] As the popularity of a college education for women accelerated, the number of schools of nursing in colleges and universities increased; and by 1976, 47 percent were in institutions of higher education.[21]

Nursing influenced the status of women. It provided women with early opportunities to express themselves and acquire an education. Although the status of women and the freedom they enjoy is no longer influenced by nursing, the nursing profession continues to be affected by the women's movement.

Depression

The majority of nurses worked in private duty prior to the Depression. Patients who previously hired nurses in the home were, due to the financial crisis, entering the hospital for care. Many nurses were without a job and were willing to work for the hospital for low wages and room and board. Small hospitals found it cheaper to hire nurses than to maintain a school of nursing.[22] Thus, hundreds of small schools of nursing that had flooded the field with thousands of nurses each year closed.[23] Nursing service became

more stable, and students were somewhat relieved of the heavy hospital assignments.[24]

The Federal Emergency Relief Act passed in May 1933 created the Civil Works Administration and was significant for public health nursing.[25] Unemployed nurses were hired to provide public health services and to work in the Children's Bureau. In 1935, the Civil Works Administration was assumed by the Works Progress Administration; and more nurses were needed. The passage of the Social Security Act in 1935 brought about additional benefits to the nation's health and to nurses.

According to Fitzpatrick, a noted nursing historian, a re-evaluation of nursing, nursing education, and the apprenticeship system was stimulated by the Depression with increased concern for the quality of nursing care and standards of practice.[26] Government projects resulting from the Depression changed the public health field from voluntary philanthropic agencies to public ones.[27] The newly established programs required nurses to be prepared in public health, and schools of nursing began to provide programs in public health nursing for registered nurses.

Funding

Florence Nightingale felt that nursing education was the responsibility of the public and public funds should support it.[28] Public funding in the United States began in the 1940s as a response to the needs of World War II. During the postwar years, nurses could take advantage of the G.I. Bill, but it was not until the Health Amendment Act of 1954 that money again became available to schools.

The Nurse Training Act of 1964 was the first comprehensive nursing legislation; and it provided for construction, faculty development, and student

grants and loans.[29] As a result, all levels of nursing education expanded and improved. In order to get monies, the schools had to meet the requirements of the National League for Nursing Education and later the National League for Nursing. State governments also began to provide some financial support to nursing education. Funds were readily accessible until the cutbacks of the 1970s and 1980s when some programs had to be curtailed.[30]

Federal assistance for nursing varied with administrations, but the funds helped the schools as they moved into the mainstream of American education. Bargaining power was strengthened with federal funds as educators sought affiliations with colleges and universities.[31] Bullough points out that federal aid also assisted schools to no longer depend on hospitals for their financial base and allowed them to escape from the apprenticeship system.[32] In recent years, programs were influenced by the availability and types of government funds attainable.[33]

Wars

The social upheavals occurring from the Civil War and World Wars I and II created new needs for nursing which the system of education was not prepared to meet. The Civil War emphasized the need for trained nurses and was one factor that led to the development of an organized nursing educational system in the United States. World War I again focused public attention on nursing. The government pressured schools of nursing to lower or waiver admission standards and to intensify and shorten the training to alleviate the nursing shortage.[34] Three major projects, the Army School of Nursing, the Student Nurse Reserves, and the Vassar Training Camp for Nurses, were developed and implemented. The Vassar Training Camp and the Army School of Nursing demonstrated effective alternative ways of preparing

nurses, but few hospitals were interested or capable of emulating them.[35]

The changes in nursing that came about as a result of World War II have had a lasting effect on nursing.[36] Nurses were recruited initially by the Red Cross, and it was not until 1947 that they received full commissioned status and segregation of black nurses was ended in the military. When regular rank was achieved, nurses won the right to manage nursing care.[37] Bullough maintained that military nurses set the direction for the nursing profession to move toward more autonomy and more responsible managerial positions.[38]

In order to meet the recruitment needs for nurses in the armed forces and continue operation of the civilian hospitals, several approaches were necessary. The manner in which these problems were solved had far-reaching consequences. The use of aides as auxiliary help in the hospitals to do non-nursing and some nursing functions led to a multi-level system in nursing.[39] The government sponsored refresher courses to bring inactive nurses back into the work force. Employers realized the potential of part-time employees. By 1943, it was felt that the severe nursing shortage could be alleviated only with massive government aid.[40] The Bolton Act established the Cadet Nurse Corps and increased public awareness for the need for federally supported nursing education.[41] Of the nation's 1,300 schools, 1,125 qualified for funds.[42] Specified requirements resulted in upgrading of standards in many nursing schools and improving the educational system.[43] Massive numbers of students were admitted into nursing schools and while they were prepared for nursing, their services were used in the hospitals.

The Cadet Nurse Corps also made possible a career in nursing for many who could not have afforded it. Students received a free education and

monthly stipend if they pledged to serve in an essential civilian or military hospital for the duration of the war.[44] The Cadet Nurse Corps indirectly stimulated the post-war reform movement in nursing education because more complete information about a large number of schools was obtained from reports and visits to participating schools.[45]

Nursing Education

Nursing can be traced back almost to the beginning of time, but most authors would agree that the establishment of modern nursing was the result of Florence Nightingale's efforts. She frequently is referred to as the mother of modern nursing.[46] Her work during the Crimean War in 1854 led her to the conclusion that nurses needed organized education, and this resulted in the founding of the first training school for nurses in 1860 at St. Thomas Hospital in London.

Period Prior to 1873

There was no formal organized nursing education prior to 1873 in America. Nurses in the 1700s and early 1800s were mostly associated with religious communities who trained their own nurses. An attempt was made to improve nursing care in a New York hospital in 1798 by a series of lectures on aspects of sick care given to attendants.[47] The first effort to train nurses was in 1839 in Philadelphia when Dr. Joseph Warrington helped form the Nurses Society of Philadelphia. The prospective nurses attended lectures with medical students and practiced on mannequins. After serving on six cases, the women received a certificate.[48] Several other training schools opened, including the New England Hospital for Women and Children in Boston which began in 1860 and was reorganized in 1872. Certificates

were given to nurses who attended twelve lectures and served the hospital for one year.[49] Linda Richards claimed the title as America's first trained nurse.[50]

Training of nurses at this time was mainly under the auspices of medicine and the hospitals. In 1869, a Committee on Training Nurses headed by Dr. Samuel Gross, president of the American Medical Association, made some forward-sounding recommendations. This committee formed as a result of a speech to the association that Dr. Gross made. He stated that it was as necessary to have well-trained, instructed nurses as to have intelligent, skillful physicians.[51] The committee recommended that every large and well-organized hospital should have a school of nursing and the teaching should be done by medical staff, a nursing society should be formed, district schools should be formed and placed under the county medical societies of every state, and nurses should be under the immediate supervision and direction of deaconesses or lady superintendents.[52] Although it is not known if these particular suggestions were the impetus to change, several of the ideas eventually had far-reaching consequences on nursing education.

Pioneer Period, 1873-1893

This was the period of trying out new ideas. The period began with the opening of Bellvue Training School in New York, Connecticut Training School in New Haven, and Boston Training School at Massachusetts General Hospital. These schools were independently organized training schools patterned after the Nightingale model. Following this model, the programs were hospital-based apprenticeships that provided practical experience and instruction in scientific principles. The schools had a contractual agreement between the school and hospital for use of clinical teaching facilities.

Although the first schools initially had independent financing, the majority of the new schools were dependent on the hospitals they were associated with and hence, they soon had little control over the student's education.[53] The financial situation and the apprenticeship system of nursing education resulted in the exploitation of students whose education was sacrificed to hospital nursing service needs.[54] Care of the sick came before the education of the student. Hospitals required ward work to offset the cost of the students. It was not unusual for students to staff the entire hospital with the only graduate nurse being the superintendent. Considerable documentation shows that many of the early schools existed for the sole purpose of staffing the hospitals.[55] This system was difficult to change because it was felt it would result in loss of practical efficiency.[56]

The quality of individual nursing programs during the early period of nursing education was dependent on the quality of the program the superintendent graduated from and her ability and insight as well as the interest and support of the staff and board of trustees.[57]

Boom Period, 1893-1913

Enormous expansion of hospitals and public health agencies resulted from discoveries of specific causes and treatments of diseases.[58] Schools began to multiply rapidly after 1900 as administrators and physicians realized that the hospital's reputation improved as a result of the students' presence because patients received better care and the mortality rate decreased.[59] In 1890, there were 15 schools, 432 by 1900, and by 1907, there were 1,023.[60] The schools had no specific standards, and students continued to be exploited, resulting in many poorly trained nurses.

A highlight of the period was a meeting of the International Congress of Charities, Correction, and Philanthropy in Chicago in 1893. Nurses from several countries raised the issue of standardizing schools of nursing. An outgrowth of the meeting was the development of professional nursing leadership and the organization of nurses into international, national, state, and local groups.[61] State and local groups were instrumental in making some improvements in nursing education. They made possible minimum controls over nursing by state registration imposed by legislation. In 1903, North Carolina passed the first registration act for professional nurses; New York, New Jersey, and Virginia followed in rapid succession.[62] Virginia was the first state to pass a mandatory license act.[63] Although the worst abuses in nursing schools were eliminated by the laws, wide variations continued to exist in admission standards, programs, and in the product.[64]

The University of Minnesota established the first collegiate school of nursing in 1909. Students received a diploma upon completion until 1919 when a baccalaureate degree was awarded.[65]

Standard-Setting and Stock-Taking Period, 1914-1949

Isabel Stewart saw this period as a time when educational adjustments of many kinds were made.[66] Some were pushed through during national emergencies, and others resulted from study and experimentation.

With the organization of nursing leaders in the late 1800s, the time had come to remedy the weaknesses in nursing and nursing education that had been brought about by the rapid proliferation of hospitals and schools. By 1926, there were 2,155 schools of nursing.[67] Many surveys and studies of nursing and nursing education were sponsored by the nursing organizations during this period. Numerous guidelines and standards for nursing education were recommended.

Public attention was directed to nursing during World War I. The field

of public health nursing made great advances during and after the war. Courses and programs were developed to provide better preparation for the public health nurse.[68] Centralized preparatory courses were offered in several colleges which helped to relieve small overburdened hospitals and used the resources of educational institutions.[69]

A turning point in the health care delivery system and nursing education resulted from the 1929 stock market crash. Graduate nurses in large numbers for the first time were willing to work for hospitals for room and board. Hospitals became less dependent on the student nurse and there was a gradual decrease in the number of new schools being developed. By 1938, hospitals had begun to get larger and fewer in number and nursing schools had begun to decline to 1,311 in 1940.[70] Following World War II, schools improved and federal money was available to the schools and students.

The accrediting of schools of nursing had its beginning in the 1920s. The accreditation process went through several steps of development and in 1949, the National Nursing Accrediting Service was born.[71]

This was a period of many changes in nursing education with the movement toward increasing the number and quality of collegiate schools of nursing and to the closing of poor quality hospital dominated schools. Collegiate education made only small gains during the 1930s to 1940s.[72] Collegiate schools of nursing were struggling with many of the same problems they had since 1873. Problems included opposition from medicine, allied groups, and nurses; financial; inadequate preparation and numbers of faculty; and inability to separate the school from nursing service.[73]

Many of the original schools associated with colleges and universities were not collegiate schools. Lucile Petry in an unpublished report in 1934,

stated that of the eighty-one schools associated with colleges and universities, only twenty-four were truly collegiate schools.[75] As a result of the interest of groups concerned with higher education, collegiate education took a turn for the better in the late 1940s.[76] In 1949, of the 114 nursing programs offered in institutions of higher education, sixty-one gave only a baccalaureate degree, forty-five had both a baccalaureate and a diploma program, and eight offered only diploma education.[77] Less than 9 percent of all students were enrolled in a degree program.[78] Some collegiate schools began phasing out their diploma programs and began to sever their close relationship with the hospital.[79] In spite of the strides toward baccalaureate education and the recommendations from the many studies and leaders in nursing, nursing education remained hospital based through mid-century.

Experimentation and Growth Period, 1950-1972

The quality of nursing education on the undergraduate level continued to improve. For most collegiate schools, it was a period of growth, reorganization, and redevelopment.[80] During the early 1950s, two types of baccalaureate nursing programs developed. They were the basic degree program for students who had no previous education in nursing and the general nursing program designed for registered nurses. By the late 1950s, the general program was discontinued and registered nurses were admitted into collegiate programs with advance standing.

Mildred Montag in her doctoral dissertation, "Education of Nursing Technicians," completed in 1951, proposed the first plan for associate degree programs in nursing. Teachers College, Columbia University sponsored a five-year pilot project with seven schools of nursing that demonstrated nurses could be educated successfully in two years.[81] Virginia Intermont College in

Bristol, Virginia, participated in the project. The associate degree program was controlled completely and financed by the institution that granted the degree, and faculty controlled all learning experiences without reference to service needs.[82] The curriculum pattern was quite different from any before. The program was the first and only nursing education program to be developed as a result of planned research and controlled experimentation.[83]

MacDonald and Frank and Heidgerkin concur with Dr. Martha Rogers, nursing theorist, that the initiation of the associate degree program was the first real break from the apprenticeship system and it brought nursing into the framework of higher education.[84] Soon after the pilot was launched, several four-year colleges and universities added two-year programs.[85] By 1962, sixty-seven programs in twenty-three states were admitting students.[86] The two-year program, however, was not without controversy within and without the profession.

In 1952, the National League for Nursing Education, the National Organization for Public Health Nursing, and the Association of Collegiate Schools of Nursing dissolved their organizations and created the National League for Nursing (NLN). The NLN Division of Nursing Education took over the responsibility for accrediting from the National Nursing Accrediting Service. To be accredited, schools were required to meet certain standards regarding administration, financial support, number and qualifications of faculty, terms of admission and graduation, curriculum, library and classroom facilities, records, and clinical facilities. These requirements resulted in ongoing improvements in schools of nursing at all levels.

Nursing schools were making progress in severing their ties with hospitals. The boundary lines between education programs and nursing were delineated,[87] but many accredited programs in the 1960s still were receiving

substantial support in terms of maintenance of students, instructional personnel, classroom space, and library facilities.[88]

In 1965, the American Nurses Association (ANA) recommended that the baccalaureate degree be the minimum educational preparation for professional nurses.[89] The ANA's position caused much controversy, but the result has been a steady decline in the number of diploma schools which have been replaced by collegiate schools. From 1950 to 1970, diploma schools declined from 993 to 640, associate degree programs increased from 0 to 444, and baccalaureate programs increased from 95 to 259.[90]

Graduate education in nursing can be traced back to 1899 when Teachers College, Columbia University established a program for nurse leaders.[91] Most of the programs that followed were not consistent, and attempts were made in the 1950s to organize graduate programs. The master's degree was termed the second professional degree in 1955 and research and specialization its primary focus.[92]

Master's and doctorate education has received increasing attention since the 1960s. Although the first doctorate program was established in 1920 at Teachers College, there still were only three programs by 1961.[93] Many nurses seeking doctoral preparation got their degree in a related field.

Stabilization Period, 1973-1981

Growth in nursing education continued with the initiation of new baccalaureate and especially associate degree programs in community colleges. There were 1,422 nursing schools in 1980 compared to 1,342 in 1970, but the number of diploma programs had declined more than half.[94] The major development of this period was in graduate nursing education with

the establishment of increasing numbers of master's and doctoral programs in nursing.

Reports and Studies

It has been said that the nursing profession in the United States has been involved in more studies about themselves and the problems of the profession than any other similar professional group. Since the turn of the century, changes have taken place in nursing education due to the various studies that have been done.[95] The landmark studies and other reports have been directed by non-nurse researchers commissioned by the various nursing organizations. Although the reports were attributed to the researcher, they often reflected the thoughts of the nursing leaders.[96] In the early years, the use of a director outside the profession could have been attributed to the fact that the nurse leaders were not prepared to do research. The choice of an experienced investigator from a recognized profession would give more credibility to the outcomes of the study. Other professions, especially medicine, had made great strides as the result of outside reports.

No significant studies or reports related to nursing education were formulated prior to 1893 in the United States; nursing leaders were just beginning to emerge and had not yet organized.

Curriculum Studies

The National League of Nursing Education (NLNE) was a sponsor of many of the early studies. In 1917, the League published a Standard Curriculum for Schools of Nursing which was revised in 1927 and 1937 and called A Curriculum Guide for Schools of Nursing. The initial report was a work of a committee that took three years to prepare the report. These guides outlined a three-year sequence, including course work in basic sciences

and nursing and clinical experiences. The NLNE also sponsored two studies on the causes of student shortages that resulted in three pamphlets that were published in 1919: The Elimination of Non-Educational Routine in Nursing Schools, The Case for Shorter Hours in Hospital Schools of Nursing, and Suggestions for Establishing the Eight-Hour Day in Nursing Schools.

Goldmark Report

The first of three landmark studies in nursing was directed by Josephine Goldmark, an experienced researcher in public health and industrial hygiene. The Committee for the Study of Nursing Education published in 1923 what was to become known as the Goldmark Report. It was an empirical study of forty-nine community agencies and twenty-three of the "better" schools of nursing. The report resulted in constructive criticism on all phases of nursing.[97] The report urged that general standards of nursing education be raised to the level of the best schools; nursing schools receive adequate financial support; non-educational routine work be eliminated from hospital training schools; hospital practice portion of nursing be shortened; development of collegiate schools of nursing be encouraged; training of auxiliary help be developed further; special training be made available to prepare instructors and other officers of schools of nursing; university associations with schools of nursing be strengthened; and public health nurses be provided with basic and specialized training. The apprenticeship system was criticized also. Rawnsley noted that there was no evidence that hospital boards or administration were impressed by the recommendations, but it did strengthen the hand of nurse educators to raise standards and encourage the development of collegiate nursing.[98] The recommendation to develop auxiliary nursing personnel was ignored. The most important effect of the

report was the endowment of the Yale University School of Nursing by the Rockefeller Foundation.[99]

Grading Committee Reports

The second landmark study was the Grading Committee Reports. Seven major organizations in the health fields established a committee made up of representatives from education and the health fields directed by May Burgess, a statistician. The committee was charged with grading schools of nursing, studying the work of nurses, defining the duties of nursing practice, identifying supply and demand for nursing service, and studying the problems of public health nursing.[100] The work of the group covered an eight-year span and included three significant reports. The first report on the supply and demand of nursing services, Nurses, Patients and Pocketbooks, was published in 1928. The committee found an excess of nurses, especially private duty nurses, and most were working long hours in poor working conditions and were not earning adequate salaries.[101] Significant data on nursing schools were collected: requirements for entry into nursing were minimal, some not requiring a high school diploma; the dropout rate was high; the student workday was long and the workweek longer than any other profession; small schools were often associated with small hospitals with limited clinical experience; and there were very few qualified faculty.[102]

An Activity Analysis of Nursing, the second report, was published in 1934 and attempted to define good nursing; as a result of the report, some of the non-nursing functions were removed from the role of the professional nurse.[103] The same year, the Grading Committee's final report, Nursing Schools Today and Tomorrow, appeared with specific suggestions for improvement. This work was based on data gathered in the two preceding

reports. Again, a report criticized the apprenticeship form of education as not being appropriate for nursing education in the United States and emphasized the need for instruction on a college level.[104]

If a school wished to participate in the grading of schools, it was informed of strong and weak points in relation to other institutions. The school was not actually given a letter grade. Based on the appraisal, a school could formulate plans for improvements. The result was more rigid standards for nursing schools with a decrease in the total number of schools.[105] Griffin and Griffin felt that when coupled with the Goldmark Report, the findings of the Grading School Committee were a dominant influence on nursing during the 1930s.[106]

Faculty Report

The Education Committee of the NLNE studied and then published The Nursing School Faculty: Duties, Qualifications and Preparation. The conclusions were based on objective facts gathered from records, questionnaires, interviews, and group discussions. An effort was made to include different viewpoints and pool experiences of those in various specialties and from different types of institutions. The primary purpose of the report was to stimulate faculty to undertake a more systematic analysis of their own duties and responsibilities and arrive at a better plan.[107]

Guidelines for Schools of Nursing

The NLNE realized the need to develop guidelines on what constituted a good school of nursing. The Committee on Standards was formed in 1931 and was made up of thirteen directors of schools of nursing. The group reviewed standards from other professions and then used tried and tested

principles from nursing and presented them in a manual. They collected their information from many discussions and conferences. The guidelines covered all areas related to developing a nursing program and were published in a pamphlet called Essentials of a Good School of Nursing in 1936 and revised in 1942.[108]

The National Nursing Council for War Service and the Association of Collegiate Schools of Nursing organized a committee assisted by Dr. Roy Bixler, an educational administrator, to prepare guidelines to assist those who were planning to expand or strengthen connections already made for a school of nursing.[109] The committee elicited the advice and criticisms of a number of experienced deans and directors of schools. The results were published in 1942 as a Guide for the Organization of Collegiate Schools of Nursing.

A study based on the discussions of widely experienced leaders at nine regional conferences of nursing education in colleges and universities was sponsored by the NLNE and the Association of Collegiate Schools of Nursing in cooperation with the American Council of Education. The summary of their viewpoints in Problems of Collegiate Schools of Nursing Offering Basic Professional Programs was published in 1945.

Brown Report

The nursing profession concluded something was chronically wrong with an educational system that could not meet demands for quantity or quality of service.[110] The National Nursing Council, which received a grant from the Carnegie Corporation in 1947, appointed Esther Lucile Brown, a distinguished social anthropologist, to direct a study. A professional advisory council and a lay advisory council were available for consultation. The Brown Report, Nursing for the Future, the third landmark study in nursing, sold 18,000

copies during the first eight months; and according to Flynn and Heffron, the publication aroused much interest and alarm from those who felt threatned by the findings and recommendations.[111] Frank noted that no other nursing study was so thoroughly reviewed and implemented so promptly and extensively.[112]

Prior to the beginning of the study, three basic decisions were made: nursing service and nursing education should be viewed in terms of what was best for society; the purpose was to learn who should organize, finance, and administer professional schools of nursing; and the director should make an extended field trip through the United States as time permitted. The Council willingly had signed away control of the study.[113]

The report pointed out many needs related to both nursing and nursing education. Pertinent needs related specifically to education included establishment of procedures and standards for state accrediting of nursing schools and adequate financing of nursing education. A significant recommendation was that the term "professional education" be restricted to universities, colleges, or hospitals affiliated with institutions of higher learning and the term "professional nurse" be applied only to nurses who graduated from a professional school.[114] Along with these, Brown recommended strongly that the schools should meet certain defined standards and should be designated as accredited professional schools. After an initial evaluation, schools should be examined periodically. A list of accredited schools should be published at frequent intervals, and the list should be distributed widely. In addition, she stated the public should assume responsibility for a substantial part of the financial burden for the education of nurses.[115] The report suggested the utilization of the teaching resources

of junior colleges.[116] Schools conducted by hospitals for the mentally ill should be abolished and their clinical facilities made available for students from schools without access to adequate psychiatric units.[117] Schools in colleges and universities should be autonomous units with the same status as other professional schools and be provided with comparable equipment and facilities. Clinical experience should be formalized with a written contract, including the statement that the use of student time was exclusively for the purpose of education.[118]

The study included the qualifications and preparation of faculty. It was suggested that a comprehensive study of the type of preparation needed for faculty be made and that standards, such as those formulated by the Association of Collegiate Schools of Nursing, be required.[119] Of most importance was a recommendation that appropriate nursing bodies initiate planning on a statewide basis for the kinds of schools and their distribution designed to meet state needs. Another recommendation was that planning for graduate education should be undertaken on a regional and nationwide basis.[120]

Nursing Schools of the Mid-Century

A study published in 1950, Nursing Schools at the Mid-Century, written by West and Hawkins and sponsored by the National Committee for the Improvement of Nursing Service, again jolted those concerned with nursing education. Various phases of nursing school programs were studied and analyzed and the report gave schools an opportunity to evaluate themselves using current standards. The report stimulated the formation of the National Nursing Accrediting Service.[121]

Collegiate Education for Nursing

Dr. Margaret Bridgman, academic dean of Skidmore College, provided curriculum counseling to schools of nursing under the auspices of the Russell Sage Foundation and the NLNE. Collegiate Education for Nursing, published in 1953, reported on data Dr. Bridgman collected on visits to eighty colleges and universities in all parts of the United States. The diversity of patterns of collegiate nursing education was illustrated, and the author made suggestions of what should be done if specialization in nursing was to be achieved.

Dr. Bridgman found in her study that the opportunities and advantages of the collegiate school were more apparent than real. Nursing had placed its traditional program on a university campus with little or no changes.[122]

Ten Thousand Nurse Faculty

The NLN sponsored a study in 1951 to determine the current conditions and practices of faculty and to establish realistic goals.[123] The data were published in 1953, titled Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing. The authors obtained data from accreditation material and questionnaires from faculty. Ten thousand faculty from 1,087 schools conducting basic programs in nursing responded. Voluminous amounts of data were obtained.

Lysaught Reports

The National Committee on Nursing and Nursing Education launched a major comprehensive study to analyze how nursing and nursing education could meet the health care needs of society. Dr. Jerome Lysaught directed the project, three nurses were on the Commission. The Lysaught Report, or An

Abstract for Action, was descriptive research and was based on two-and-one-half years' work. The 1970 report presented fifty-eight specific recommendations related to nursing roles and functions, education, and career perspectives. The results reflected the contributions of thirty-four members of four advisory panels and 139 representatives of health professionals and users of health service. Extensive use was made of site visits and regional conferences. Almost all of the twenty-eight recommendations about nursing education relate to the recommendation that the future pattern of nursing education should be developed within a framework of higher education. Increased research with the improvements in nursing education based on the research outcomes and increased financial support for nurses and nursing were some of the priorities that were seen to be important in bringing about the desired changes in nursing education.[124]

Little follow-up action occurred as a result of the previous commissioned studies so the commission was funded for three more years to try to initiate some of the recommendations.[125] A number of positive accomplishments, including the establishment of nine target statewide master planning committees to promote nursing within the general education, were discussed in the second report in 1973, From Abstract into Action.[126]

Summary

The education of nurses evolved from an informal apprenticeship controlled by hospitals to a structured planned program in colleges and universities. Nursing and nursing education have been significantly affected by the women's movement, the Depression, government funding, and major wars in which the United States has been involved. Although the various studies and reports on nursing and nursing education have been the impetus

for some changes being made, they were not as influential as the nursing leaders had hoped.

The development of nursing and the status of women were interdependent and often parallel. Nursing had problems similar to other women's professions in establishing an identity; but in addition, nursing had to deal with the dominance of the physician. The movement of nursing into college and universities accelerated as college education for women became more popular and federal funds became available to use as bargaining power.

The quality of nursing education improved as a result of the Depression. Small diploma schools closed; and it became necessary for the hospitals to hire graduate nurses, a practice which stabilized nursing service. Public health programs were initiated to prepare nurses to work in federally funded programs to meet community health needs. Public funding for nursing education had been advocated since Florence Nightingale, but it had been minimal except during the World Wars. The Nurse Training Act of 1964 was the first comprehensive nursing legislation; and as a result of the act, all levels of nursing education expanded and improved. Public funding not only provided for construction, faculty development, and student money but it also assisted schools in becoming independent of hospitals.

The Civil War and World Wars I and II focused public attention on nursing. The need for trained nurses brought about changes in nursing and the education of nurses. To assist in alleviating the shortage of nurses, a multi-level system in nursing was developed in the hospital. Massive government aid was required to recruit and educate large numbers of students. The nursing education system, as a result, improved because schools had to meet specific standards in order to receive federal funding.

Nursing education in the United States was not formalized until 1873. A few of the early schools were independently organized training schools patterned after the Nightingale model, but the majority were opened by hospitals to provide patient service. Consequently schools had little control over their students' education. There was an enormous proliferation of schools until the Depression. Nursing leaders organized because of their concern about the lack of standards and exploitation of students. Many surveys and studies of nursing and nursing education were sponsored by the various nursing organizations during the period of 1914 to 1949. Positive changes occurred with the movement toward increasing the number of collegiate schools and closing those hospital schools that were of poor quality. In spite of strides toward baccalaureate education, nursing education remained predominantly hospital based through the mid-century.

The quality of nursing education during the 1950s, 1960s, and 1970s continued to improve. For collegiate education, it was a period of growth, reorganization, and redevelopment. The two-year associate degree nursing program, which was the first and only nursing education program developed as a result of planned research and controlled experimentation, was introduced. This successful program was a break from the apprenticeship system and brought nursing into the framework of higher education. As more emphasis was placed on accreditation, nursing schools were forced to upgrade their standards continually. By the late 1960s, most schools of nursing had severed their close relationships with hospitals and were in control of the students' education.

The 1965 American Nurses Association's position that baccalaureate education should be the minimum preparation for a professional nurse,

although not implemented completely, did encourage the closing of many diploma programs. Associate and baccalaureate degree programs remained on a steady increase. Graduate education has received increasing attention since the 1960s, and the number of master's and doctoral programs in nursing have continued to grow.

The majority of the reports on nursing and nursing education were well received by the nursing leaders. The frequent chronic problems studied were in the realm of quality of nursing care and nursing education. Common patterns could be seen in many of the reports. Similar problems and recommendations relevant to nursing education continued to reappear. Included were separate school and hospital administrations; a strong theoretical base correlated with nursing practice; collegiate-based education; improved qualifications of faculty; adequate private and public financial support; and criticism of the apprenticeship system. Not many of the major studies resulted in widespread alterations, but some gradual modifications were made in the nursing programs.

Change was slow in coming because nursing has been so tied into economics, the medical profession, and the women's movement. Lack of finances placed schools under the control of medicine and the hospitals. As women have gained more rights, the nursing profession and nursing education have advanced.

National standards and trends will be identified in Chapter 3. Each of the five elements will be discussed and summarized.

Notes

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CHAPTER 3

NATIONAL STANDARDS AND TRENDS

The development of nursing education from its meager beginnings and the evolution of a profession were observed readily when specific components of nursing education were studied over an extended period of time. The standards set forth by the nursing organizations and the major national trends in each of the selected elements of faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and to higher education are presented in this chapter.

Faculty Qualifications

Boom Period, 1894-1913

The first training schools for nurses had no separate paid faculty. The superintendent of the hospital was the superintendent of the school. All early records show that theory was taught by the physicians. Nursing care and the practical duties were taught by the graduate nurses employed by the hospital. Being assigned to the position of head nurse was considered adequate preparation for training other nurses.[1] Some nurses had an education foundation because many school teachers entered nursing.[2] Many graduate nurses repeated to the pupils notes they had taken in class. Some of the best "pupil nurses" taught pupils in lower classes. The Bureau of Education reported that in 1912 approximately 50 percent of the 315 schools of nursing providing statistics had no nurses paid to instruct. Ten schools had one full-time instructor each.[3]

Standard Setting and Stock-Taking Period, 1914-1949

The first guidelines for faculty qualifications to be suggested by the NLNE was in 1917 in the Standard Curriculum for Schools of Nursing. The guidelines stated that the superintendent, or director of nurses, who was also principal of the school, should be a well-trained nurse, an educated woman with varied experiences, who was reliable, trustworthy, and understood people. If possible, the other members of the hospital teaching staff should have similar qualifications. Most schools should employ at least one regular instructor to teach elementary science and fundamental principles and techniques of nursing. The instructor must have sound technical and professional training. The instructor should have a "strong and vigorous personality," a "well balanced and well ordered mind," thorough knowledge of the subjects, wide practical experience in areas she taught, and some experience and training in teaching. Physician specialists should be employed for all subjects dealing with diseases and their treatment.[4]

The 1923 Goldmark report advised that superintendents, supervisors, instructors, and public health nurses should receive additional training beyond the basic nursing course. This advanced study should be in a university school of nursing.[5]

The 1927 Curriculum for Schools of Nursing noted that a school of any standing required at least one full-time instructor. The guide suggested that even small schools needed one instructor qualified to teach nursing procedures and follow practice on the wards and another to teach elementary science. Instructors should be experts in the subjects they taught and have "wide" nursing experience in the area. Some training in teaching also was essential.[6] The first publication from the Grading Committee of the NLNE in 1928

reported that only 39 percent of instructors had completed high school.[7]

Tentative Standards for Schools of Nursing Seeking Connection With a College or University published in 1931 listed qualifications for faculty in collegiate institutions. All faculty had to be graduates of accredited schools of nursing and be eligible for registration in the state where they were teaching. The principal of the school should have academic credits entitling her to the same rank as heads of other schools or departments in the institution and three to five years' educational and administrative experience in a school of nursing. All assistants to the principal, instructors, and supervisors would be expected to have a minimum of two years' work beyond high school in a college or normal school. Special preparation in subject matter being taught and methods of teaching were required of instructors while supervisors should have special knowledge and experience in the clinical subject they were supervising and teaching. Head nurses had to be high school graduates.[8]

In 1932, 20 percent of faculty had some college preparation, but 29 percent had not graduated from high school.[9] Instructors were found to be better educated than the director of schools and the supervisors.[10] There was a full-time instructor in one-half of the schools of nursing and one-fourth had more than one. Students acted as head nurses in 15 percent of the schools while 63 percent of the hospitals with training schools had no graduate nurses on floor duty.[11] In most schools, some of the head nurses were less educated than the students.[12]

Nursing leaders' concern over faculty led to the NLNE 1933 study and report, The Nursing School Faculty Duties, Qualifications and Preparation. The Committee on Education felt the need to define faculty as "all those who

have a substantial share in the teaching of student nurses and in the formulation of educational policies of the school."[13] The faculty survey pointed out that the term faculty was used loosely in many nursing schools because the staff of the hospital were doing double duty adding teaching, supervision, and direction of students to their other responsibilities.[14] Recommendations of the Committee for qualifications for teaching and supervisory positions included completion of a bachelor of arts or science degree, or equivalent, in general liberal arts studies; at least one year of advanced preparation beyond a basic nursing program at the upper division level in the area of teaching or supervision; for the supervisor, at least one year as head nurse prior to specialization preparation; and for the instructor, at least six months in experience as head nurse, and if possible, six months as an assistant instructor.[15] Personal qualities necessary were good health, physical energy, intelligence, enthusiasm, good breeding, moral integrity, idealism, good family and social background, and loyalty.[16] Instructors should be prepared to teach a maximum of six courses with no more than three major courses.[17]

The final report of the NLNE Committee on Grading, published in 1934, contained similar recommendations to the faculty report from the previous year. The Committee specified that all faculty should be college graduates except in unusual circumstances, and all should be able to teach at the college level.[18]

The faculty section of the 1926, Essentials of a Good School of Nursing was similar to the 1934 Grading Committee final report. Preparation was changed to state that those with more responsible positions should have a broad background of general education beyond high school and, as soon as

possible, all other members of the faculty should have the same qualifications.[19] Additional emphasis was placed on all faculty being members of their professional organizations and on their responsibility to the development of the profession through writing and research.[20] The 1942 revision of the manual improved requirements for faculty. All faculty were expected to have a broad general education background, and all principals and instructors were to have received a baccalaureate degree in arts or science. Faculty also should have advanced education in the field in which they taught or supervised.[21]

During the 1930s and 1940s, there remained a scarcity of prepared faculty. It was necessary for most collegiate programs to depend on the hospital staff to teach and supervise practice in the specialty areas of nursing.[22] By 1938, most instructors who did not have a college degree were taking courses to earn one.[23]

A 1943 study done by Hurd indicated that the median nursing school enrolled fifty to sixty students. The median number of supervisors and head nurses teaching was 13.36 (mode 7.5), compared to 2.58 full-time instructors.[24]

Brown, in her 1948 landmark study, found many faculty positions were unfilled or had been filled by nurses without the desired qualifications. The number of adequately prepared faculty was a critical problem. In 1945, of the forty-six collegiate institutions offering advanced preparation for nurses, fifteen provided additional preparation for the master's degree. Only 6 percent of the nursing students entering schools of nursing in 1947 were in degree programs.[25] Brown learned that many schools of nursing were beginning to emphasize the master's degree as a prerequisite for those faculty

above the level of instructor. The trend was to make the master's degree the minimum educational requirement for faculty teaching in schools of nursing that were expected to maintain standards comparable to other schools on campus.

The Subcommittee on School Data Analysis survey of 97 percent of the schools of nursing in 1949 showed that 55 percent of 10,000 nurse instructors had an academic degree compared with less than 4 percent in 1929.[26] Eighty-four percent of the faculty teaching in schools classified as Group I had a college degree. In both the composite basic diploma program and basic degree program in the schools of nursing in Group I, 45 percent of the instructors had the degree of bachelor of science only, while 30 percent of those working in a degree program compared with 15 percent in diploma programs had a degree of master of science or higher.[27] West and Hawkins defined a "Good school of nursing as one in which all faculty had at least a bachelor of science degree.[28]

Experimentation and Growth Period, 1950-1957

Much data on faculty were obtained from a 1953 report sponsored by the NLN. The educational preparation of faculty was increasing gradually. Sixty-eight percent of directors, assistant directors, and instructors held a baccalaureate or higher degree and 16 percent held a master's degree. Of those faculty with no degree, 57 percent had earned credit toward a baccalaureate degree.[29] The average number of faculty teaching in fully accredited schools was nine full-time and six part-time, five full-time and four part-time in temporarily accredited schools, and three full-time and three part-time in non-accredited schools.[30] Schools with the highest accreditation status tended to have a higher percentage of faculty with academic degrees,

as seen on Figure 3.1. Seventy-seven percent of faculty in fully accredited schools held academic degrees, 60 percent in temporary accredited schools, and 54 percent in non-accredited schools.[31] The 1,384 faculty teaching in collegiate schools of nursing had better academic preparation than those in diploma programs. Faculty with master's preparation made up 36 percent of the total; baccalaureate preparation, 51 percent; and no degree, 13 percent. Of the greater than one hundred public health nurse faculty employed in approved public health nursing programs, all except seven had completed work leading to master's or higher degree. The majority also were experienced educators.[33]

Collegiate schools of nursing were hiring faculty with improved qualifications. In 1956, 3.1 percent of the faculty had earned a doctorate; 55.6 percent had a master's; 36.3 percent held bachelor degrees, and 2.5 were diploma graduates.[34]

A 1959 survey of associate degree programs indicated that in comparison with other nursing programs their faculty were well prepared. Almost one-half of the faculty members and three-fourths of the program directors had master's preparation or greater.[35]

As accreditation became more important to the schools, it became necessary to meet the criteria that were used for evaluation. The 1960 criteria stated that faculty teaching undergraduates should have a master's degree with graduate preparation in the specialized area of nursing in which they teach. They should also have specific preparation for teaching through education and/or experience; and if it is necessary to hire less qualified faculty, they should function as assistants under fully qualified faculty.[36] The number of faculty teaching in senior colleges and universities prepared with

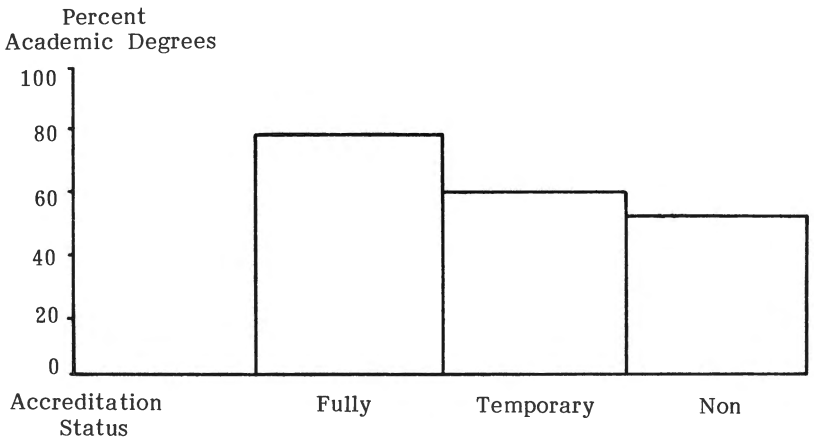

FIGURE 3.1

FACULTY WITH ACADEMIC DEGREES ACCORDING TO ACCREDITATION STATUS OF SCHOOLS, 1953

SOURCE: Mildred Schwier, Lena Paskewitz, Frances Peterson, and Florence Elliott, Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing (New York: NLN 1953), p. 13.

master's degree had more than doubled since 1951.[37] The master's degree had been earned by 71 percent; a doctorate, 4 percent; a baccalaureate degree, 24 percent; and no degree, 1 percent. The percent of collegiate faculty from 1953 to 1960 who had earned master's degree increased 20 percent; and those with doctorate degrees, approximately 4 percent. The comparison of faculty preparation in the years 1953, 1956, and 1960 is shown in Figure 3.2.

Nursing leaders had varied opinions as to what qualifications faculty needed in order to teach in a collegiate program. An ANA pamphlet on faculty published in 1962 recommended a doctorate degree as the minimum educational preparation.[38] The facts are, however, that from 1951 to 1963, only seventy-nine nurses were granted doctorate degrees in nursing.[39] Mary Tschudin, in an article in a 1964 nursing journal, stated that to have a successful baccalaureate program, faculty should have a baccalaureate or higher degree and specialized professional background and experience in the area they teach.[40]

The 1967 and 1969 NLN criteria remained essentially the same as the 1960 criteria. The revised criteria called for graduate preparation relevant to the clinical and functional areas of responsibility. The focus was shifting to include clinical expertise; therefore, the faculty must maintain expertness in clinical and functional areas of the specialty.[41]

Statistics from the southern region data in 1967 revealed that in forty-nine baccalaureate programs, 3 percent of the faculty had doctorate degrees; 70 percent held master's degrees; and 27 percent, baccalaureate degrees, compared with nine programs that offered both baccalaureate and master's degrees in which 7 percent held doctorate degrees; 75 percent, master's; and 17 percent, baccalaureate degrees. A variety of degrees were earned at the

FIGURE 3.2

SOURCES: Mildred Schwier, Lena Paskewitz, Frances Peterson, and Florence Elliott, Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing (New York: NLN, 1953), p. 36; American Nurses Association, Facts About Nursing: A Statistical Summary, 1955-1956 ed. (New York: ANA, 1955), p. 103; and The School Improvement Program of the National League for Nursing 1951-1960 (New York: NLN, 1963) p. 53.

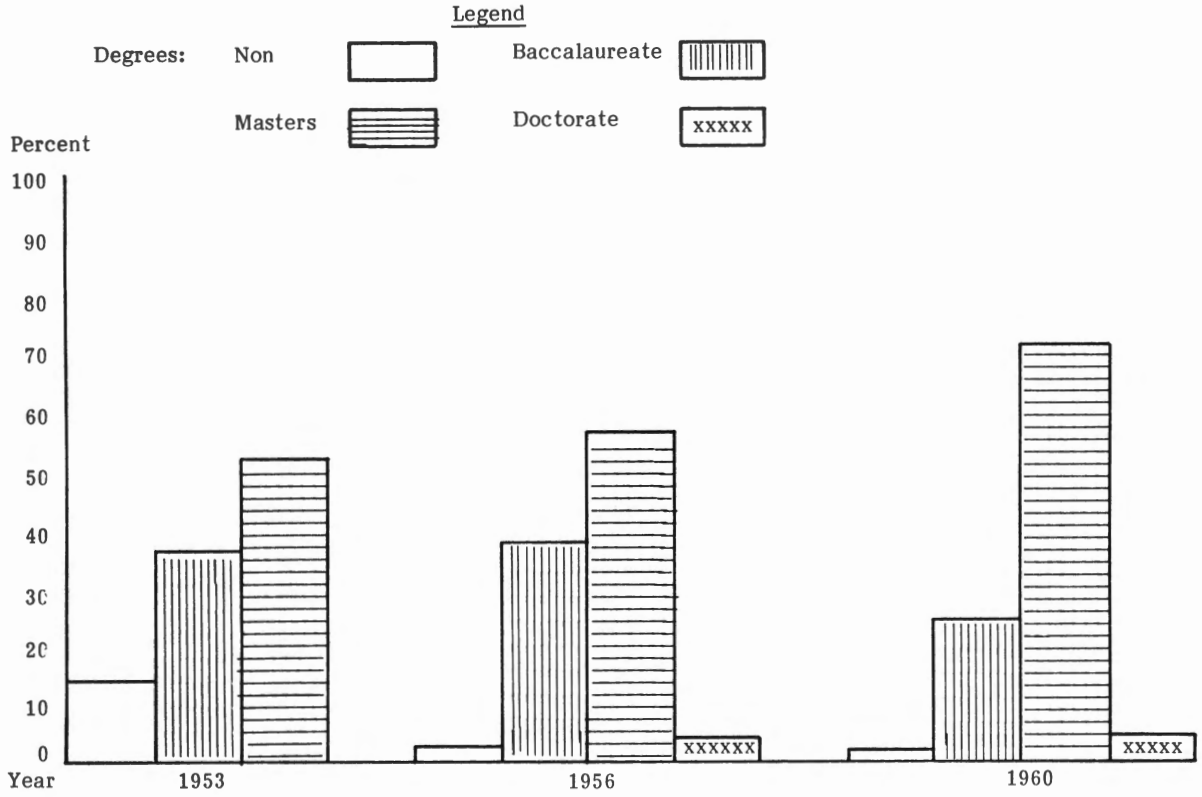

FIGURE 3.2

COLLEGIATE FACULTY PREPARATION, 1953, 1956 and 1960

baccalaureate and master's level.[42] A 1968 survey of faculty in the south showed that 53 percent of the faculty with a master's degree had a degree in a field other than nursing.[43]

In a 1971 research project, Jerome Lysaught sampled 2,949 faculty in 278 schools of nursing. The results indicated great variation in faculty preparation, based on the type of program they taught in, as seen in Table 3.1. The national statistics indicate that the higher the degree offered by the school, the better prepared the faculty were. For example, 7.3 percent of faculty teaching in baccalaureate programs held doctorate degrees compared with 0.1 percent of faculty teaching in diploma programs.

Table 3.1

ACADEMIC PREPARATION OF NURSE FACULTY

Academic Preparation of Faculty	Programs		
	Diploma	A.D.	Baccalaureate
RN	21.0(%)	1.2(%)	0.4(%)
Associate Degree	0.6	0.7	-
Baccalaureate	57.1	35.4	14.2
Master	20.7	62.4	78.2
Doctorate	0.1	0.2	7.3
No Answer	0.5	-	-

Faculty teaching in baccalaureate programs in the south compared favorably with the national average. A 1971 study of the southern region showed that fifty-five baccalaureate programs had 5 percent of their faculty with doctorates, 78 percent with master's, and 17 percent with baccalaureate degrees. Schools offering the baccalaureate and master's degree employed 13

percent faculty with a doctorate, 78 percent with master's, and 9 percent with baccalaureate degrees.[44] The faculty who taught in schools with both the baccalaureate and master's degree were better prepared than those teaching in a baccalaureate program only. A comparison of faculty teaching in the south is illustrated in Figure 3.3.

Haase and Smith found that by 1972 that there were 72 southern baccalaureate programs in which 14 percent of 1,832 faculty held less than a master's degree. The problem was that there was a lack of prepared faculty available.[45]

NLN evaluation criteria published in 1972 was similar to the previous criteria. The emphasis was on continued academic study and the need to increase the number of faculty with doctorates.[46]

Stabilization Period, 1973-1981

To maintain their position in colleges and universities and to adhere to the expectations put forth by the NLN, schools of nursing were requiring faculty to further their education. Faculty qualifications required by the NLN for accreditation in 1977 were that faculty have graduate preparation and experience appropriate to their areas of responsibility and to the goals of the program. Schools also had to show evidence of making an effort to increase the number of faculty who hold doctorates or other advanced degrees appropriate to their responsibility.[47]

An NLN conducted survey of nurse faculty members in all state-approved schools had a 98.3 percent response rate. It was estimated that there were 9,205 full-time nurse faculty in 1974. For all programs, about 52 percent of full-time faculty (exclusive of administrators) had at least a master's degree and 13.6 percent had doctorates.[48] Faculty teaching in the baccalaureate and

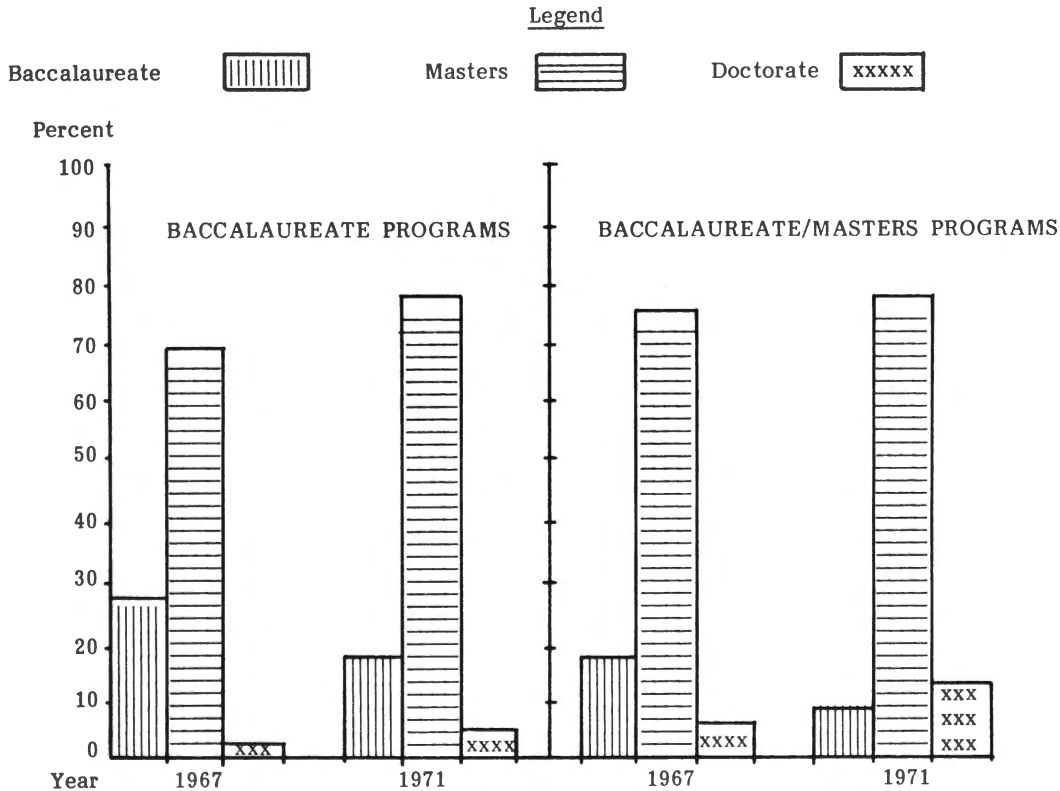

FIGURE 3.3

FACULTY PREPARATION SOUTHERN REGION, 1967 and 1971

SOURCE: Helen Belcher, The SREB Project in Nursing Education (Atlanta: Southern Region Education Board, 1972), p. 11

higher degree programs were the best prepared educationally. Doctorate degrees were held by 8.8 percent of full-time faculty; masters, by 79.2 percent; baccalaureate, by 11.8 percent; and diploma and associate, each by 0.1 percent.[49]

Full-time faculty teaching in baccalaureate and higher degree programs in 1980 numbered 9,531. Their educational qualifications showed some improvement since 1974. The comparison can be seen in Figure 3.4. A doctorate degree was held by 13.4 percent; a master's degree, by 81.4 percent; a baccalaureate degree, by 5.1 percent; and a diploma, by 0.1 percent.[50]

Faculty Qualifications Summary

Although standards for faculty qualifications were published first in 1917 by the nursing leaders, many schools did not set high expectations for faculty; and the institutions for advanced preparation of faculty were few in number. There was, however, a slow but steady improvement in faculty preparation. This improvement gained momentum as the national organization set more stringent requirements and accreditation of nursing schools became important.

1894-1913. The first training schools had no separate faculty. The didactic component was taught by the physicians, and the nursing care and practical duties were taught by graduate nurses employed by the hospital that sponsored the school. Some nurses had an education foundation because they had been teachers prior to entering nursing.

1914-1949. The NLNE, in the guidelines published in 1917, did not specify the educational preparation needed for faculty but instead stated that the principal of the school be a well-trained nurse and an educated woman

FIGURE 3.4

SOURCES: Division of Research, NLN Nursing Data Book 1981 (New York: NLN, 1982), p. 98; and Facts About Nursing 1974-1975 (Kansas City, Missouri: ANA, 1976), p. 29.

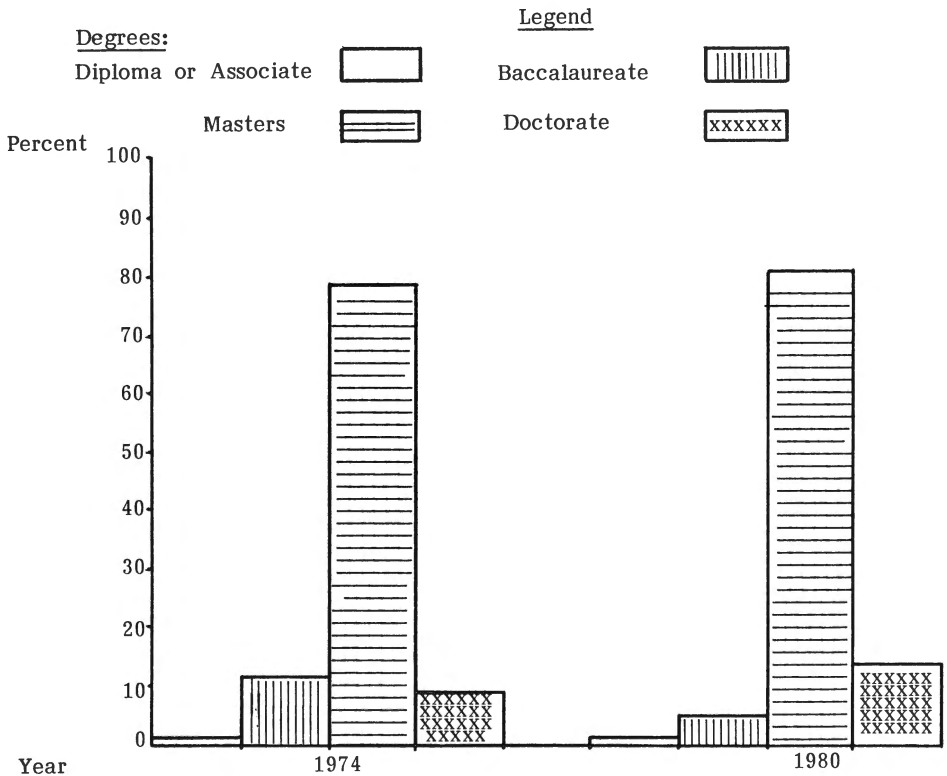

FIGURE 3.4

FACULTY PREPARATION TEACHING IN BACCALAUREATE AND HIGHER DEGREE PROGRAMS, 1974 and 1980

and that the other members of the teaching staff should have similar qualifications if possible. Goldmark in 1923 advised that the faculty should have advanced study in a university school of nursing. The NLNE recommended in 1927 that a good school should have at least one full-time instructor who was an expert in the subjects taught and who had a wide range of nursing experience. Only 39 percent of the instructors had a high school education in 1928.

Published standards for faculty in collegiate institutions in 1931 stated that all faculty should be graduates of accredited schools of nursing, have a minimum of two years of college, and special preparation in the subject they taught. Head nurses should be high school graduates. The principal of the school should have three to five years of administrative experience in a school of nursing and academic credentials entitling her to the same rank as heads of other schools or departments.

During the 1930s and 1940s, there remained a scarcity of prepared faculty, and there were a limited number of collegiate institutions available for advanced preparation. Statistics in 1932 revealed that 29 percent of faculty had not graduated from high school and only 20 percent had some college preparation. Instructors were better educated than directors and supervisors. There was a full-time instructor in one-half of the nursing schools. Nursing leaders' concern about poor preparation of faculty led to the publication in 1933 of the study and report, The Nursing School Faculty Duties, Qualifications and Preparation. Qualifications for teaching and supervisory positions included completion of a bachelor degree or its equivalent, one year of advanced preparation in the area of teaching or supervision, and experience as a head nurse; if possible, the instructor should

have six months' experience as an assistant instructor.

A 1936 manual stated that faculty with more responsible positions should have a broad background of general education beyond high school and, as soon as possible, all other faculty should have the same qualifications. With the revision of the 1942 manual, the requirements had been increased and all principals and instructors should have a baccalaureate degree in arts and sciences and advanced education in the field they taught.

A 1949 survey of 97 percent of the nursing schools reported that 55 percent of the 10,000 nurse instructors had an academic degree compared with less than 4 percent twenty years previously. Eighty-four percent of the faculty teaching in the top 25 percent of the schools had a college degree. A "good" school of nursing was defined as one in which all faculty had at least a bachelor of science degree.

1950-1972. The number of prepared faculty increased gradually. Data from a 1953 report showed that 68 percent of faculty held a baccalaureate degree; 16 percent, a master's degree; and of those faculty with no degree, 57 percent had earned college credit. The higher percentage of prepared faculty were in schools with the highest accreditation status. Seventy-seven percent of faculty in these schools had academic degrees. The faculty in collegiate schools were the best prepared. Thirty-six percent had master's preparation, and 51 percent had baccalaureate degrees; and of all faculty, those teaching public health nursing were the best qualified in educational preparation and as experienced educators.

Faculty in collegiate schools were becoming better qualified rapidly. In 1956, 97.5 percent held academic degrees; and the number of faculty with doctorates was increasing.

The 1960 NLN criteria for accreditation stated that faculty teaching undergraduates should have a master's degree with graduate preparation in the specialized area they teach and specific preparation for teaching through education and/or experience. Faculty found it necessary to adhere to the criteria in order to teach in an accredited school. The number of faculty with doctorates increased again.

In 1962, some nursing leaders began to advocate that to teach in a collegiate program faculty must have doctoral preparation. This idea was not realistic at the time as only seventy-nine nurses had been granted doctorate degrees in nursing.

The 1967 and 1969 NLN criteria remained essentially the same as those in the previous publication. There was, however, a greater focus on clinical expertise and advance preparation relevant to the clinical and functional areas of responsibility.

Statistics gathered from the collegiate programs in the south showed that in those schools that offered both the master's and baccalaureate degrees, faculty were better prepared. Overall southern faculty qualifications compared favorably with the national average. Lysaught in a 1979 research project also found a great variation in faculty preparation based on the type of program.

1973-1981. To obtain and maintain accreditation, schools of nursing were requiring faculty to further their education. The NLN in 1977 required faculty to have graduate preparation and experience appropriate to their areas of responsibility and to the goals of the school. Schools also had to show evidence of making an effort to increase the number of faculty who held doctorates.

As would be expected, faculty teaching in colleges and universities continued to be better prepared educationally. The number of faculty with advanced degrees in all nursing schools continued on an upward trend.

Curriculum

Content taught in schools of nursing had progressed from the very simple to the complex. A study of the curriculum is a study of the unfolding of a profession. Florence Nightingale systematized nursing content. She organized it around three focal points which were (1) a body of technical skills and procedures, (2) rules and principles related to environmental control and hygiene, and (3) philosophy or nursing and a code of ethics.[51] These three areas remain essential content today.

During the late nineteenth century and early twentieth century, scientific discoveries related to causes of disease changed the approach to treatment. Then, it became necessary to include nursing content on specific diseases and their treatment in the program of study. The disease centered approach was added to the content Florence Nightingale initiated, and classes in nursing were often taught by physicians.[52] Each nursing program was geared toward what was done in its institution or locality.

It became impossible to teach about every disease; and as a result of the increased knowledge, the nursing curriculum was organized around patient care areas, body systems, or the disease approach. Many programs used a mixture.[53] The patient care areas approach required students to rotate through different patient areas and study the content related to each area. The body systems approach allowed for the grouping of many diseases together for ease of learning. Longway saw this as a logical move from the disease centered approach. The patient care and body systems approach can be found

in nursing curriculum today.[54]

Toward the middle of this century, nursing began to realize that man was more than a physical being. At this time, the science of nursing began to emerge; and by 1950, a substantial body of theory and knowledge had accumulated.[55] The idea was growing that nurses should nurse persons and not diseases. A variety of approaches emerged to consider the whole person resulting in a person centered curriculum with the goal of moving the person toward optimum health. Natural, behavioral, and health sciences were integrated into this curriculum. This approach to curriculum was known as an integrated curriculum, patient centered approach, core concept approach, or commonalities approach.[56] Emphasis on technical skills in the curriculum waxed and waned over the years.

Pioneer Period, 1873-1893

The early training school programs were one to two years in length, and the students signed a contract to stay the entire time. Very little formal education was provided. After one month of probation, the "pupil nurses" were put on the payroll of the hospital and sent onto the ward with little training and were expected to do everything.[57] All of the theoretical instruction was given the first year and included sixteen to twenty-four periods of formal instruction by physicians.[58] An outline of study issued by the Bureau of Education in 1882 suggested six to eight lectures in each subject.[59] One lecture or class a week was considered a full program, and ward work superseded attendance at lectures. Learning in the hospital was by imitation and trial and error. Some schools sent the students to work in the hospital the day after their arrival. Although the head nurse was responsible for teaching on the ward, she was often too busy so instruction was done by

students or ward maids.[60]

Some anatomy, materia medica, cookery, and lectures on special diseases were included in the training school programs.[61] The introduction of textbooks in 1874 was an important step. An increasing number began to appear about 1893, and helped to systematize the content of the nursing curriculum.[62] The classroom material was supplemented by experiences of varying length in the different departments. Schools began with experience on medicine and surgery wards and later expanded into other wards and departments. The "pupil nurses" received all the experience there was in an institution, but it might not be sequenced or proportioned according to educational needs.[63] When a physician or supervisor liked a student's work, she/he would keep her as long as possible on a service.

Most graduates of training schools worked in the home as private duty nurses. Hospital training did not prepare them for this so schools began to send students into the home for experience. They received little education with limited supervision and their payment went to the hospital. This practice led to student exploitation and was disapproved of by organized nursing.[64]

Students spent twelve or more hours on the day or night shift. The daytime hours were shortened gradually to ten hours. Students were allowed one day off during the week and time to attend church on Sunday. Class came from off-duty time and usually was taught in the evening.[65] One graduate of Johns Hopkins Training School for nurses described her experience as "a deadening routine of repetitious tasks."[66]

Boom Period, 1894-1913

During this period, a gradual improvement was seen in the content, organization of curriculum, hours, sequencing, and coordination of theory and

practice. The Society of Superintendents of Training Schools in 1895 urged the establishment of a three-year curriculum and an eight-hour day.[67] Before 1900, an accepted curriculum for a fully trained nurse included medicine, surgery, maternity, and pediatrics.[68] The services were not always available in the small hospitals associated with the training schools, and this led to the affiliation of students in other hospitals. The curriculum was fragmented into small courses that were taught in a number of institutions, and the instructors were not under the control of the parent school.[69] Affiliations handled in this manner occurred in many schools of nursing for a long time.

At the third annual meeting of the Superintendents Society in 1896, the report of the Committee on Uniform Instruction outlined standards of instruction for nursing schools with two- and three-year curriculums.[70] The school year was divided into terms of twenty weeks. During the first year, students spent 102 hours in the classroom. The theory component was made up of practical nursing (thirty-eight hours) which contained hygiene, bacteriology, and materia medica; anatomy and physiology (thirty-six hours); and clinical subjects (twenty-eight hours).[71] The clinical experience included housekeeping and simple nursing duties the first year, with increasing responsibility until the third year when the student did district nursing, special duty, or executive work. The clinical services suggested were medical nursing (six to nine months), surgical nursing (six to nine months), and gynecology (three to six months). The committee also recommended that exams be added in the curriculum.

By 1900, the leading schools had a three-year curriculum without the eight-hour day. Even in some of the best schools, the workweek was seventy hours, not including study.[72] Approximately 2 percent of the time was spent in the classroom with the remaining time in clinical practice.[73] The 1903

nurse practice act in Virginia required training of only a minimum of two years.[74] In most schools, the curriculum remained very much the same; and the third year was used to put students in charge positions with supervision. In small schools, students were sent out for private duty experience. A few schools introduced into the curriculum one to two months of district nursing. According to Dock, by 1908, the foremost training schools had developed advanced teaching for the third year.[75] Civics and social problems were added to the curriculum, and students had the opportunity to practice class teaching and hospital housekeeping.

A summary of the curriculum of thirty-four leading schools of nursing was reported in 1900 by the Education Committee of the Superintendents Society.[76] No school exceeded 150 hours of formal instruction. The range of hours for each subject area varied greatly. These statistics showed some increase since 1896, when the maximum theory in a few good schools usually was about 105 hours.[77]

Stewart felt the greatest single advancement during this period was the initiation of a preparatory course in 1901 at Johns Hopkins Training School for Nurses.[78] Snively had advocated preparatory courses in science and domestic arts prior to the hospital experience as early as 1895 in a speech given at the Superintendents Society.[79] In a preparatory course, students spent time in class, laboratory, and daily assigned practice, working under supervision. The progress of the student was observed and recorded, and those who met the theoretical and practical requirements were admitted to the nursing school. Gradually this plan replaced the probationary period; and within ten years, eighty-six schools of nursing had developed three-to-four-month preparatory courses.[80] In spite of the heavy schedule of theory, some schools added six

or seven hours a day of regular ward work.[81] The Bureau of Education reported in 1911 that only 10 percent of 692 schools of nursing had 8-hour days and 45 percent required 10-hour plus days exclusive of class work and study.[82]

Helena McMillan published an article in the American Journal of Nursing in 1902 listing lectures necessary to meet the requirements for a three-year nursing program. The article was based on the results obtained from a study of lectures given in many schools of nursing. She did not include a preliminary or preparatory course because so few schools had implemented one in 1902.[83] The topic areas were similar to those advised by the 1896 Superintendents Society report. Miss McMillan suggested the following: anatomy and physiology; bacteriology; hygiene; materia medica; contagious diseases; eye; ear, nose, and throat; nervous diseases; urine; massage; gynecology; obstetrics; children; insanity; skin; medicine; and surgery.[84] The topics were to be scheduled for varying periods; and material on institutional nursing, the nurse outside the hospital, and talks on domestic science were interspersed where appropriate. Each year was ended with an examination on all of the material covered. The examinations given in many schools were both written and oral.

A 1903 article on curriculum supported a preparatory course and the inclusion of dietetics; practical demonstrations; separate course on nursing care; and a course in which history of hospitals and nursing, hospital economics, ethics of nursing, district nursing, and public health were discussed.[85] A few hospital schools in 1903 had arrangements with colleges to provide courses in English, chemistry, anatomy and physiology, materia medica, and domestic science before the students were introduced to patient care.[86]

Some students enrolled in the colleges prior to entrance into the school of nursing. The course of study varied from two months to a year.

The nursing school at the University of Minnesota opened in 1909 and was the first basic nursing program affiliated with a university.[57] The curriculum was patterned after the one at Johns Hopkins University, and the student received a diploma after three years. The first semester was considered preparatory work, and the focus was on the basic sciences and nursing arts. The remainder of the first year, the student took anatomy and physiology, chemistry, materia medica, and hospital economics and worked on the wards. The last two years primarily were ward duty of fifty-six hours per week and additional classes in the basic sciences and special care of patients.[88] The University of Virginia and a few other schools copied the nursing school curriculum used at the University of Minnesota.[89]

Eighty-five hospitals reported giving preliminary courses in 1911.[90] The courses lasted from six weeks to six months and from a simple class to actual residence in a college. Demonstrations and clinics began to come into more general use. Nursing classes usually were conducted by the question and answer method and by 1912, the case method of teaching was popular.[91]

Nursing education had made progress over the past forty years, but many nursing leaders were not satisfied with the educational system. Schools had haphazard schedules, medical lectures were given by physicians and the nurse's role was seldom discussed, theory and clinical practice were rarely coordinated, the major emphasis was on technical proficiency and the number of clinical hours worked, and the hospitals, as a rule, remained in control.[92]

Standard-Setting and Stock-Taking Period, 1914-1949

1914-1923. An important development in nursing education was the 1917, Standard Curriculum for Schools of Nursing. This curriculum was an attempt by the NLNE to provide the schools of nursing with a model which they could use to produce their own programs. MacDonald was critical of the standards because she felt they were out-of-date when they were published and did not reflect current practices. The standards did not include a theoretical foundation, emphasize prevention of disease and health promotion, or contain psychological and social concepts.[93]

The course of study recommended by the Committee on Education of the NLNE was three calender years, divided into the preparatory or first year, the junior or second year, and the senior or third year. The academic year was similar to most educational institutions with two terms of sixteen weeks each. Class work and study would be omitted on Sunday and one afternoon a week; otherwise, the student would have ten hours of required day or night work. When possible, class should not be held in the evening. Night duty should not exceed four months' total and not more than two months scheduled at one time.[94]

The suggested time for practice work was

Preliminary or probationary periods	4 months
Medical nursing, including the care of mental patients	8 months
Surgical nursing, including the operating room	8 months
Nursing in disease of infants and children	4 months
Obstetrical nursing	3 months
Nursing in special diseases	2 months
Electives	4 months
Vacations-one month a year	3 months
Total	36 months [95]

The report did not recommend a fixed order of the arrangement of practical training but stated it was important that general services, such as medical and surgical nursing, should precede the specialty areas and simple conditions should precede the complex. Public health nursing or social service should follow after all of the specialty areas.[96] The committee felt it would be difficult to maintain a school with acceptable standards if the hospital had an average daily census of less than fifty fairly acute patients. Schools associated with hospitals that did not have the required specialties would have to provide for affiliation.[97] The committee emphasized that each school should be responsible for the standards of theory and practice in the affiliating school.

The following was the general scheme of theoretical instruction recommended.[98]

Preparatory or First Year

First or Winter Term	Hours
Anatomy and physiology	60
Bacteriology	20
Personal hygiene	10
Applied chemistry	20
Nutrition and cookery	40
Hospital housekeeping	10
Drugs and solutions	20
Elementary nursing principles and methods	60
Bandaging	10
Historical, ethical, and social basis of nursing	15
Total	265

Second or Spring Term	
Elements of pathology	10
Nursing in medical diseases	20
Nursing in surgical diseases	20
Materia medica and therapeutics	20
Diet in disease	10
Elements of psychology (recommended)	10
Total	80 to 90

Junior or Second Year

First or Winter Term	Hours
Nursing in communicable diseases	20
Nursing in diseases of infant and children (including infant feeding)	20
Massage	10
Principles of ethics	10
Total	60

Second or Spring Term

Gynecological nursing	10
Orthopedic nursing	10
Operating-room technique	10
Obstetrical nursing	20
Nursing in diseases of the eye, ear, nose and throat	10
Total	60

Senior or Third Year

First or Winter Term

Nursing in mental and nervous diseases	20
Nursing in occupational, venereal and skin diseases	10
Special therapeutics (including occupation therapy)	10
Private sanitation	10
Survey of the nursing field	10
Total	60

Second or Spring Term

Modern social conditions		10
Professional problems		10
Emergency nursing and first aid		10
Introduction to public health nursing and social service (*)	10	
Introduction to private nursing (*)	10	
Introduction to institutional nursing (*)	10	
Home problems of the industrial family (*)	10	30
Laboratory technic (*)	10	
Special disease problems (advanced work in any of special forms of disease studied above) (*)	10	
Total		60

Total number for the three years - 585 to 595 hours

(*) Electives - students selected at least three subjects that related to their future work.

The committee was aware that small schools would be unable to adhere to the standards. They proposed the development of central schools of nursing where students from the smaller school could attend classes to obtain the scientific groundwork or use the visiting teacher concept where three schools in close proximity shared a qualified teacher two days each week.[99]

The cooperation between institutions of higher education and schools of nursing that had begun earlier began to accelerate; and by 1920, at least 180 schools were involved in some type of relationship.[100] The majority of institutions provided courses in the basic sciences taught by university faculty, usually from the medical school. Some had arrangements where students could get a degree.

Twelve schools of nursing in 1920 and seventeen in 1923 offered a combined academic and professional degree.[101] Students attended two years of college, two years of nursing school, and one year of special training, which was usually public health. Most schools had retained their diploma programs because enrollment in the degree program was limited. Students in both programs attended the same classes which were oriented to the diploma students' capabilities since they were the larger in number.[102]

Schools of nursing nationwide used varying criteria for awarding credit for theory, laboratory, and clinical experience; and practically no school had well-defined rules for transfer. The NLNE in 1923 appointed a committee on the Standardization of Credits to study the problem. The purposes of the committee were to develop credits that were equivalent to those used in universities, colleges, and professional schools and to facilitate the transfer of

student nurses from one school to another.[103] The recommendations of the committee related to credit were that one credit equal fifteen hours of theory, one credit equal two to three hours of laboratory practice, and thirty days of ward practice equal one credit of clinical laboratory.[104]

In the same year, the Goldmark Report revealed that students frequently were assigned to clinical units long before they had the theoretical background and cared for critical patients without adequate training or supervision, and the hospital controlled the hours, which were often in the evening. To alleviate these inadequacies, Goldmark proposed that a preliminary course of four months be followed by twenty-four months of carefully graded and progressive courses in theory and practice of nursing correlated to facilitate case study. Using this method would shorten the program to twenty-eight months.[105] She advised the elimination of routine duties that were of no educational value. Goldmark, as had many previous nursing leaders, advised the acceptance of an eight-hour day, including classes. Excessive unproductive night duty was the rule, but little was done at that time to change student assignments.[106] The Goldmark Report strongly recommended that nurses going into public health or nursing education follow their basic hospital training with an eight-month postgraduate course.[107] This recommendation was adopted in principle but not widely followed.[108]

1924-1933. In 1925, the Committee on Education of the NLNE began the revision of the Standard Curriculum for Schools of Nursing; and the 1927 published version was titled A Curriculum for Schools of Nursing. The emphasis was placed on the use of this publication as a guideline to use in curriculum planning and implementation and not as a model or a minimum curriculum. The committee stated that the curriculum should be improved

where possible. The revised report recommended that each school develop its own set of objectives, using the outline provided as a basis and amplifying it to include activities essential to its type of school.[109]

The curriculum plan was based on a twenty-eight- or thirty-six-month program. Nursing education had not yet accepted a universal academic credit to be awarded for clinical practice so the committee left awarding of credits up to the individual schools. The proposed student schedule was a six-day week, with two half days or preferrably one full day off a week. A student's day or night, including study, was again recommended not to exceed ten hours. Many felt that this was in excess but would be a step forward, based on what was being done.[110] Many hospitals still were having students work seven days a week for twelve hours of day or night duty. After twelve hours of night duty, it was almost impossible for the student to benefit from daytime instruction.[111] The report encouraged schools not to schedule classes in the evening hours and to delay night duty until the second year. Some major changes and additions had been made to the practical instruction since 1917 in an effort to provide more specifics and broaden the experience. The terms preparatory and preliminary were deleted and the first year was to be considered as one unit. It was suggested that probation could be assigned for any given number of months.[112]

The general scheme of practical instruction for 6,252 hours of nursing practice can be seen in Table 3.2.

Since the 1917 publication, communicable diseases, psychiatric diseases, outpatient department, and specific special diseases were added to the clinical component of the curriculum. These added services reflected changes in the health needs of the nation and were covered in the leading schools of nursing. Hospital housekeeping and massage were no longer separate courses. Electives

TABLE 3.2

PRACTICAL INSTRUCTION

	36 months	28 months
First term (assignment varied)	4 months	4 months
Medical (general medical wards and diet kitchen)	5 months	5 months
Surgical (general surgical, gynecological, urological, and orthopedic wards, and operating room)	6 months	5 months
Communicable diseases (special divisions for contagious diseases, tuberculosis, and venereal diseases)	3 months	2 months
Pediatrics (infant feeding)	3 months	3 months
Obstetrics	3 months	3 months
Psychiatric and neurological diseases	2 months	2 months
Eye, ear, nose and throat; skin; metabolism; or other specialties	1 month	---
Outpatient department (especially medical, surgical, and pediatric clinics including if possible home service)	2 months	2 months
Electives (choice of additional time in required services of affiliation with some community nursing organizations)	4 months	---
Vacation	3 months	2 months

SOURCE: Committee on Education of NLNE, A Curriculum for Schools of Nursing, 6th ed., (New York: NLNE, 1927), pp. 51-52.

provided the opportunity to demonstrate leadership abilities and the qualities necessary for private duty or public health nursing. If the home hospital did not offer opportunities for study in specific areas, affiliations with other hospitals or agencies were urged. The complete outline of subjects is listed in Appendix C.

Assignments, based on case rather than division of ward duties (unless the ward was large enough to do both), still were made by the head nurse. The committee also encouraged emphasis in clinical practice being placed on the total patient, encompassing social and economic factors, understanding the disease process, prevention and teaching needs, and interactions with all personnel involved in the care of the patient.[113] In spite of nursing leaders' push to improve the quality of the hours spent in clinical practice, the 1930 Grading Committee Report revealed that one-third of the student's clinical time was spent in maid's work.[114]

A significant increase in hours was allocated to the theory component of the curriculum. The total number of hours had increased from under 600 in 1917 to 825.[115] If the schools adhered to the ten-hour day and included class and study time, the number of hours spent in practice was decreased.

The NLNE contended that preventive nursing was as important as sick nursing. Concepts related to prevention, teaching, and human and social factors should be taught early in the curriculum and be integrated throughout in theory and practice.[116] Elements of public health nursing were to be considered in the basic training for all students. Psychology was now accepted at the better schools as essential to the curriculum, and mental hygiene was stressed.[117] Courses in sociology, public health, and prevention of disease had been incorporated in good schools in the early twenties.[118] Anderson noted

an advancement in nursing theory in the revised curriculum.[119]

The NLNE Committee for the Study of Nursing Education in Colleges and Universities in 1931 identified tentative standards for schools seeking connections with a college or university. The 1927 curriculum guidelines were used as a minimum standard. Emphasis was placed on correlation of theory and practice, teaching the more general subjects before the specialties, and cutting back to a forty-eight-hour week with one full day free.[120]

Society's focus on human needs spurred the growth of public health nursing. Traditionally, it was not part of the nursing curriculum although the 1927 NLNE, Curriculum for Schools of Nursing, advised its inclusion. Short courses were developed during the 1920s; and in the 1930s, schools of nursing, colleges, and universities began to offer programs in public health nursing. The pattern of education was known as "the program of study with a major in public health nursing" or "the years program."[121] These programs upgraded public health nurses; and by 1932, 7 percent of practicing public health nurses had obtained this special education.

Nursing educators had begun to realize that a wealth of learning material was available in the clinical areas. Myrtle H. Coe reported the importance of clinical teaching at the 1932 NLNE meeting.[122] Group conferences and individual teaching could be used to assist the student to transfer knowledge to practical application.

The 1932 publication of A Curriculum for Schools of Nursing was very similar to the 1927 version. The major change was that the committee strongly suggested a forty-eight-hour week.[123]

Schools of nursing were slow to make changes in their curriculum. The Grading Committee commented that the student nurse was probably the most overworked student in any profession.[124] It found in 1932 that 91 percent of

the schools had thirty-six-month programs, 10 percent started their students working on the wards six to twelve hours a day during the first month of training, and 25 percent of all schools assigned students to full-time ward duty by the end of four months.[125] Students in 88 percent of the schools worked in excess of forty-eight hours a week. For night duty, 85 percent of the schools assigned students to fifty-six hours or more a week and 37 percent assigned seventy hours or more. Most students worked seven days per week for three years with no more than three weeks' vacation a year. They were given two-to-three hours off on two days each week.[126] According to the committee, students should receive a month of unbroken vacation every year and at least twenty-four hours of uninterrupted rest.

The typical school gave 124 hours less of theory and 843 hours more of practice than the NLNE curriculum suggested. Many hospitals did not have units for psychiatry or communicable diseases. Rather than plan affiliations, nursing schools did not provide these experiences. Seventy-three percent of the students spent no time in psychiatry, and 66 percent were not assigned to patients having communicable diseases.[127] Table 3.3 shows the data from the second grading related to the percentage of students receiving less, the same, or more than the amount of training suggested by the NLNE. Kalisch and Kalisch described the typical student nurse as one who provided 7,095 hours of service to the hospital during the three years in school.[128]

The NLNE opposed evening classes, yet 53 percent of the schools held them.[129] Library holdings in nursing schools were found to be limited. One-half of the schools had less than 160 reference books, 7 percent had no books, and 11 percent had 500 or more.[130]

TABLE 3.3

TRAINING SUGGESTED BY THE NLNE

Services	NLNE Standard	Students Receiving Less	Same	More
Surgical	4 months	5%	7%	88%
Operating room	2 months	11	40	49
Medical	4 months	16	19	65
Diet kitchen	1 month	16	61	23
Obstetric	3 months	15	40	45
Pediatric	3 months	33	49	18
Communicable (not incl. TB)	2 months	89	6	5
Psychiatric	2 months	88	5	7
Night duty	4 months	36	26	38

SOURCE: Committee on Grading of Nursing Schools, Nursing Schools Today and Tomorrow (New York: Committee on Grading of Nursing Schools, 1934), p. 177.

1934-1943. National leaders continued their efforts through the NLNE to urge schools of nursing to make the needed changes. The reports on curriculum first issued in 1917 attempted to represent the type of educational program toward which the schools should be working. The Committee on Standards of the NLNE in 1936, published a report titled Essentials of a Good School of Nursing. From the point of view of the committee,

> The curriculum of a good school of nursing should be constructed to meet the needs of the individual school, but it should also meet the legal requirements for the practice of nursing in the state and should be in line with the best professional thinking and the best educational practices of the country. [131]

The committee, hoping to encourage schools to become more professionally oriented, advocated that the curriculum of a good school of nursing be on a collegiate level. Although the technical element was

essential, a better balance with the professional element was needed. The professional curriculum predisposed a background of general education and put more weight on thinking and understanding, social attitudes and skills, and the all-around development of the individual student.[132]

The report reiterated many ideas that had been intimated in previous reports. The committee agreed with the main grouping of courses from the 1932 NLNE report. They were[133]

(1) Biological and Physical Sciences (20 percent) - anatomy and physiology, microbiology, and chemistry.
(2) Social Sciences (15 percent) - sociology, psychology, history of nursing, social and professional problems.
(3) Medical Sciences (25 percent) - introduction to medical science, including pathophysiology, materia medica, principles of medicine, surgery, pediatrics, obstetrics and psychiatry.
(4) Nursing and Allied Arts (40 percent) - elementary nursing, including hygiene; sanitation; housekeeping; nutrition cookery; diet therapy; medical, surgical, obstetrical, and psychiatric nursing; nursing of children sick and well; health service in families; advanced nursing; and electives.

The battle with the hospital was still in progress. The committee again recommended that the proportion of time spent in each clinical area should vary according to educational needs rather than the economical needs of the hospital.[134] The NLNE again was trying to decrease weekly hours. The report stated that a student could not do justice to the nursing profession or to herself if the student's schedule had more than forty-four to forty-eight hours of committed time each week.[135] Leaders realized that students learned more with shorter hours of practice when there were planned assignments, closer supervision, and appropriate individual and group teaching. Students were now expected to ask questions and participate in their own learning experience with new emphasis on professionalism.[136]

The NLNE published a 1937 revision of A Curriculum Guide for Schools of Nursing. Dr. William T. Sanger, president of MCV, and Lulu K. Wolf, a member of the faculty of the school of nursing, were involved with many other nurse educators and health professionals in the preparation of the report. The report was similar to the 1932 revision but also encompassed the guidelines suggested in the Grading Committee Reports and the Essentials of a Good School of Nursing. The curriculum guide presented what the NLNE called an integrated curriculum, integrated in the sense that the information should be taught in a way that integration could take place in the students' mind and personality.[137] The foci on professional education and the individual nurse and her development remained priorities. Isabel Stewart compared the 1937 guide with the 1927 guide. She noted that there was a stronger emphasis on the social sciences and their application to nursing; social and preventive aspects of nursing were more prominent and integrated from the beginning; more attention was placed on mental health, community and family health, and health teaching; and informal teaching through group conferences, seminars, bedside clinics, and case studies was emphasized.[138]

The curriculum plan was organized better with fewer small blocks of material which had resulted in fragmentation. The time allotments for the four major groups of study remained the same. Theory and practice were coordinated closely. Medical science courses still were taught predominantly by physicians. The guidelines recommended that the hours of organized instruction, including ward teaching, be increased to 1,145-1,225 and the hours of clinical practice be reduced to 4,400-5,000 for a 48-hour week or 3,650-4,400 for a 44-hour week.[139] Night duty should not be more than eight to twelve weeks distributed in two periods among the major clinical blocks.[140]

Table 3.4 illustrates the schedule of courses with time allotment and placement in the program of studies.

In the same year, Lucile Petry published her research on basic nursing programs leading to a degree. She found several patterns of curriculum. General education courses were offered before the professional courses in fifteen schools, after the professional courses in sixteen schools, and continued throughout the program in ten schools. Several schools offered variations of these patterns. Nursing was considered a major in some programs and a minor in others. The degrees awarded were the bachelor of science and the bachelor of arts.[141] Nursing had yet to agree on a universal method of crediting clinical practice. The majority of schools used science courses offered to all college and university students and provided the same professional program to students in both the diploma and degree programs.[142]

Essentials of a Good School of Nursing was revised in 1942. The major change since 1936 related to the importance of the size and quality of the hospital and the adequacy of the nursing staff in being able to provide a quality education for the student. The committee for the first time recommended the ratio of one instructor for ten students in the nursing laboratory and a one-to-twenty ratio in the science laboratory.[143]

The same year, the National Nursing Council for War Service and the Association of Collegiate Schools of Nursing's Guide for the Organization of Collegiate Schools of Nursing stated that in addition to the biological, physical, social, and medical sciences and the nursing and allied arts, the nursing curriculum must include the humanities. The two general types of nursing education programs that were available in 1942 were discussed in the guide. "The basic or initial program includes only preparation for the general

TABLE 3.4

SCHEDULE OF COURSES WITH TIME ALLOTMENT AND PLACEMENT IN THE PROGRAM OF STUDIES

Title of Course	Time Allotment			Placement	
	Organized Instruction in hours	Nursing Experience: in weeks	Nursing Experience: approximate hours per week	in years	in terms
Group I (Biological and Physical Science):					
Anatomy and Physiology	90–105			I	1st
Microbiology	45– 60			I	1st
Chemistry	80– 90			I	1st
Total	215–255				
Group II (Social Science):					
Psychology	30			I	1st
Sociology	30			I	2d
Social Problems in Nursing Service	30			I, II	3d (I) 1st and 2d (II)
History of Nursing	30			I	1st and 2d
Professional Adjustments I	15			I	2d
Professional Adjustments II	30			III	1st and 2d
Total	165				
Group III (Medical Science):					
Introduction to Medical Science	30			I	2d
Pharmacology and Therapeutics	30			I	3d
Other content in Medical Science incorporated with Nursing Arts in clinical courses marked X, Group IV					
Total	60				
Group IV (Nursing and Allied Arts):					
Introduction to Nursing Arts	135 { 45 / 90	{ 16 / 16	{ 6 to 9 / 18 to 21	I	1st / 2d
Nutrition, Foods, and Cookery	60			I	2d
Diet Therapy	30	4 to 6*		I	3d
X Medical and Surgical Nursing (all main divisions)	240 { 80 / 160	{ 16 / 24 to 32	{ 33 to 36 / 38 to 42	I / II	varies / "
X Obstetric Nursing	60–80	12 to 16	38 to 42	II or III	"
X Nursing of Children	60–80	12 to 16	38 to 42	II or III	"
X Psychiatric Nursing	60–80	12 to 16	38 to 42	II or III	"
Nursing and Health Service in the Family	30	8	38 to 42	III	"
X Advanced Nursing and Electives	30–40	8 to 12	38 to 42	III	2d and 3d
Total	705–775				

Summary:

Organized instruction—1,145 to 1,255 hours (or up to 1,300)

Nursing experience—minimum (2½ years)—120 weeks; maximum (3 years)—144 weeks

Total hours nursing experience in period of	2½ years	3 years
On basis of 44-hour week approximately	3,650	4,400
On basis of 48-hour week approximately	4,000	5,000

* Included in Medical and Surgical block.

x Courses which combine Nursing Arts and Medical Science.

SOURCE: Committee on Curriculum of NLNE, A Curriculum Guide for Schools of Nursing (New York: NLNE, 1937), p. 83.

practice of nursing. The advanced program is for graduates of the basic program who want to specialize in some particular branch of nursing.[144]

The four general patterns of basic courses conducted by a college or university were

(1) The standard professional course ($2\frac{1}{2}$ or 3 years) based upon high school preparation as a minimum leading to the diploma in nursing.
(2) A Bachelor's degree course in which two or three years of general cultural materials on the college level are combined and more or less integrated with the standard professional course.
(3) An arrangement by which the program of the school of nursing, in whole or in part, is accepted as a substitute for the last year of work on the Bachelor's degree.
(4) The standard professional course based on the Bachelor's degree in liberal arts as a minimum leading to the degree of Master of Science.[145]

The advanced courses that were offered were

(1) A course leading to the Bachelor's degree and higher degrees, built upon a basic diploma course.
(2) A course leading to higher degrees, built upon a basic degree course.
(3) A course leading to a certificate in one of the specialized fields, built upon either a basic diploma or degree course.
(4) A combined basic and advanced course including, as a rule, two years of general college work, two years of the basic professional course, and one year of advanced work and leading to the Bachelor's degree.[146]

Data collected by the NLNE indicated that during the 1940s in most of the nursing schools, students took a few science courses and a large number of nursing courses named after the various hospital services.[147] The schools still depended largely on service personnel for instruction and supervision. As the number of full-time instructors increased, more time was spent on curriculum development and separate topics were combined into basic courses. Work on curriculum integration was begun as common strands across courses were identified. Some schools began to incorporate nutrition, diet therapy, and pharmacology into nursing courses. The relationship of science courses to nursing was stressed.[148]

Hurd, a Medical College of Virginia researcher, in his study of nursing schools in the United States, found that in 1943, there was still very little uniformity in the schools. he found that the length of programs varied from twenty-four to sixty months. Those over thirty-six months were degree programs.[149] The total hours of class for 1,123 schools ranged from 105 to 4,059 hours, and the median was 1,103 hours.[150] The median for clinical practice per week during the day was 45.65 hours and for night duty was 49.01 hours, but there was a considerable range.[151] The study also indicated that in 1,300 schools greater than 800 did not provide practice in tuberculosis and/or community health nursing; and more than 500 did not offer experiences in psychiatric, outpatient, and/or other communicable disease nursing.[152]

In 1943, the University of Minnesota was the first school of nursing to send students into rural hospitals for clinical practice.[153] Rural nursing then began to appear in the curriculum of other schools as did public health nursing. In 1944, Skidmore College of Nursing, Vanderbilt University, and Yale University expanded their basic degree programs to include public health nursing. From that time, public health nursing was accepted as part of all baccalaureate programs.[154] Brown, in a 1948 study, discovered that experience increasingly was being sought for students in nursery schools or child development.[155]

1944-1949. West and Hawkins' report, based on data collected in 1949 from 97 percent of the schools of nursing, provided valuable information on curriculum. All collegiate schools of nursing and 68 percent of hospital schools met or exceeded the minimum curriculum standards of 1,145 hours of instruction with a range of less than 600 to greater than 2,000.[156] The required 215 to 255 hours of instruction in the biological and physical sciences

were met by 95 percent of the colleges and 73 percent of diploma schools. Seventy percent of collegiate programs and 20 percent of the diploma schools provided the standard of 165 hours of social sciences. The minimum standard of 765 hours of the medical sciences and allied arts was met or exceeded by 90 percent of collegiate schools and 72 percent of the hospital schools. The basic diploma program was thirty-six months and the baccalaureate programs were from forty-five to sixty-six months with one-third of the general and professional aspects of the baccalaureate curriculum integrated.[157]

Clinical experience was limited to four basic fields of medicine, surgery, obstetrics, and pediatrics in 5 percent of the schools; the basic four plus psychiatry in 24 percent; and experience in the four basics, psychiatry plus at least one of tuberculosis, public health, nursery school, or rural hospital nursing in 71 percent. Most of the schools provided affiliation for their students for clinical experience in one or more fields. Eight percent of the students had an assigned week, including class, laboratories, and clinical experience of forty hours or less; 24 percent had forty-two to forty-four hours; and 68 percent had forty-eight committed hours. Students spent from none to greater than twelve months of their total curriculum on evening duty and, within the same range, on night duty. The median for evenings was twenty weeks and for nights, fourteen weeks.[158]

A curriculum composite of a basic diploma program and a baccalaureate degree program for 1949 good schools of nursing was developed from the data analyzed by the Subcommittee on School Data Analysis. The two programs are outlined in Table 3.5.

TABLE 3.5

COMPOSITE PROGRAMS

	Diploma	Baccalaureate
Instructional program		1,000 hours
-Biological sciences and physical sciences	225 hours	
-Social sciences	150 hours	
-Medical sciences, nursing and allied arts including planned clinical instruction	975 hours	
Clincal experience		
-Medical	20 weeks	18 weeks
-Surgical	30 weeks	28 weeks
-Obstetrics	12 weeks	12 weeks
-Pediatrics	12 weeks	12 weeks
-Psychiatry	12 weeks	12 weeks
-Tuberculosis and/or communicable diseases	8 weeks	8 weeks
-Outpatient	4 weeks	8 weeks
-Public health nursing	----	8 weeks
Evening duty not to exceed	14 weeks	12 weeks
Night duty not to exceed	10 weeks	10 weeks
Average hours of class, laboratory, and clinical experience not to exceed	44 hours a week	44 hours a week

SOURCE: M. West and C. Hawkins, Nursing Schools at the Mid-Century (New York: National Committee for the Improvement of Nursing Schools, 1950), p. 4.

The mid-century study was representative of the majority of the schools of nursing. Nursing education had made great strides in many schools of nursing, but there was still a group that seemed not to want to give up the old habits.

Experimentation and Growth Period, 1950-1972.

Experimentation and growth had been occurring since the inception of formal nursing education. During this period from 1950 to 1971, major curriculum reform transpired, and the accreditation process had an impact on curriculum or its development. More schools began experimenting with a variety of curriculum plans. The University of California introduced the traditional curriculum in 1959. This model and the disease centered and body systems approach were all modifications of the logistic, or medical, model approach to curriculum.

The trend toward the integrated curriculum as it is known today began in the 1960s. The curriculum was developed around a theoretical framework, and specific concepts that were common to all areas of nursing were integrated throughout the curriculum. Many schools no longer used specialty areas as their focus while others used a modified integrated curriculum which included the specialties.

Nursing education still was intertwined with the hospital, and the apprenticeship method of teaching was still very much in vogue during the early years of this era. The growth of the collegiate and associate degree programs was phenomenal.

In 1950, there were 195 basic programs leading to a bachelor of science degree compared with 107 in 1949.[159] This does not include the number of institutions offering a degree in nursing without an established connection with

a specific school of nursing. Sixty-six of the programs were for degrees students only. The other 129 were programs in which the students had two years of college and the last three years were nursing courses and supervised practice on a diploma level. By 1972, there were 273 baccalaureate programs.[160]

Bridgman offered suggestions in 1953 for the content of a baccalaureate curriculum in nursing based on ideas derived from educators in nursing and related fields, the study of schools of nursing curriculum, and publications of the national nursing associations. The equivalent of two academic years, or at least one-half of the content in courses other than nursing, and horizontal, as well as vertical, integration throughout the curriculum were recommended.[161] The content, as she saw it, should be planned to allow for the "progressive development of student's ability to understand patient needs, interrelating psychological, social and physical factors; of her personal qualities and interests; and of her skills in communication and human relationships."[162] Broad content areas she suggested were knowledge from the physical and biological sciences, communication skills, nursing major, knowledge from the social sciences and general education.[163] Bridgman was building on the designs of past curriculum but focusing on the professional aspects without losing the technical component. She was making an effort to bring collegiate nursing programs more in line with those of other professions.

Basic baccalaureate programs continued to vary widely. Some were questionable as to quality.[164] Faculty were struggling with developing the nursing major at the upper division level. The most difficulty seemed to be with integrating general education courses and nursing content where liberal arts courses were prerequisites.[165]

With the initiation of the associate degree program in 1951, a curriculum pattern emerged that was quite different from any before. The two-year curriculum was a balance between general education and nursing education. General education courses, nursing courses, and courses related to nursing made up the curriculum. Communication skills, social sciences, physical and biological sciences, and in some schools, the humanities were included in the general education and nursing related courses.

Mildred Montag developed a plan in which the numerous small nursing specialty courses in the traditional curriculum were changed so that the content and learning experiences were grouped around a central theme into four courses. The majority of the program's nursing content was organized into broad areas, such as fundamentals of nursing, maternal and child nursing, medical-surgical nursing, and psychiatric nursing, rather than repetitive, fragmented, specialty areas based on the medical clinical model.[166] This pattern was characteristic of most nursing programs.[167] Division into broad areas was possible because basic nursing problems and needs are shared by all patients as well as many of the nursing functions needed to meet or solve the problems.[168] Courses, such as pharmacology or diet therapy, were incorporated with specific conditions to which they related.

Nursing practice was an integral part of each nursing course, and the learning experiences were well-organized, but with flexibility, to provide meaningful learning.[169] Clinical laboratory credit was established to be in line with credit for other college laboratory courses. Faculty were free to select, organize, supervise, and evaluate all of a student's learning experiences because the program was controlled completely by the educational institution. The hospital and health agencies were used as a laboratory, and the student assignment was for a specific educational purpose. The focus was on the

patient and not procedures, and knowledge gained was measured by the objectives achieved. Methods of learning used in most associate degree programs were the problem-solving approach and learning that proceeded from simple to complex, normal to abnormal, and familiar to new.[170] Students were scheduled a maximum of thirty-four hours a week; but with class, clinical laboratory, and independent study, the time committed approximated forty-five to fifty-four hours a week.[171]

Soon after the first pilot program was launched, several four-year colleges and universities added two-year programs. By the fall of 1957 when the Columbia University pilot project was completed, twenty-four programs in fourteen states were in progress or preparing to admit students;[172] and the NLN had resources to assist other community colleges to develop new programs. The success of the pilot project resulted in a rapid growth of associate degree programs. This growth paralleled the expansion of the community college movement. Sixty-seven programs in twenty-three states had opened by 1962, and only fourteen of them were not in two-year schools.[173] In 1972, twenty-one years after the development of the first associate degree program, 528 programs were functioning;[174] the curriculum in most of the programs still adhered to the principles espoused by Mildred Montag in her 1951 dissertation.

Baccalaureate degree programs continued to increase in number and quality. The NLN 1960 statistics revealed that eighty-eight of 171 baccalaureate programs had been accredited.[175] Progress had been made in curriculum development, and great effort was being made to produce a more comprehensive program in nursing. "The whole atmosphere was charged with a spirit of inquiry: studies were under way to find new and better curriculum patterns, teaching methods and evaluation techniques, and expert help in

conducting these studies had been secured from various sources."[176]

The traditional curriculum had been introduced. The content, although almost identical to the medical model, was organized in a different way.[177] Courses were organized around the specialties rather than according to the practice areas in the hospital. Students were assigned clinical practice in both the hospital and the community.

The newly published 1960 NLN criteria for evaluating nursing programs stated that the curriculum should maintain a balance between the professional nursing major and the arts and sciences; the nursing major should be largely on the upper division level; foundation and contributory courses should be prerequisite to or concurrent with nursing courses; and laboratory experience should require problem solving, critical thinking, and independent study.[178] Criteria for the curriculum included experiences to[179]

(1) develop competencies that are essential for skillful performance of technical, interpersonal, teaching, and management functions in nursing care and rehabilitation of the sick and disabled in hospitals, homes, and communities
(2) learn to cooperate with other health workers
(3) learn to problem solve to meet total needs of the patient and family
(4) plan, implement, and evaluate skilled nursing care and help others give care
(5) increase competency in self-directed study and professional performance
(6) increase understanding of the scope and value of professional nursing and the desire for continuing professional self development.

The NLN was putting pressure on schools of nursing to get their programs in line with other schools in their institutions. NLN criteria stated that credit load per term and total requirements for a degree should be consistent with institution policies.[180] They no longer specified the courses and clinical experience that must be included in the curriculum. Faculty in the majority of the schools were concerned with getting their curriculum

organized to meet the NLN accreditation criteria.

The curriculum emphasis in baccalaureate programs by 1964 was on prevention of illness, promotion of health, understanding of people, satisfactory interpersonal relationships, preparation for leadership roles, and participation as citizens.[181] In 1952, a NLN conference on graduate nurse education had concluded that the baccalaureate program should prepare the nurse for general professional nursing, including public health nursing.[182] The National Organization for Public Health Nursing agreed and the number of schools with preparation for beginning practice in public health nursing by 1964 had multiplied. Some schools had begun to introduce the idea of research and principles of teaching and learning into their curriculum. Tschudin asserted that to have a sound basic collegiate program, the entire program had to be under the direct control of the faculty.[183]

An objective of the NLN Subcommittee on Baccalaureate Education and Research funded by the 1964 Nurse Training Act was to identify nursing content. As a result, challenge exams were instituted for diploma graduates who wished to attend a bachelor's degree program.[184]

Curriculum patterns tended to be moving more in the direction of an overall conceptual framework and further away from the medical model. The trend was toward the integrated curriculum. Smyth and Elder in 1967 surveyed seventeen baccalaureate schools of nursing with possible integrated curriculum.[185] The approaches used by the various schools were body systems, pathophysiology, problem solving, and psycho-social. Themes found in most of the curriculum were wholeness, ecology of man, stress reduction, and facts and principles from science. One-fourth of the schools taught according to levels rather than specialties. Public health and mental health nursing were integrated throughout the curriculum in some of the schools.

Dineen, in reviewing the trends in collegiate nursing education, found that 36 percent of baccalaureate programs in 1968 offered a four academic year curriculum, in 48 percent the length was four academic years plus one or two summers, and in 16 percent the curriculum was longer than the four years and two summer sessions.[186] The NLN also did a curriculum analysis of twelve schools of nursing visited in the spring of 1968. A comparison was made of the curriculum with the same schools of nursing eight years before. They found that the amount of total credits had changed little but the allocation of credits to general education in both lower and upper divisions had increased and most of the schools offered the nursing courses in the upper division. The analysis also showed that there was less fragmentation of nursing content within courses in the nursing major and tuberculosis nursing, disaster nursing, and operating room nursing were no longer separate courses. Faculty were more concerned about theoretical frameworks and a variety of frameworks, such as problem solving, human basic needs, age groupings, and normal and abnormal, were being used. The traditional areas of clinical nursing were not apparent in some programs. More emphasis was placed on health, community, and collaboration with the health team.[187] These findings were similar to Dineen's. The expected outcomes of the graduates of baccalaureate programs published by the NLN in 1968 indicate the tremendous changes that had occurred in curriculum development. The outcomes can be found in Appendix E.

The NLN criteria for the evaluation of curriculum changed very little between 1967 and 1972. The 1972 edition stressed that the curriculum should reflect the contributions of nursing and other disciplines toward meeting the health needs of society; the present and emerging roles of the professional nurse; process of critical thinking and synthesis of learning; the need of the

individual to develop as a contributing member of society; and the research process and its contribution to nursing practice. Learning experiences should be flexible enough for the development of the individual needs of students, provide times for practice with other related disciplines, and include opportunities for decision making and development of independent judgement.[188]

Trends in baccalaureate nursing education in 1972 were identified by Robischon. She collected data from thirty-four NLN accredited programs (18 percent of the total) and from observations made on consultant visits. The most notable change in curriculum she saw was the increase in student involvement in the community.[189] Although there was still considerable traditionalism related to community health nursing, it had been integrated into the curriculum in many schools. She found that early in the nursing major basic understanding and skills concerning the family and the community were introduced. Students were being taught to reach out to people in need of health care. Other changes Robischon identified were the increased use of field study, independent study, off-campus study, nursing electives, and planned interdisciplinary experiences.[190]

Stabilization Period, 1973-1981

Veith, in a 1978 article, acknowledged that although the integrated curriculum was one of the most popular and highly publicized curriculum designs, the logistic method, also known as the medical model, disease centered, or patient care areas approach was still used in part.[191] Some nursing schools used the best aspects of each method.

The NLN continued the effort to make nursing education on the collegiate level similar to other professional programs. The Council of Baccalaureate and Higher Degree Programs in the 1978 revision of the criteria

for evaluation of baccalaureate programs stated that

> Baccalaureate nursing programs are conceptually organized to be consistent with the stated philosophy and objectives of the parent institution and the unit in nursing. These programs provide the general and professional education essential for understanding and respecting people, various cultures, and environments; for acquiring and utilizing nursing theory upon which nursing practice is based; and for promoting self-understanding, personal fulfillment, and motivation for continued learning. The structure of the baccalaureate degree program in nursing follows the same pattern as that of baccalaureate education in general. It is characterized by a liberal education at the lower division level, on which is built the upper division major. In baccalaureate nursing education, the lower division consists of foundational courses drawn primarily from the scientific and humanistic disciplines inherent in liberal learning. The major in nursing is built upon this lower division general education base and is concentrated at the upper division level. Upper division studies include courses that complement the nursing component or increase the depth of education. [192]

During this time period, physical assessment, previously thought to be exclusively part of the medical domain, and nursing theorists were added to the undergraduate curriculum. The research process continued to gain prominence. The early 1980s saw the use of computers in nursing education, and a few schools introduced courses into the curriculum. Levine, in 1979, commented that during the last decade, an accelerated movement had changed some aspects of the educational process. Many nursing schools were making curriculum revisions but using the models or a mixture of the models already developed.[193] For the most part, this period of development of nursing education saw no major alterations in the basic baccalaureate undergraduate curriculum or associate degree curriculum. The numbers of diploma programs by 1978 had decreased to 3,441, while the associate and baccalaureate programs continued on the upward spiral with 657 and 332 programs, respectively.[194]

Curriculum Summary

Content taught in schools of nursing progressed from the very simple to the complex. Three areas essential to nursing content today: technical skills and procedures, rules and principles related to environment control and hygiene, and philosophy of nursing and a code of ethics were the focal points of the curriculum designed by Florence Nightingale.

1873-1893. The early training schools were one to two years and provided very little formal education. Students were sent on the ward for twelve or more hours a day to do everything with little previous training. Learning in the hospital was by imitation and trial and error, and ward work superseded the formal instruction frequently taught in the evening. All theoretical instruction usually was given the first year and included some anatomy, materia medica, cookery, and lectures on special diseases. The introduction of textbooks in 1874 helped to systematize the content.

1893-1913. There was a gradual improvement in the content, organization of curriculum, hours sequencing, and coordination of theory and practice; but nursing leaders remained concerned about the haphazard schedules, the emphasis on technical proficiency, the lack of discussion of the nursing role, the number of clinical hours, and the medical lectures given by physicians. It became necessary to include more content on specific diseases and treatment as the causes of diseases were discovered. The curriculum became fragmented into many very small courses.

Standards for uniform instruction were outlined in 1896. The number of hours of theory and practical nursing were suggested and the clinical plan was to move students from the simple tasks of housekeeping to the more complex responsibilities of district nursing, special duty, or executive work. The

leading schools had a three-year curriculum by 1900. Approximately 2 percent of the time was spent in the classroom, with the remaining time in clinical practice which could be as much as seventy hours. The number of hours of didactic increased gradually, but few schools decreased the time in the hospital.

The initiation of a preparatory course was considered to be a great advancement in nursing education. Students spent two to four months in class, laboratories, and working under supervision in the hospital. This replaced the probationary period gradually.

A few schools added civics and social problems to the curriculum. Some hospitals had arrangements with colleges to provide science and English courses. Nursing education had progressed, but changes came slowly. This was due to the control of the hospitals over the schools and the long hours of committed student time to clinical practice.

1914-1949. The logistic, or medical, model was the oldest surviving nursing curriculum design. The 1917 Standard Curriculum for Schools of Nursing was constructed to follow this model. It was an attempt by the NLNE to provide a curriculum model for the schools. The course of study suggested encompassed three calendar years, including a preparatory course, ten committed hours a day or night, and one afternoon a week off. A scheme of theoretical instruction with 585 to 595 hours and the number of months for areas for practical work were recommended. A central school for students from smaller schools to attend classes was proposed.

In 1923, the NLNE recommended standardization of course credits that was equivalent to those used in colleges and universities. The hope was to facilitate the transfer of students from one school to another, but the schools did not accept a universal academic credit for clinical practice.

Nursing leaders recommended the use of an eight-hour day, but few hospitals were willing to give up the extensive use of students to staff the units. Excessive night duty continued to be a problem.

In 1927 the NLNE revised its curriculum model, but the emphasis was on the use of the information as minimum guidelines to be expanded and not as a model curriculum. Schools were encouraged to develop their own set of objectives. The schedule proposed was ten-hour days with two half days off a week. Students in many hospitals worked twelve-hour shifts seven days a week. The changes and additions since 1917 were to provide more specifics and broaden the students' experience. Experience in communicable diseases, psychiatric diseases, outpatient department, and specific special diseases was added to reflect changes in the health needs of the nation. Affiliation with other hospitals or agencies was urged. Assignments in clinical practice was to be based on the case method and emphasis placed on the total patient, understanding the disease process, prevention and teaching needs, and interactions with all personnel involved in the care of the patient. Concepts related to prevention and teaching, and human and social factors were to be taught early and integrated throughout in theory and practice. Theory hours were increased to 825.

The 1927 curriculum guidelines were accepted for use as minimum standards in college and university schools in 1931. Emphasis was placed on correlation of theory and practice and teaching more general subjects before the specialties. Assigning the student to a forty-eight-hour week with one full day off was a goal that also was advocated for all programs in 1932. Students in 88 percent of the schools worked in excess of forty-eight hours a week, and 85 percent assigned students to at least fifty-six hours per week when on night duty. Most students continued to work seven days a week with

two to three hours off on two days.

The typical school provided less hours of theory and more hours of practice than suggested standards. Many schools did not provide experiences in psychiatry or communicable diseases.

National leaders continued their efforts to encourage schools of nursing to make changes; and in 1936, the Committee on Standards of the NLNE urged schools to become more professionally oriented by developing their curriculum on the collegiate level. The professional curriculum was built on a background of general education with more weight on thinking and understanding, social attitudes and skills, and the all-around development of the individual student. Clinical time based on educational needs rather than the economical needs of the hospital was recommended again.

The 1937 curriculum guide presented an integrated curriculum that was integrated in the sense that information could be taught in a way that integration could take place in the student's mind and personality. Professional education and the individual nurse and her development remained priorities. A stronger emphasis was placed on the social experiences and their application to nursing, social, and preventive aspects of nursing, mental health, community and family health, and health teaching. The curriculum plan was better organized with less fragmentation, and theory and practice were coordinated closely. Clinical time was reduced again, theory hours increased, and a forty-four- or forty-eight-hour week was urged.

Degree programs offered several patterns of curriculum. The majority used science courses offered to all college and university students but provided the same nursing program to the diploma and degree students.

The medical model continued to dominate in schools of nursing during the 1940s, but there was still little uniformity in the schools. More time was

spent on curriculum development, and separate topics were combined into basic courses. Work began on curriculum integration as common strands across courses were identified. Rural nursing and public health nursing began to appear in the curriculum.

By 1949, nursing education had made great strides; but a group of schools still clung to old habits. All collegiate programs and 68 percent of hospital schools met or exceeded minimum curriculum standards of hours of instruction. Many schools did not yet provide all of the recommended experiences, but most provided affiliations for their students. Sixty-eight percent of the students still had at least forty-eight committed hours a week.

1950-1972. Major curriculum reform occurred during this period. Schools for the most part severed their dependent relationship with hospitals. A variety of curricula were experimented with; and the integrated curriculum, using a theoretical framework with integrated concepts common to all areas, was very popular.

The number of collegiate and associate degree programs expanded. In 1950, there were 195 bachelor degree programs; and by 1973, the number increased to 273. The first associate degree program was initiated in 1951, and in 1972, 528 programs were functioning.

The curriculum pattern that emerged in the newly developed associate degree programs was different from any before. There was a balance between nursing education and general education in this two-year curriculum. The curriculum included education courses, nursing courses, and courses related to nursing. The content and learning experiences were grouped around a central theme into four courses: fundamentals of nursing, maternal and child nursing, medical-surgical nursing, and psychiatric nursing. Clinical learning experiences

were well-organized, but with flexibility to provide meaningful learning; and the hospital and health agencies were used as laboratories.

The quality of baccalaureate programs continued to improve, and nursing schools were trying to get their programs more in line with other schools in their institution. A great effort was made to produce more comprehensive programs. Most of the schools offered the nursing courses in the upper division and were increasing the credits allotted to general education. Curriculum emphasis by 1964 was on prevention of illness, promotion of health, understanding of people, satisfactory interpersonal relationships, preparation for leadership roles, and participation as citizens. Public health nursing, research, and principles of teaching and learning were being added; and students gradually were becoming much more involved in the community.

1973-1981. This period of development saw no major alterations in the basic baccalaureate or associate degree curriculum. The NLN continued its effort to make collegiate nursing similar to other professional programs. The NLN criteria for accreditation limited somewhat the extent to which the nursing curriculum could be modified. Many schools made curriculum revisions but used the models or a mixture of the models already developed. The integrated curriculum remained popular. Physical assessment, nursing theorists, and the use of computers were an addition to the curriculum in many schools. The number of diploma programs decreased while the associate and baccalaureate programs increased.

Admission and Graduation Requirements

During the early years of organized nursing education, almost any student who entered a training school could graduate if she were able to survive the grueling work and long hours. Requirements for admission and graduation became similar to other professional schools as nursing became more entrenched in colleges and universities.

Admission Requirements

Florence Nightingale recommended admission standards that were fairly general, and many of the early schools in the United States adhered to similar requirements. The girls admitted to the Nightingale school had to have a "good" reputation, "good" character, "good" background, and "good" health. "Good" was defined as what the community accepted as "good."[195]

Pioneer Period, 1873-1893

The founders of the early schools tried to recruit daughters and widows of clergyman, professional men, and farmers who had received a good education and were between the minimum age of twenty to twenty-five and maximum thirty-five to forty-five years old. As the number of applicants increased, the schools tended to raise the age of admission. To qualify, the women had to have a good education from a common school or academy.[196] Eight years of school was the accepted standard for most girls throughout the country.[197] Habits of obedience, order, regularity, neatness, quickness of observations, steadiness of purpose, good temper, and good health were required for admission.[198]

The leaders of the first schools felt it was very important to have high standards for admission. They wanted to dispel the idea that nurses were of the lower class and poorly educated.

Boom Period, 1894-1913

Jane Hodson surveyed 325 American and Canadian schools of nursing in 1899 to find out how they selected candidates for admission. "Nurse pupils were chosen by means of letters of recommendation. One usually had to be from a clergyman who could attest to the good character of the prospective student."[199]

In the early 1900s, any attempt by the training schools to establish a high school diploma as necessary for admission was fought by the hospitals and the medical profession.[200] Only the leading schools were able to require high school graduation for admission. These schools also made an effort to attract college students.[201]

In 1909, the newly founded school at the University of Minnesota began by being very selective; but for the numerous other training schools being opened by hospitals throughout the country, standards were decreasing. There was a scarcity of qualified candidates, and hospitals needed students to staff nursing service. It became simple to gain admission. A young woman could present herself to the superintendent; and if she looked healthy, she was told to return the next day.[202]

A 1912 report from the Bureau of Education stated that instead of the twenty-three year old formerly required by the majority of schools of nursing, 55.2 percent were admitted at twenty years old or less and 15 percent at age eighteen. According to Stewart, the qualities of physical fitness, good character, personality and nursing aptitude also were responding to the economic law of supply and demand. The group that was selected for admission was more variable. College graduates were in the same class as those with less than four years of high school, and all were expected to meet the same standards.[203]

Standard Setting and Stock-Taking Period, 1914-1949

Standards of admission continued to vary greatly. Nursing leaders, through their nursing organization reports and accreditation, strived to improve admission requirements to make them equivalent to other professions in higher education. Many of the qualifications seemed subjective in relation to today's standards, but they were similar to those of other women's professions.

1914-1923. The Committee on Education of the NLNE in 1917 delineated standards they deemed essential for a prospective student nurse to meet and published them in the Standard Curriculum For Schools of Nursing. The student was required to be a high school graduate from a private or other secondary institution of approved standards or provide credentials showing they had the equivalent of a high school education. English, history, mathematics, science, and Latin, or one modern language, were required. Until all students were able to obtain a high school diploma, the report suggested that a temporary minimum of two years of high school would be acceptable with approved and certified courses in English, mathematics, history, and elementary science. Electives that were considered helpful were chemistry, physiology, household science, Latin (one year), music, drawing, physical training, and voice culture.[204] Between 1918 and 1921, 60 percent of state-accredited nursing schools did not require more than one year of high school.[205]

The curriculum guide stated that students could receive advanced standing if they were a graduate of an approved four-year college with an A.B. or B.S., and they could receive up to one year of academic credit. Graduates of normal schools, household arts, and others in advance of high school who

had passed any of the required non-nursing courses were exempt from class but had to take the exams. Credits could be transferred from an approved training school, but a residency of two years had to be spent in the hospital giving the diploma.

The age requirement for prospective students was twenty to about thirty-five years old. A student that was nineteen years old could be admitted on occasion if she showed the necessary maturity. Other requirements necessary were average height and weight, free of organic defects, recent certificate of good health, good general resistance, normal and stable mental and nervous makeup, wholesome personality, a dental certificate, and a character certificate. Experience in home management, business, social work, education, or club work were assets.[206]

The 1923 Goldmark Report recommended that nursing schools require high school graduation for admission. In spite of this report and the 1917 report, the admission requirements remained at low levels because of the large number of hospital schools of nursing and the lack of applicants.[207]

The NLNE Committee on Standardization of Credits in 1923 made specific recommendations for students who wished to transfer. These students had to meet the admission requirements of the school, provide a letter of "honorable discharge" from the previous school, and present science notebooks for inspection. They also had to pass an examination for advance standing if they attended a previous school for at least a semester, and must spend a minimum of one year in the school granting the diploma.[208]

1924-1933. The most significant change in the requirements for admission in the 1927 edition of A Curriculum for Schools of Nursing was that students had to be a graduate of an accredited high school or its equivalent.[209]

The first Grading Committee Report published in 1929 noted that 60 percent of nursing students were aged twenty to twenty-two at admission, and 65 percent were high school graduates.[210] By 1932, the number of high school graduates had increased to 84 percent. This was an increase of 19 percent in three years. The State Board of Nurse Examiners in Virginia required two years of high school for entrance into a school of nursing.[211] Many states that had a minimum requirement of high school graduation allowed for exceptions.[212]

In 1931, the Committee for the Study of Nursing Education in Colleges and Universities recommended that both diploma and degree seeking students must meet the entrance requirements accepted by the college or university with which they were affiliated. Exceptions should be handled by a Committee on Admissions.[213]

1934-1943. The leaders in nursing continued to work toward higher standards and a movement in the direction of collegiate education. The final report of the Committee on the Grading of Nursing Schools in 1934 recommended as minimal requirements the completion of high school and physical fitness.[214] This report emphasized the need to admit students who met the same requirements as other professionals. Students should be able to complete work equal to college standards. A suggestion made in the report was that aptitude and intelligence tests be used to determine the student's ability to succeed.[215]

The Grading Committee report resulted in a decrease in the total number of students entering schools of nursing. Those students admitted were better qualified, with 90 percent being high school graduates.[216]

The Essentials of a Good School of Nursing, published in 1936, stated

that "selective admission and selective retention should be in effect in every good school of nursing."[217] The aim should be to graduate professional nurses. The report suggested that all available resources of information on the prospective student by investigated and that psychological tests be used to supplement the more common methods of selection. This practice was in line with methods being employed in other professional schools. The Committee on Standards that wrote the report was advocating that good schools of nursing, as soon as possible, establish at least two years of general education beyond high school in an accredited institution of college level.[218]

The revised 1937 edition of A Curriculum Guide for Schools of Nursing recommended minimum educational standards of one to two years of college. The Committee on Curriculum felt that leading schools should not have difficulty making the change because they already were admitting college-prepared applicants. In other schools, the transition would have to be more gradual.[219] Fifteen percent of all students admitted to nursing schools had one or more years of college.[220] The committee also strongly advised the use of standardized tests for all applicants. The certificate of character was still required although it was felt to be of uncertain value.[221] Other requirements had changed very little since the 1927 edition.

A high school diploma was demanded almost universally in accredited schools by 1938. It was necessary to take younger students, or they would drift into other fields. The result was that students now were more scholarly but less mature and less experienced than previous students.[222]

The 1942 revised edition of Essentials of a Good School of Nursing focused on the need to determine through comprehensive testing, whether the student possessed the special abilities required for nursing. The standardized

tests to evaluate intellectual ability and degree of achievement in education and cultural subjects and psychological exams were recommended by the Committee on Standards.[223] The committee was adamant that admission decisions should be made only after study and comparison of the abilities of each student. The age of admission to nursing schools in 1942 was lowered for those who participated in the U.S. Cadet Nurse Corps. Students were admitted into the Corps between the ages of seventeen and thirty-five if they were in good health and were high school graduates with a good scholastic record.[224]

Dr. Hurd's study of basic curriculum in nursing revealed that in 1943, the minimum education requirements of three-year diploma programs ranged from a high school graduate to two years of college. He also noted that of 121 schools of nursing granting degrees, over one-half required two years of college prior to admission. The range was from a high school graduate to four years of college.[225]

1944-1949. By January 1944, all students entering schools of nursing had a high school education compared to 84 percent in 1932.[226] Thirteen percent had one year or more of college.[227] West and Hawkins defined a good school of nursing in 1949 as one which used accepted intelligence and aptitude tests in selecting students and measured student achievements by use of standardized professionally or instructor-designed tests.[228]

Experimentation and Growth Period, 1950-1972

During the 1950s and 1960s, admission standards moved upward slowly to coincide with those of the educational institutions. Most schools of nursing in the United States in 1952 required that the student be a high school graduate, be in the top half of her high school class, and have completed

successfully a pre-nursing examination. No additional requirement beyond graduation from high school was a policy of 98 percent of all schools of nursing. Approximately one-third of the schools required the student to be in the top third of her high school class. The use of pre-nursing tests had increased from 79 percent in 1946 to 90 percent in 1952.[229]

In order for a baccalaureate program to be accredited according to the 1960 NLN criteria, the student must meet the requirements for admission to the institution and give evidence of fitness for education in nursing as agreed upon by the appropriate authorities.[230] The 1972 NLN criteria included a statement related to qualified applicants being admitted without discrimination.[231]

Stabilization Period, 1973-1981

Accreditation standards forced schools administering baccalaureate and associate degree programs to maintain admission standards equivalent to those of the college or university in which they were a part. Most schools specified the academic preparations required at the high school level, the necessary grade point average, and the scores accepted on college admission tests.[232] For baccalaureate programs requiring previous college preparation, prerequisites were detailed.

Admissions Summary

Admission requirements increased over time as curriculum became more organized and structured, faculty gained increased control over the education of students, schools became more involved with colleges and universities, and the accreditation process developed. The early schools adhered to the general standards suggested by Florence Nightingale; but as the number of available

students decreased, most accepted any student who they felt had a good reputation and could survive the long hours of hard work.

1873-1893. In order to dispel the idea that nurses were poorly educated and of the lower class, the first schools set high standards for admission. Schools of nursing wanted applicants to have a good education of which the standard for women was eight years. The age span of nursing students was between twenty to forty-five years old.

1894-1913. Only the leading schools were able to require a high school diploma; but most used letters of recommendations, one of which was from a clergy, to attest to a student's character. Admission standards by 1909 were beginning to decrease because of the proliferation of schools and lack of qualified students. Almost anyone who appeared healthy was allowed to enter. The group admitted was no longer educationally homogeneous, and college students were in the same class as those without a high school diploma.

1914-1949. Standards of admission continued to vary. In a 1917 publication, the NLNE recommended that the prospective student have at least the equivalent of a high school education; but until all students could obtain a diploma, a temporary minimum of two years of high school would be acceptable with approved courses in English, mathematics, history, and elementary science. Goldmark in 1923 also suggested that schools should require a high school education. Between 1918 and 1921, 60 percent of state-accredited schools did not require more than one year of high school. The 1917 guide also provided suggestions for advanced standing and transfer. Numerous subjective qualifications were required, such as free of organic defects, good general resistance, normal and stable mental and nervous makeup, and wholesome personality.

The NLNE guidelines in 1927 specified that nursing students should be high school graduates; and by 1932, this number had increased to 84 percent. Although many states had a minimum requirement of a high school diploma, they allowed exceptions. NLNE reports published in 1934 and 1936 emphasized the need to admit students to meet the same requirements as other professionals. These requirements could be met by the use of all available resources of information on the prospective student, including aptitude and intelligence tests. The 1934 report was thought to be responsible for schools improving their standards which resulted in better qualified students being admitted. The committee that wrote the 1936 report and the 1937 curriculum guidelines advocated that good schools of nursing begin to establish a minimum requirement of at least two years of general education beyond high school. Fifteen percent of all students admitted to nursing schools had some college preparation. By 1938, in accredited schools, a high school diploma was almost universally required; but it was not until 1944 that all entering students in schools of nursing had a high school diploma.

The age of students admitted was being decreased to keep them from going into other fields. In 1942, it was lowered in most schools to increase the number of students eligible to enter the U.S. Cadet Nurse Corps.

The use of standardized tests for candidates continued to be encouraged. A good school of nursing in 1949 was defined as one which used accepted intelligence and aptitude tests in selecting students.

1950-1972. Admission standards moved slowly upward during the 1950s and 1960s. Most schools in 1952 required that the student be a high school graduate, be in the top half of her high school class, and have completed successfully a pre-nursing examination. Baccalaureate schools that wished to

be accredited, by 1960, had to admit students who met the requirements for admission to the college or university.

1973-1981. The admission requirements became very specific. Baccalaureate programs and associate degree programs continued to have to maintain admission standards equivalent to those of the instituion in which they were housed.

Graduation Requirements

Graduation from a school of nursing frequently occurred when the student's time was up regardless of her record. Standards were not high. Examinations, at first, were casual; and the 1896 Report of the Committee on Unification of Curriculum recommended that a student must pass a final examination prior to graduation.[233] Schools were influenced by hospital needs so that it was almost impossible to drop students. It was not unusual for the hospital to refuse to employ or recommend to an employment agency their own graduates.[234] Gray described the product of an average three-year training school as having little experience besides the fundamental skills of her work ". . . only psychological knowledge was from her own intuition, and she knew little about drugs."[235]

As more orthodox scholastic procedures were introduced into the nursing schools, the student had to meet more strict requirements. Attrition rates were high. A study in 1930 of ten states revealed that the number of students who resigned or were dismissed averaged 44 percent in an individual school of nursing.[236] A 1944 NLNE report showed that of 41,270 students admitted in the summer and fall of 1943, more than 38 percent had withdrawn by March 1944.[237] Six percent withdrew because of failure.

The Committee for the Study of Nursing Education in Colleges and Universities in 1931 recommended that degree and diploma students affiliated with a college or university should meet the institution's requirements for graduation.[238] The 1936 edition of the Essentials of a Good School of Nursing stated that in order for a student to be promoted, the qualities of the student's personality and attitudes should be considered as well as mastery of required knowledge and skills. To be eligible for a diploma, the student must master all phases of the required course of study and be qualified to practice safely and satisfactorily as a professional nurse.[239] The 1937 Curriculum Guide for Schools of Nursing added that a graduate of a school of nursing was expected to have a high degree of skill but it was unreasonable to expect that she would have developed a high degree of professional competence before graduation.[240]

The 1942 revised edition of Essentials of a Good School of Nursing stated that promotion was determined on the basis of satisfactory achievement. Students should be measured periodically as they progressed toward meeting clearly stated curriculum objectives. Eligibility for graduation remained the same.[241]

The NLN accrediting guidelines specified that the policies for graduation should reflect the requirements and purposes of the institution as a whole and the nursing unit.[242] Nursing requirements became more sophisticated as did the requirements in all professional fields of study. Nursing leaders realized that nursing must keep pace with the changes in higher education in order to move forward as a profession.

Graduation Summary

Initially, almost any student admitted to a school of nursing could graduate after she completed the stated time. The initiation of licensure examinations, the improved curriculum, the expectations of the hiring agencies, the relationship to higher education, and the accrediting process affected the requirements for graduation.

Schools were influenced by hospital needs, and it was almost impossible to dismiss a student. Examinations were not required in all schools. As curriculum improved and more orthodox scholastic procedures were introduced, the less qualified student was lost to attrition.

It was recommended in 1931 that students in schools affiliated with a college or university be expected to meet the institution requirements for graduation. The NLNE in 1936 stated that to be eligible to graduate the student must master all phases of the required curriculum and be qualified to practice safely and satisfactorily as a professional nurse. To clarify expectations further, the NLNE in 1942 added that promotion was determined on the basis of satisfactory achievement and students should be measured periodically as they progressed toward meeting clearly stated curriculum objectives. NLN guidelines for accreditation continued to be specific that the policies for graduation should reflect the requirements and purposes of the institution as a whole as well as of the nursing program.

Accreditation

The quality of patient care and the quality of nursing education were the concern of early nursing leaders. Efforts throughout the years were made to set standards for nursing education, thus improving the quality of nursing education. Early steps were made by the state boards of nurse examiners as

well as the national organizations. Nursing on a national level became involved in accreditation in the 1930s, and the final stages of the consolidation of accreditation functions occurred in 1952.

Pioneer Period, 1873-1893

Nursing leaders were concerned with the haphazard development of schools of nursing. Some schools were opened without a thought to how the student could be best educated. The leaders in nursing met at the Chicago World's Fair in 1893 and established the American Society of Superintendents of Training Schools for Nurses (ASSTSN). The chief objective of these future oriented women was to promote the educational progress of schools of nursing and to develop educational standards.[243]

Boom Period, 1894-1913

A paper presented at the second meeting of ASSTSN in 1895 was the first attempt to define standards for nursing education at the national level. The goal was to increase the uniformity of training school curriculum.[244] The ASSTSN changed its name to the National League of Nursing Education (NLNE) in 1912 with the continued hope of improving nursing education.

Some of the state boards of nurse examiners began as early as 1906 to appoint nurse inspectors of training schools. By 1912, the National Organization for Public Health Nursing (NOPHN) had formed. This organization accredited university and college programs of study in public health nursing.[245]

Standard Setting and Stock-Taking Period, 1914-1949

The first list of sixteen approved college and university programs was published in 1920. According to Ozimek, this was the first step toward

accreditation by a national professional nursing organization.[246] In order to develop definite standards for accreditation, the NLNE Committee On Accreditation visited more than fifty schools of nursing during 1932 and 1933.[247]

At the 1932 Biennial Convention of the American Nurses Association (ANA) and the NLNE, twenty representatives from collegiate schools of nursing organized and, in the following year, established the Association of College Schools of Nursing (ACSN). Their aim was not to be an outside accrediting agency but to improve members' programs. The requirements for membership were so stringent that it actually performed an accrediting function.[248]

The NLNE, in 1938, initiated an accrediting program for schools of nursing offering a basic nursing program. The first list of seventy-three accredited schools was published in 1941.[249] The Conference of Catholic Schools of Nursing of the Catholic Hospitals at the same time started to accredit Catholic college and hospital programs.[250] To be placed on any of the lists published by the NLNE, NOPHN, and ACSN, schools had to meet specific requirements. NLNE, ACSN, and the Catholic agency accredited schools for a decade with much duplication of effort.[251]

Ninety-seven percent of the nursing schools participated in a survey of nursing schools in 1948.[252] The Subcommittee on Data Analysis classified the schools into groups. Group I, the upper 25 percent, was the better schools; and the lower 25 percent was the unclassified schools with the lowest national standings. Group II was the 50 percent of schools that met minimal standards. Each school that participated received a report that showed how they compared with other schools. Composite diploma and baccalaureate schools in each group were identified.[253] In Virginia, five schools of nursing

were classified in Group I; eight, in Group II; and twenty-one were unclassified.[254]

The NLNE, in 1948, sponsored the Joint Committee of the Six National Nursing Organizations on the Unification of Accrediting Activities. In 1949, this group developed the National Nursing Accrediting Service (NNAS) which became responsible for all accrediting activities pertaining to nursing education. When the NLNE transferred the accreditation function to NNAS in 1949, 123 schools were on the accredited list. MacDonald pointed out that the small number was due to the high cost and lack of stringent criteria; therefore it was not a priority to the schools.[255] One hundred ninety-one of the 371 Catholic schools were accredited. There were a total of 1,190 state schools and less than 15 percent were accredited.[256]

NNAS was administered by the NLNE while the other organizations maintained the policy-making functions. Accreditation was based on the evaluation of the program by peers in light of established criteria. The overall quality of the program was judged. NNAS was able to bring to nursing education some national minimum standards.

Experimentation and Growth, 1950-1972

By 1951, all types of nursing educational programs could be accredited by NNAS. A "temporarily accredited" designation was available with less exacting standards for weaker programs. Emphasis was placed on assisting these programs to receive full accreditation within five years.[257] One hundred and twenty-one of 1,092 diploma programs, thirty-seven of 124 basic baccalaureate programs, and ten public health nursing programs were accredited fully.[258] Temporary accreditation was discontinued in 1957.

The NLNE, NOPHN, and ACSN voted to dissolve their organizations in 1952 and create the National League for Nursing (NLN). The Division of Nursing Education of the NLN took over the responsibility for accrediting activities from NNAS.[259]

Ninety-three out of 171 baccalaureate programs in 1960 were accredited by the NLN; and of these, seventy-two were approved for public health nursing.[260] The NLN School Improvement Program in 1961 wrote that a program that met NLN criteria could be called a "good" program.[261]

Only five associate degree programs were accredited by the fall of 1964. Two of the programs were offered in junior colleges and two of the three in senior colleges were to be closed as the enrolled students graduated.[262] The number of baccalaureate programs accredited were 134 of 190 programs, and all were approved for public health nursing.[263] The number of accredited baccalaureate programs more than tripled from 1951 to 1964 as shown in Figure 3.5. Approximately 71 percent of all baccalaureate programs were accredited in 1964, compared to 31 percent in 1951.

Stabilization Period, 1973-1981

The NLN continued to refine the criteria for evaluation in all areas of the nursing programs. Schools of nursing realized the importance of initially receiving and maintaining NLN accreditation. Accreditation had an effect on the individual school's ability to recruit highly qualified faculty and students. As in the 1950s and 1960s, receiving federal funding was dependent on the school's being accredited by the NLN. Most collegiate programs, graduate programs, and RN completion programs required that a candidate for admission be a graduate of an NLN accredited nursing program.

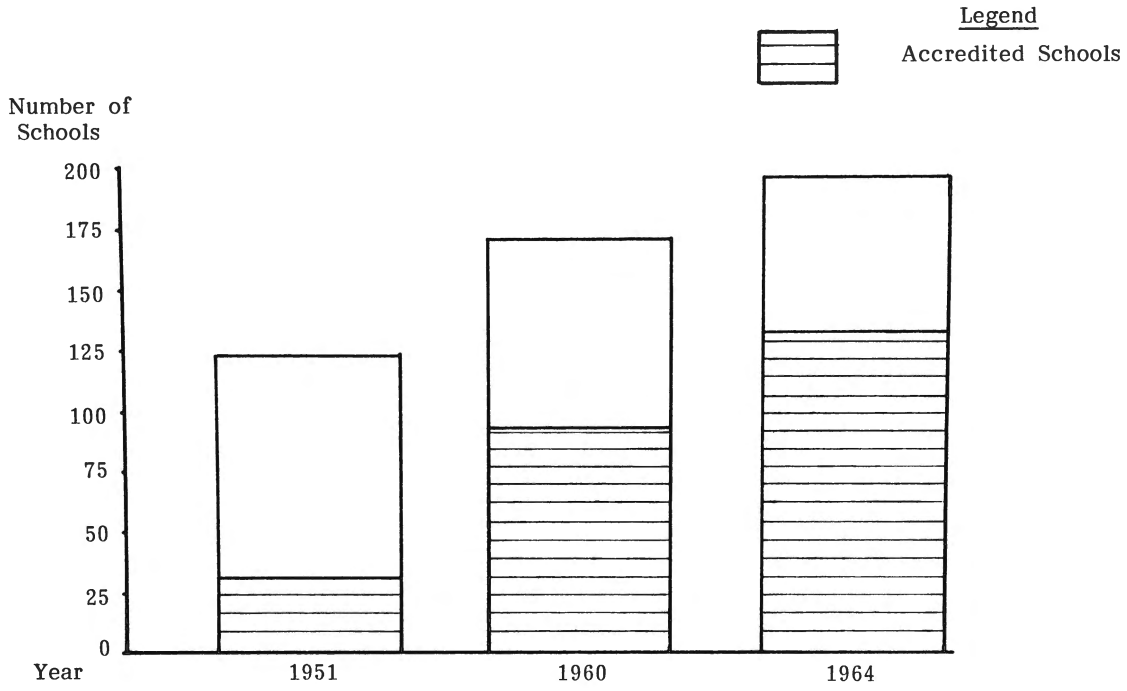

FIGURE 3.5

NLN ACCREDITED BACCALAUREATE SCHOOLS

SOURCE: Gwendoline MacDonald, Development of Standards and Accreditation in Collegiate Nursing Education, (New York: Teachers College Press, 1965), p. 73, 84.

Accreditation Summary

Nursing leaders from the very beginning of formalized nursing education were concerned with its haphazard development. These women through the nursing organizations tried to improve the quality of nursing education by setting standards for schools of nursing. Nursing on a national level became involved in accreditation in the 1930s. Many of the major changes that have occurred in nursing education since the 1950s can be attributed directly or indirectly to the accreditation process.

1873-1893. Schools of nursing were being opened to staff hospitals, and little thought was given to the education of the student. The American Society of Superintendents of Training Schools for Nurses (ASSTSN) was established in 1893 to promote the educational progress of schools of nursing and to develop educational standards.

1894-1913. The first attempt to define national standards was in 1895. The goal of the newly established NLNE, formerly ASSTSN, in 1912 was to improve nursing education.

1914-1949. The first step toward accreditation by a national professional organization was the published list in 1920 of approved college and university programs. In 1932 and 1933, the NLNE visited fifty schools of nursing to begin to develop standards for accreditation. The Association of Collegiate Schools of Nursing (ACSN) was formed in 1932 to improve members' programs. Although ACSN was not an accrediting agency, its membership requirements were so strict that it actually performed an accrediting function. The NLNE initiated an accrediting program for schools offering a basic nursing program in 1938. The Conference of Catholic Schools was accrediting Catholic

schools, and the National Organization for Public Health Nursing (NOPHN) accredited public health nursing programs.

Ninety-seven percent of the nursing schools participated in a survey of nursing schools in 1948. The schools were classified into groups according to their standings. Each school received a report that showed how it compared with other schools.

There was much duplication of effort related to accrediting; and in 1949, the accrediting agencies formed the National Nursing Accrediting Service (NNAS) to be responsible for all accrediting activities pertaining to nursing education. NNAS was administered by the NLNE while the other organizations were involved in making policy. Accreditation, at the time, was not a priority to nursing schools because of high cost and lack of stringent criteria. NNAS developed national minimal standards for nursing education, and accreditation was based on the evaluation of the nursing program by peers using established criteria.

1950-1972. By 1951, all types of nursing education programs could be accredited by NNAS. One hundred twenty-one of 1,092 diploma programs, thirty-seven of 124 basic baccalaureate programs, and ten public health nursing programs were accredited fully. A "temporarily accredited" designation was used to assist weaker programs to receive full accreditation. This designation was discontinued in 1957.

The NLNE, NOPHN, and ACSN dissolved their organizations in 1952 and created the NLN. The Division of Nursing Education of the NLN became responsible for the accrediting activities of NNAS. The number of baccalaureate programs accredited were increasing. A "good" program was considered as one that met NLN criteria.

1973-1981. Criteria for evaluation of programs was refined by the NLN. Schools realized the value of accreditation and the majority of schools worked toward receiving and maintaining the accreditation status.

Relationship with Local Hospitals and Higher Education

Local Hospitals

Historically, nursing education has been secondary to nursing service. Florence Nightingale in her writings discussed the importance of having the school of nursing separate from the hospital. She realized that the care of the patient would supersede the education of the student if schools were a part of the hospital organization. Some of the early schools in America were founded as separate units; but because of the lack of a strong financial base, many had to be placed under the hospital board. The majority of early training schools were opened by hospitals to inexpensively staff their units and improve patient care. These schools were often very small. As late as 1943, there were forty-eight hospital schools in which the daily hospital census was less than thirty patients.[264] State laws requiring registration specified minimum requirements which made it necessary for small schools to affiliate with larger institutions for didactic and/or clinical experience. Some of the larger schools developed a centralized plan and cooperated with a group of small schools of nursing.[265]

Schools were dependent upon the hospital for the finances to maintain the school, administration, provision of faculty, and maintenance of the students. This pattern was show in changing. The superintendent of nursing frequently was the superintendent, directress, or principal of the training schools. The teaching of students was done mainly by hospital physicians, the

superintendent, supervisors, and head nurses. The staff of registered nurses was very limited in numbers until after the depression. The students paid little, if any, tuition; and the hospitals provided them with room, board, laundry, and a small stipend. In turn, students staffed the hospital. The hospitals, for years, gave the students $5 to $15 per month to cover expenses, such as uniforms, textbooks, and other incidentals. Learning was subservient to earning.[266] An increasing number of hospitals gave up this practice by 1927. Some schools required small tuitions, especially during the preparatory period.[267]

Students were relatively permanent members of the work force for two to three years, and they could be trained into the exact routine of the hospital. Students had to make up any time missed before they could receive their diploma. The hospital administration could exert more discipline and control over students than over employees.[268] The hospital enforced strict discipline, and this control was sanctioned by the philosophy of in loco parentis.[269] Classes often were admitted irregularly, depending on whenever the hospital had a need to fill a vacancy. This practice made it difficult and expensive to conduct a good curriculum.[270] With the movement to use more graduate nurses, attendants, and aides, hospitals became less dependent on student service.[271]

A 1932 study conducted at Massachusetts General Hospital showed that hospitals made large profits on their nursing school. Each student through hospital service contributed from $200 to $450 toward the profit. Using the lower figure, each year, the 80,000 nursing students in the United States provided $16,000,000 which was enough to support approximately 12,000 hospital beds. The NLNE unsuccessfully pushed to use the money for the education of students.[272]

The 1917 Standard Curriculum for Schools of Nursing recommended that a governing body be formed to work with the nursing school. This group would be concerned with the school as an educational institution rather than a service unit for the hospital.[273] Problems arose between nursing service and nursing education because education and service were two independently organized activities conducted in the same hospital setting.[274]

The Committee on Standards in 1936 reported that in schools that were conducted by a hospital, the director of nursing service usually was principal of the school. In independently organized university or college schools of nursing, there was usually a dean of the school of nursing responsible to the president and a director of nursing service responsible to the superintedent of the hospital.[275]

The 1942 report by the Committee on Standards stated that it was desirable that only approved hospitals be used by schools of nursing for clinical experience. The report stipulated that hospitals should be approved by the American College of Surgeons and by the Council of Medical Education and Hospitals of the American Medical Association for general internships and also be a member of the American Hospital Association.[276]

Hurd, in 1948, emphasized the need for the separation of hospitals and schools because of their different purposes.[277] Brown, in her study, found that the majority of the schools of nursing provided service to the hospital. In the few that did not, students paid for their own maintenance but were allowed to work for the hospital for salary.[278] She recommended that any relationship a school entered into with a hospital should be solely for clinical laboratory and not to provide nursing care.[279] The problem was that there was a lack of financial support available to nursing schools, and many still had no financial sources other than the hospital.

The major forces that were responsible for the separation of schools from the hospital's jurisdiction were government funding to schools of nursing during the 1960s, and requirements set forth by the NLN accrediting agency. Martin suggested that other factors leading to separation were the technical and conceptual changes in medicine that have required that nurses have increased knowledge, a general rise in the social and educational levels in the population, and nursing's desire to be more professional.[280]

As schools of nursing became independent of the hospitals their close relationship suffered. In 1965, Dorothy Smith wrote that there was little evidence in university teaching hospitals that nursing faculty, practitioners, and students got together in an organized way to use their skills and knowledge to solve nursing problems.[281] In an attempt to get nursing schools on a sound basis, a division had resulted between the clinical practitioner and nurses who teach nursing.[282]

A gradual renewal of this relationship has taken place in recent years with the use of dual roles, joint appointments, representation on committees, and special committees to promote working together to improve patient care and the educational experience for students. The collegiate schools of nursing that have been developed in institutions that are not affiliated with medical centers have provided for student learning through contractual agreements with hospitals and health agencies in the general area. This type of arrangement makes it necessary to form a strong communication link. The trend is for schools of nursing and health agencies to continue to find ways to work together.

Hospitals Summary

Since the development of the first school of nursing in the United States, nursing education was secondary to nursing service. This pattern was

slow to change. The majority of the early training schools were founded by hospitals to provide improved patient care. They were dependent upon the hospitals for the finances necessary to maintain the school and students and for provision of administration and faculty. Many of these hospitals were very small. To provide a didactic and/or clinical experience that was unavailable in the smaller schools, affiliations and centralized schools were provided by some of the larger schools of nursing.

Students staffed the hospital in return for tuition, maintenance, and a small stipend. Although an increasing number of hospitals had given up the practice by 1927, it was still in existence in the 1960s. The hospital was able to have more control over students than employees. Frequently, the students were exploited. It was difficult and expensive to conduct a good curriculum because students often were admitted whenever a vacancy existed. Hospitals became less dependent on students with the move to hire more graduate nurses and to use aides and attendants.

Nursing leaders and recommendations from a variety of studies encouraged the separation of hospitals and schools because of their different purposes. The relationship was to be solely for clinical laboratory experience and any nursing care provided would be incidental. The lack of financial support from other sources made the separation from the hospital almost impossible until government funding became available in the 1960s. Accreditation requirements were another force that was responsible for the move to independence.

The close relationship suffered as a result of the independence, and a division arose between the clinical practitioners and faculty. This relationship has improved gradually in recent years with the use of dual roles, joint appointments, representation on committees, and special committees.

Collegiate nursing schools that were not in medical centers had to develop strong communication links with the community agencies, and contractual agreements were initiated. Schools of nursing and health agencies continue to try to find ways to work together.

Higher Education

The educational preparation of nurses, for the most part, developed outside the higher education system; therefore, the relationship of schools of nursing to institutions of higher education was limited during the early years of formal nursing education. Between 1900 to 1910, some schools, because of inadequate laboratory and teaching facilities, developed affiliations with technical schools or colleges.[283] The affiliations varied from a short course to one year of college. The course offered to graduate nurses at Teachers College, Columbia University in 1899 and the founding of the University of Minnesota School of Nursing in 1909 led to the establishment of a relationship with colleges and universities with a number of schools of nursing.[284] The NLNE in the 1917 curriculum standards stated that the "value of the relationship is in proportion to the degree in which the university participated in the direction of the entire scheme of the training school."[285]

Goldmark advocated in 1923 that more schools of nursing attach themselves to universities. By 1927, a few schools were regular departments of the institutions, while for others the connection was through existing departments, such as the school of medicine. Still others had nominal connection with the college or university but got instruction and use of teaching facilities.[286] At the 1931 convention of the NLNE, it was announced that although many of the relationships were minimal, sixty-seven schools had some college or university connection and twelve of these were with junior colleges.

Lucile Petry, in 1937, was involved in a study about basic professional curriculum in nursing leading to degrees. She reported that of the fifty-eight schools whose organizational relationship with colleges and universities could be classified, thirty-six cooperated with the institutions in offering a degree but were not part of the college or university; sixteen were an integral part of the institution and were set up the same as other departments; seven were subdivisions of medical schools; four were related to the university hospital or both the hospital and medical school; and two were subdivisions of the department or college of education.[287]

These limited relationships with higher education persisted until World War II. The shortage that developed because of the number of nurses and doctors that were involved in the armed services forced nursing to make adjustments. When nursing took on some of medicine's functions, it was necessary to hire untrained personnel and provide on-the-job training and supervision. The role of the nurse changed drastically. Dustan said "World War II was the catalyst that cracked the monolithic, hospital-controlled nursing education system."[288] This forced the profession to increasingly seek support from the general education system.

The need for nurses to be prepared at the college level to deal with the nursing shortage was identified in a 1963 report of the Surgeon General of the United States Public Health System. Funding resulted in the numbers increasing in baccalaureate and master's programs, but not to meet the identified need.[289]

The popularity of various configurations of college courses with nursing courses slowly increased. Frequently, nursing courses were the same for those who received a diploma or a baccalaureate degree. MacDonald, in 1965, said

that often schools were not independent units, did not subscribe to the standards of higher education, and were not part of the education instituion. In many instances, the relationships between the nursing school and university were as tenuous as those of hospital schools of nursing affiliating with unrelated educational institutions.[290]

In 1968, Kibrick wrote in a medical journal article that nurses were about the only health workers in hospitals who were still not expected to have academic as well as practical preparation. She said "If nursing is to fulfill its obligation to society and maintain its rightful status as one of the major health professions it must move into the academic framework."[291] Her words were an echo of what nursing leaders had been saying and continued to say.

As with other aspects of nursing education, the accreditation process had an effect on the relationship of schools of nursing with institutions of higher education. Diploma programs found it necessary to articulate with colleges or universities in order to provide for the general education courses required in the curriculum. The number of baccalaureate programs increased as women became more interested in obtaining a college degree. The quality of these programs was enhanced by the desire to compete with other programs within the institution and to meet the accreditation requirements. As the number of collegiate basic nursing programs increased, master's and doctorate programs grew in number. This growth in the collegiate schools can be seen in Table 3.6.

If nursing education follows the edict of the American Nurses Association that the entry level of professional nursing is the baccalaureate degree and the entry level of technical nursing is the associate degree, all nursing will be entrenched in higher education.

TABLE 3.6

SCHOOLS OF NURSING

Programs	1961	1980
Diploma	875	311
Associate	69	697
Baccalaureate	173	377
Masters	49* (1963)	135
Doctoral	2	22

SOURCES: Division of Research, NLN Nursing Data Book (New York: NLN, 1982), pp. 1, 57, 79; and *Facts About Nursing (New York: ANA, 1965), p. 113.

Higher Education Summary

The relationship of schools of nursing to higher education was limited during the early years of formal nursing education because the majority of nursing education was developed outside the higher education system. Nursing schools affiliated with colleges and universities for a short course to one year of college. Teachers College, Columbia University in 1899 and the University of Minnesota in 1909 began the establishment of schools of nursing within an institution of higher education. By 1931, sixty-seven nursing schools had some connection with a college or university. Only fifty-eight schools in 1937 had a relationship with higher education that offered a degree; and of these, only sixteen were an integral part of the institution. This limited relationship persisted until World War II although nursing leaders continued to say that nursing must move into the academic framework.

The nursing shortage in the early 1960s prompted government funding to prepare nurses at the college level. The popularity of college courses offered with nursing programs increased; but frequently, the nursing courses were the same for those in the diploma and baccalaureate program.

The accreditation process forced schools of nursing to articulate with colleges and universities. Diploma programs, in order to provide for the general education courses required in the curriculum, found it necessary to form alliances with higher education. The quality of baccalaureate programs was enhanced by the desire to compete with other programs within the institution and to meet the accreditation requirements. The American Nurses Association's 1965 statement that the entry level for professional nursing should be the baccalaureate degree prompted the phasing out of many diploma programs. The number of associate, baccalaureate, master's, and doctorate programs grew in number.

Chapter Summary

The majority of the schools of nursing in the United States progressed very slowly toward meeting national standards in each of the five elements in nursing education that were studied. Although the first attempt to define national standards was made in 1895, it was not until the 1950s that nursing schools began seriously to try to meet the national standards. Leaders in nursing had continually strived through the national organizations to improve the quality of nursing education. Frequently, the same recommendations were repeated; but massive changes did not occur until accreditation became important to the schools and they had to meet specific criteria.

The sequential development of the VCU/MCV School of Nursing is presented in the next chapter. A brief overview of the formation and growth of one school of nursing can be seen.

Notes

[1]Stewart, p. 97.

[2]Ella M. Rafuse, "Nursing Education--What is the Challenge? 1888-1938," The Trained Nurse and Hospital Review (April 1938): 427.

[3]Stewart, p. 165.

[4]Committee on Education of the NLNE, Standard Curriculum for Schools of Nursing (Baltimore: Waverly Press, 1971), pp. 22-24.

[5]Richard Beard, "The Report of the Rockefeller Foundation on Nursing Education: A Review and Critique," American Journal of Nursing 23 (April 1923): 552.

[6]Committee on Education of NLNE, A Curriculum for Schools of Nursing, 6th ed. (New York: NLNE, 1927), p. 32.

[7]Education Committee of the NLNE, The Nursing School Faculty Duties, Qualifications, and Preparation, 1933, p. 54.

[8]Committee for the Study of Nursing Education in Colleges and Universities of the NLNE, "Tentative Standards for Schools of Nursing Seeking Connections with a College or University," American Journal of Nursing 31 (July 1931): 852.

[9]Stewart, p. 211.

[10]Committee on Grading of Nursing Schools, p. 159.

[11]Stewart, p. 211.

[12]Committee on Grading of Nursing Schools, p. 185.

[13]Education Committee of the NLNE, p. 11.

[14]Ibid., p. 12.

[15]Ibid., p. 55.

[16]Ibid., p. 56.

[17]Ibid., p. 59.

[18]Committee on Grading of Nursing Schools, pp. 127-129.

[19]Committee on Standards, 1936, p. 16.

[20]Ibid., p. 17.

[21]Committee on Standards, 1944, pp. 14-15.

[22]MacDonald, p. 61.

[23]Rafuse, p. 431.

[24]Archer W. Hurd, Building a Curriculum for Professional Schools with Special Applications to Nursing (Richmond, Virginia: Bureau of Educational Research and Service/MCV, 1946), pp. 75-76.

[25]Brown, Nursing for the Future, p. 160.

[26]West and Hawkins, p. 45.

[27]Marion Sheahan, "School Data Survey Methods," American Journal of Nursing 49 (November 1949): 720.

[28]West and Hawkins, p. 4.

[29]Schwier, p. 11.

[30]Ibid., p. 12.

[31]Ibid., p. 13.

[32]Ibid., p. 36.

[33]M. Oliver Davies, "Developments in Public Health Nursing Education," Nursing Outlook 1 (November 1953): 625.

[34]American Nurses Association, Facts About Nursing: A Statistical Summary, 1955-1956 edition (New York: ANA, 1955), p. 103.

[35]MacDonald, p. 78.

[36]National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing that Lead to Baccalaureate or Master's Degrees (New York: NLN, 1960), p. 5.

[37]School Improvement Program, p. 53.

[38]Functions, Standards and Qualifications for Practice for Educational Administrators and Teachers (New York: ANA, 1962), p. 14.

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[117]Ibid., p. 13.

[118]Anderson, p. 25.

[119]Ibid., p. 25.

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[249]See Anderson, p. 28; and MacDonald, p. 68.

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CHAPTER 4

SEQUENTIAL DEVELOPMENT OF VIRGINIA COMMONWEALTH UNIVERSITY/MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING 1893-1981

A study of the selected elements in nursing education at MCV would be meaningless without first looking at the overall development of the school. Significant occurrences in the history of the school are highlighted in this chapter.

The Medical College of Virginia, the parent institution of the School of Nursing, began as the medical department of Hampden Sydney College in 1838 in the Old Union Hotel in Richmond.[1] The Sisters of Charity from Emmitsburg, Maryland, provided for the nursing care of the patients housed in the hotel from 1838 until 1845.[2] At the time, the Medical College of Virginia was chartered as an independent institution; in 1854, it was not known who cared for the patients. Records indicate that the Sisters of Mercy served the institution from 1893 to 1895.[3]

A second independent medical college, the University College of Medicine, opened its doors in 1893 two blocks from MCV. The Virginia Hospital Training School for Nurses was inaugurated by the college and is considered the founding date for VCU/MCV School of Nursing. The first nursing school in Virginia, St. Luke's Hospital in Richmond, had opened in

1886. It was followed by Hampton Training School 1891 and Norfolk Protestant Hospital, 1892. Both Alexandria Hospital and St. Vincents DePaul began the same year as the Virginia Hospital Training School.

The Medical College of Virginia Infirmary was renovated and reopened as Old Dominion Hospital in 1895. The Sisters of Mercy were replaced by student nurses with the organization of the Old Dominion Hospital Training School for Nurses.[4] This was the seventh school of nursing to begin in Virginia over a ten-year span.[5] Sadie Heath Cabaniss, a graduate of the Johns Hopkins School of Nursing, was the first superintendent of the school. She set up the school, using the Nightingale system and remained at Old Dominion until 1901.[6]

The Memorial Hospital was formally opened in 1903. Old Dominion Hospital was closed, and the students were transferred to the Memorial Hospital Training School for Nurses. The superintendent, Rose Z. VanVort, was a graduate of the Old Dominion School under Sadie Cabaniss.[7] The following year, the Memorial School of Nursing was accredited by the Virginia Board of Graduate Nurse Examiners and the New York Board of Regents.

The Medical College of Virginia and the University College of Medicine were consolidated in 1913 and the Memorial Hospital Corporation deeded its hospital to the Medical College of Virginia. The Memorial Hospital Training School and the Virginia Hospital Training School were united to become the Medical College of Virginia School of Nursing. Agnes Dillon Randolph was the first superintendent of the Medical College of Virginia School of Nursing. The city of Richmond took over the Virginia Hospital and operated a training school for nurses. The hospital was used by MCV for clinical teaching.[8]

The Saint Philip School of Nursing for black women began when the new 176-bed Saint Philip Hospital for black patients opened. The school, although

administered by the Medical College of Virginia School of Nursing, was seen as a separate entity. "The objective of the school is to enble negro women with proper education qualifications to prepare themselves to be adapted and to enable them to become actively engaged in healing and preventing disease among their own race."[9] Five students were enrolled in the first class.[10]

The Virginia Hospital Training School for Nurses, operated by the city, closed in 1922. An arrangement was made in which the graduates of all the schools that had been connected with either the Medical College of Virginia or the University College of Medicine became eligible for membership in the general Alumni Association of MCV. The arrangement included graduates from Virginia Hospital when run by the University College of Medicine and when run by the city; Old Dominion Hospital; Memorial Hospital; and the Medical College of Virginia.

In 1925, the Executive Committee of the Board of Visitors formally recognized the School of Nursing as coordinate with the Schools of Medicine, Dentistry and Pharmacy. The school attained academic status and the title of dean was created for the director of the school; she was considered part of the administrative council.

The first dormitory on campus was built in 1928 and opened for living quarters and teaching space for the nursing students. The dormitory, considered one of the most modern of its kind, was named for Miss Sadie Heath Cabaniss.[11] Students previously had been living in crowded run-down quarters with several students sharing a room, and classes were taught wherever a space could be found. The Board of New York Regents and the Virginia Board of Nurse Examiners had spoken to the terrible living conditions and lack of classroom space. Three years later Saint Philip Hall, the new

dormitory and educational unit of Saint Philip School of Nursing, was opened.

In 1936, Saint Philip School inaugurated a program of study in public health nursing in cooperation with the United States Public Health Service. This program, designed to prepare black graduate nurses to meet the health needs of the southern black population, was made possible by the passage of the Social Security Act of 1936. Previously, no opportunity had existed in the south for the education of black public health nurses. The course covered a period of four months of didactic after which the nurses returned to their respective state for field training, or the nurses would attend for two semesters and receive a certificate in public health nursing. The first class represented twelve states and the District of Columbia. Students were subsidized by their respective states.[12] A similar program for white nurses was offered at the Richmond Division of the College of William and Mary. The program was moved to MCV in 1944, and the two courses ran concurrently until 1951 when they were combined and administered by MCV until 1956 when there was no longer a need for the program.

A curriculum leading to the degree of bachelor of science in nursing for students who had completed two years of selected liberal arts courses in an approved college or university prior to admission to the Medical College of Virginia School of Nursing was initiated in 1942.[13] This program was offered in addition to the diploma program.

In 1943, the Medical College of Virginia and Saint Philip School of Nursing diploma programs were granted accreditation by the NLNE. They were, along with the University of Virginia and Stuart Circle Hospital School, the only NLNE-accredited schools in the state. Only eight schools in the south were approved for accreditation.

The Board of Visitors in 1952 approved the termination of the MCV School diploma and five-year degree programs in favor of the proposed four-year degree program. Needed classrooms and dormitory rooms were provided with the opening of Randolph-Minor Hall. The building was named for Agnes Dillon Randolph and Namie Jacquelin Minor, former MCV graduates and nursing leaders in public health in the state.[14]

The nursing school in 1958 established a two-year program leading to an associate in science degree in nursing. This was a relatively new program in nursing. The program was accredited in 1960. MCV's program had the distinction of being only the third such program accredited by the NLN and the only one nationally accredited in the south. Decreased enrollments and increased qualified applications for the baccalaureate program were the major reasons for closing the program in 1965.

The School of Nursing was honored when Colonel Ruby F. Bryan, Chief Army Nurse Corps, Europe, gave the college, along with the Johns Hopkins University School of Nursing and the national nursing organizations, a set of photographs depicting rare scenes from the life of Florence Nightingale. Included were previously unpublished writings and copies of reports written by Florence Nightingale. The set was autographed by the present matron of the original Kaisersworth School of Nursing on the Rhine.[15]

The College was admitted to membership in the Southern Association of Colleges and Secondary Schools in 1959 and became the first institution of its kind in the south to achieve this recognition. Accreditation by this body was necessary for the School of Nursing to be eligible for accreditation by the NLN. The next year, the bacccalaureate degree program, including the public health nursing component, received accreditation by the NLN. This was the

first degree program in Virginia to have public health nursing nationally accredited.

With the advent of integration, it was no longer necessary to support two separate schools of nursing. The Saint Philip School of Nursing for black students was discontinued in 1962. From 1923 to 1962, there were 688 graduates and fifty-one of these were awarded the bachelor of science degree in nursing and twenty-one, the bachelor of science degree in nursing education.[16]

Registered nurse students were accepted into the baccalaureate program in 1962. They were eligible to receive advanced standing. The plan to admit registered nurses from diploma and associate degree programs into the basic baccalaureate program was accredited by the NLN in 1964. This was the first program of this type accredited in Virginia.

The MCV School of Nursing began Virginia's first full-time department for continuing education for nurses. It was the second such department in the southern region. Within three years, the first National Conference for Continuing Education in Nursing was initiated and held by the school in Williamsburg.

A major goal had been reached in 1967 when the school's proposal to initiate Virginia's first master's degree program in nursing was approved by the State Council of Higher Education in Virginia. The areas of study approved were medical-surgical, psychiatric, maternal-child, and public health nursing. The same year, the first Annual Nursing Lectureship, established and funded by the Nursing Section of the Alumni Association, was inaugurated. The president of the American Nurses Association, Jo Eleanor Elliot, was the speaker. Seven hundred were in attendance. This was the first of its kind in the Commonwealth.

In 1968, the year the School of Nursing celebrated its 75th Anniversary, the General Assembly of Virginia by act of law established Virginia Commonwealth University on July 1, with the Medical College of Virginia, the Health Sciences Division, and Richmond Professional Institute, the General Academic Division, as its component parts. The school of nursing for registered nurses at the Academic Division and the Medical College of Virginia School of Nursing had to be consolidated. As a result of the merger, no students were admitted to the Academic Division after February 1969; and when the present students completed their program, the Medical College of Virginia School of Nursing became the one school of nursing for Virginia Commonwealth University.[17]

In order for nursing to continue to grow as a profession, it was necessary to develop a body of knowledge. Nursing had placed a high priority on research. The first full-time state-supported position of director of nursing research was established at MCV in 1972 to assist faculty in developing research and publication competencies. The next year, the school conceived and sponsored the first Eastern Conference on Nursing Research.

A national trend was developing in which nurses could become involved in more advanced practice as nurse practitioners. In 1973, a Family Nurse Practitioner Certificate Program was approved; and the next year, federal funds were obtained and the first class was admitted into the Family Nurse Practitioner Program. A year later, the program became the first in the state to prepare family nurse practitioners at the master's level.

The Obstetric and Gynecology Nurse Practitioner Certificate Program was implemented in 1975. This was the first such program in the state. The Pediatric Nurse Practitioner's Certificate Program was opened in 1976.

Summary

The MCV School of Nursing has a rich heritage, and it is an outstanding school in the state of Virginia. Among the school's major accomplishments are

1. MCV was the only school in the state accredited by the New York Board of Regents (1904);

2. Saint Philip initiated the only program in the south for black graduate nurses to receive preparation in public health nursing (1936);

3. MCV and Saint Philip were two of the four schools of nursing in the state and eight schools in the south accredited by the NLNE (1943);

4. MCV, Saint Philip, and University of Virginia were the only fully accredited programs in the state from 1953 to 1959;

5. the baccalaureate degree program was the first in Virginia to have the public health nursing component nationally accredited (1960);

6. the associate degree program was the third to be accredited by the NLN and the only one accredited nationally in the south (1960);

7. the program to admit registered nurses from diploma and associate degree schools into the basic baccalaureate program was the first one accredited by the NLN in Virginia (1964);

8. Virginia's first full-time department for continuing education for nurses and the second in the southern region was begun by the school (1966);

9. a proposal by MCV to initiate Virginia's first master's degree program in nursing was approved by the State Council of Higher Education (1967);

10. the Annual Nursing Lectureship was the first established in the Commonwealth (1967);

11. the first National Conference for Continuing Education in Nursing was initiated by the school (1969);

12. MCV established the first full-time state-supported position of director of nursing research (1972);

13. the first Eastern Conference on Nursing Research was conceived and sponsored by MCV (1974);

14. the first obstetric and gynecology nurse practitioner certificate program in Virginia was initiated by the school (1975);

15. MCV developed the first program in Virginia to prepare family nurse practitioners at the master's level (1975).

In the following chapter, the five selected elements in nursing education as they relate to the MCV School of Nursing will be discussed.

Notes

[1]First 125 Years, p. 8.

[2]Frances H. Zeigler, Dean, to Sister Rose Genevieve, Sisters of Charity, 19 May 1937, Box 82/July/47. fol. Centennial Celebration (1838-1938) and History of Nursing, Archives Tompkins-McCaw Library, Richmond, Virginia. (Typewritten).

[3]See "Historical Background of MCV School of Nursing," Box 82/June/34, #1, fol. Historical Information-General. (Typewritten); and W. T. Sanger, President, to Leonora Meffly, 22 October 1929.

[4]"Historical Background of MCV School."

[5]Virginia Nurses Association, Highlights of Nursing in Virginia 1900-1975 (Richmond, Virginia: VNA, 1975), p. 3.

[6]Frances H. Zeigler, "Nursing at the Medical College of Virginia," Johns Hopkins Hospital Nurses Alumnae Magazine (March 1938).

[7]Centennial Celebration, p. 4.

[8]School of Nursing, MCV 75 Years.

[9]"School of Nursing," Bulletin MCV, Announcements1925-1926 22 (June 1925): 7.

[10]A Historical Bulletin of the Saint Philip School of Nursing and Alumnae. (Richmond, Virginia: Saint Philip Alumnae Association, 1978), p. 7.

[11]School of Nursing, MCV 75 Years.

[12]"President's Report," Bulletin MCV, 1935-1936 33 (March 1936).

[13]"School of Nursing," Bulletin MCV, Announcements for 1942-1943, 1943-1944 39 (May 1942): 102.

[14]School of Nursing, MCV 75 Years.

[15]"Annual Report," Bulletin MCV 26 (January 1959): 17.

[16]A Historical Bulletin of the Saint Philip, p. 46.

[17]"The Self-Evaluation Report," 1969.

CHAPTER 5

SCHOOL OF NURSING TRENDS

Virginia Hospital Training School for Nurses, the original school of the three schools later to become part of the MCV School of Nursing, founded in 1893, graduated two students with a diploma in nursing in 1895. From its humble beginnings, the MCV nursing school grew and developed into an accredited professional collegiate nursing school which in 1981 awarded both baccalaureate and master's degrees. The evolution of this school can be seen by looking at the trends in the five selected elements of faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and higher education from 1893 to 1981.

The following questions are answered in the chapter

1. How have faculty qualifications at the school changed over time?
2. What changes have occurred in the curriculum in the school since 1893?
3. What have been the admissions and graduation requirements?
4. What effect has accreditation had on nursing education in the school?
5. What has been the relationship of the school with hospitals and higher education?

Faculty Qualifications

Faculty in the early schools at MCV were predominantly the physicians and the graduate nurses. Little is known about many of the actual qualifications of faculty.

Boom Period, 1894-1913

Sadie Heath Cabaniss, the first director of the Old Dominion Training School for Nurses, graduated from Mt. Pisgah Academy and then left her home in Petersburg, Virginia, to attend St. Timothy's School in Catonsville, Maryland. She taught school for several years prior to going to the Johns Hopkins School of Nursing. The Medical College of Virginia contacted Johns Hopkins University to request assistance in finding a nurse to run the operating room. Isabel Hampton, director of the School of Nursing and a nursing leader, chose thirty-one year old Miss Cabaniss to come. She worked in the operating room at the MCV Infirmary; and after six months, she was asked to reorganize the hospital and organize a school of nursing.[1] Miss Cabaniss was superintendent of the school from 1895 until 1901. She was a leader in nursing in Virginia; under her leadership, the Virginia State Association of Nurses was formed and she served as president for nine years. She was active in getting the bill passed to provide for registration of nurses in Virginia and then was appointed by the governor as a member of the Virginia State Board of Graduate Nurse Examiners.[2] Sadie Heath Cabaniss became the second vice-president of the Nurses Associated Alumni of the United States.[3] A chair of nursing was established at the University of Virginia to honor her, "one of the outstanding pioneers of nursing in Virginia."[4]

The minutes of the Board of Visitors meeting of March 1896 stated that the staff of the school of nursing consisted of one supervisor and sixteen students.[5] In 1900, it was noted that lectures were given to the students by the faculty of MCV;[6] and in 1905, it was stated in the Board minutes that practical training and lectures on various medical subjects were taught by faculty and adjunct faculty of the college.[7]

According to the 1908 Memorial Hospital Training School application, instruction was given by professors and adjuncts of the college, superintendent of the training school and hospital, directress of nurses, and head nurses.[8] On the application used in 1910, the dietition was added to the list of instructors.[9] A survey of the students from the early 1900 classes indicated that classes were taught by the medical staff except for practical nursing and ethics; the superintendent taught these.[10] Rose VanVort, the first superintendent of the Memorial Training School, and graduate of Old Dominion Hospital, in a letter said ". . . the hospital kept me too busy at that time to take but little part in the affairs of the Training School but upon Miss Nutting's [leader in nursing] advice I held the title of Superintendent of the Hospital and Principal of the Training School." She went on to say that the first few years she had no assistance so she did all the teaching at night.

The first superintendent of the Medical College of Virginia School of Nursing, Agnes Dillon Randolph, was among the first women of social prominence to enter the nursing profession in Virginia. Her great-grandfather was Thomas Jefferson. She was a graduate of the Virginia Hospital Training School of Nursing, Class of 1898. She held the position of superintendent of that school in 1900, 1903, and 1905 and then again from 1911 to 1913 when she became superintendent of the Memorial Hospital Training School. With the consolidation of the two schools in 1913, she became superintendent of the MCV School of Nursing and remained one year.[12] She left the school to become the executive secretary of the Virginia Tuberculosis Association. She remained active in tuberculosis work and was said to have done "more to arouse the people of Virginia to the need for organized tuberculosis work than any one person."[13]

Standard Setting and Stock-Taking Period, 1914-1949

Elizabeth C. Reitz was employed in 1922 as director of nurses in the College Hospitals and Director of the Saint Philip and MCV Schools of Nursing. She was a diploma graduate of Women's Hospital, Buffalo in 1910. Prior to her appointment, she had three years of experience as an assistant supervisor of nurses.[14] An MCV 1922 yearbook listed twenty-four faculty for the school of nursing of which only one other than Miss Reitz was a registered nurse.[15] At the time, ten schools in Virginia had full-time instructors, ten had part-time instructors, and thirteen depended upon superintendents.[16]

Geraldine Mew was hired as the first full-time nursing instructor[17] in 1925, eleven years after the first full-time instructor of a school of nursing had been employed in Virginia.[18] By the end of 1925, twenty-seven schools had full-time instructors.[19] Miss Mew taught the preliminary course and nursing subjects. The dean (previously the director) taught history of nursing and nursing ethics. Operating room technique and social services were taught by the other two part-time RNs on the faculty. Other faculty included twelve physicians, three basic science faculty with doctorate degrees, one dentist, a dietition with a bachelor's degree, and an instructor in elementary massage who had no degree.[20]

The dean and faculty in the school were given faculty ranks in 1926. Miss Reitz received the title of full professor. The other nursing faculty were given the rank of instructor. This included all of the supervisors and head nurses who taught the specialty courses.[21]

The Executive Committee of the College elected not to renew Dean Reitz's appointment in April of 1923. They stated, "It is deemed wise that Miss Elizabeth Reitz, Dean of the School of Nursing and Directress of Nursing Service be not employed for another year."[22] No reason was given.

Frances Helen Zeigler became the dean of the school in 1929. She was the first head of the school to have a college degree. Miss Zeigler was a graduate of Virginia Intermont Junior College in Bristol, Virginia. She taught school prior to entering Johns Hopkins School of Nursing and then graduated from Teachers College, Columbia University, with a bachelor of science degree. Miss Zeigler came to MCV from the University of Cincinnati.[23] She was president of the Graduate Nurses Association of Virginia and chairman of the Committee on Eligibility of the NLNE. Miss Zeigler left in 1938 to become dean of Vanderbilt University School of Nursing.[24]

The number of RNs on the faculty was increasing steadily, but most of them still were head nurses and supervisors. Two instructors of nursing appeared on the 1930 roster of faculty. Miss Zeigler, that same year, recruited a former colleague of hers, Lulu K. Wolf as an associate. Miss Wolf had earned a diploma from the Army School of Nursing and a bachelor of science degree from Teachers College. She was a student advocate and was instrumental in making many positive changes in the program.[25] While at MCV, she was very active in nursing organizations, presented talks, wrote articles, was a member of a national committee that developed the 1937 Curriculum Guide for the NLNE and was adjunct faculty member at the Colorado State College of Education. She attended the University of London under the Florience Nightingale International Foundation Award and returned to MCV for one year.[26] She went with Miss Zeigler to Vanderbilt mainly because she felt that the College and hospital administration were not ready to move into baccalaureate education.[27] Lulu Wolf Hassenplug went on to establish herself as one of the outstanding nurse leaders in this country. Safier wrote that she was best known for her innovations in baccalaureate nursing education.[28] In 1948, she left Vanderbilt University to go to the

University of California, Los Angeles, as dean and professor to begin a school of nursing. She became a consultant in nursing education in 1968. She has authored articles and textbooks and held numerous elected and appointed positions in professional organizations.[29]

Miss Wolf was promoted to an assistant professor in 1933 and associate professor in 1936. A public health nurse with a B.S. degree and the instructor and supervisor of the operating room with an A.B. degree became members of the school faculty in 1937.[30]

Louise Grant replaced Miss Zeigler. She was the first member of the faculty with an advanced degree. She had attended nursing school at the University of Minnesota where she also obtained a bachelor of arts degree. Her graduate education was at Teachers College where she earned a master of arts.[31] Miss Grant had been the former director of nursing and dean at Temple University Hospital School of Nursing.[32] In 1944, the governor appointed her to the State Board of Nurse Examiners. She resigned in 1946 to accept a position as director of the Methodist Hospital School of Nursing in Indianapolis. From there, she went to the Medical College of Georgia as dean of the school of nursing.[33]

During her tenure, Louise Grant encouraged faculty to become better prepared, and she hired new faculty with adequate preparation.[34] During 1939, two faculty were on leave working on bachelor degrees; several were in summer school; and twenty-five to thirty faculty, including supervisors and head nurses of both schools, were taking courses at local colleges.[35] Over one-half of the total ranked nursing faculty, including the dean, by 1941 had a college degree.[36]

A 1942 survey by an NLNE Committee revealed that of the twenty-two faculty not including head nurses, 55 percent had college degrees, 27 percent

had only a high school education, 68 percent had special professional preparation for the position, and 55 percent were members of the NLNE. The twenty-three head nurses who had some involvement with the school included 9 percent with college degrees, 48 percent with only a high school education, 32 percent with special professional preparation, and 35 percent who were members of the NLNE. It was stated in the report also that the minimum qualifications for faculty at the school were a college degree with specialized preparation and experience for each position above the head nurse level. Minimum preparation for a head nurse was two years of college with six to twelve months' experience as assistant head nurse or equivalent preparation.[37] The school faculty were not well prepared, based on the school policy.

Hurd found in his study in 1945 that twenty-one nursing faculty were teaching in the basic curriculum. Ten members of the faculty did not have hospital duty, but two had some responsibility in the School of Medicine and two worked some in the School of Pharmacy.[38]

Sybil MacLean, who had been assistant dean since 1944, was appointed as dean in 1947. Miss MacLean, a native of Nova Scotia, had an A.B. degree from Dalhocisie University, a diploma from Johns Hopkins School of Nursing, and a master of arts from Teachers College, Columbia. She was active in nursing organizations in the state during her stay at MCV. Her devotion and contributions to the college were recognized when she was awarded the honorary doctor of humane letters degree in 1965 by the college.[39]

Faculty had continued to upgrade their qualifications under the tutelage of Miss Grant; and by 1947, of the eight full-time faculty in the school, only two did not have a college degree.[40] Of the total ranked faculty, five had master's degrees and twelve had bachelor degrees. There were thirteen associates and instructors without degrees.[41] An increase in the education

level of faculty was seen in the 1949 statistics. Seven faculty had master's degrees; eleven, bachelor's, and nine were without a degree.[42]

Experimentation and Growth Period, 1950-1972

The 1951 NLNE visit revealed that the faculty was composed of twenty-seven full-time teaching members and part-time administrators and supervisory members. Eleven held a bachelor's degree, three had a master's degree, and five had no college credits.[43]

Data from the NLN in 1952 showed nine full-time nurse faculty, forty part-time nurse faculty, ten to fourteen non-nurse faculty, and twenty-seven to thirty physicians were teaching in the School of Nursing. The MCV diploma program was compared with other schools of nursing of similar type. MCV's program was found to be in the 100th percentile of faculty with bachelor degrees, the 21st to 30th percentile of faculty with master's degrees, and the 100th percentile of faculty with fifteen credits beyond the master's degree.[44]

An ongoing problem was the short tenure of faculty. Miss McLean felt a stable faculty was necessary for a good nursing program. In 1956, she told the Board of Visitors that the faculty finally had stabilized.[45]

As the number of students enrolled increased, the number of full-time faculty increased. By 1957, of the sixteen full-time faculty, over one-half were master's prepared and the others had at least a bachelor's degree.[46]

The school of nursing changed deans in 1958 when Doris B. Yingling came from the Orvis School of Nursing at the University of Nevada where she had established Nevada's first school of nursing. She attended Goucher College and was a graduate of Union Memorial School of Nursing, the University of Oregon, and the University of Maryland where she earned a master of arts and a doctorate in education.[47] Her background in nursing

and nursing education was varied. She had experience as a supervisor, instructor, lecturer, education coordinator, and industrial health consultant. She also had some experience in business.[48] Dr. Yingling remained at MCV as dean until June 30, 1981. She was active in nursing and health related organizations on the local, state, and national level. She was the recipient of two governors' appointments, the Commission on Higher Education and the Committee on Nursing. Dr. Yingling received the Certificate of Merit from the Virginia Federation of Women's Clubs for outstanding achievement in developing a creative approach to health education[49] and in 1978, she was presented by the Virginia Nurses Association the Nancy Vance award for rendering valuable service to nursing in the state.[50]

Dr. Yingling continued the process of building a well-prepared faculty to fill the available positions. Five faculty enrolled during 1960 in graduate education;[51] and by 1969, ten faculty were studying in doctoral programs.[52] The school experienced a steady growth in the number of prepared faculty from 1958 through 1969, as seen in Table 5.1.

The number and the educational preparation of faculty increased significantly. The number of faculty with doctorates rose with the approval of the master's program in 1967. Nationally, nurses with doctorates were a scarce commodity. Dr. Yingling continued recruitment efforts and encouraged faculty in the school to begin working on the higher degree. The majority of the faculty attended continuing education courses or were taking courses for academic credit. Several had articles published, and they were active in professional and community organizations.[53]

TABLE 5.1

NUMBER OF FACULTY AND EDUCATIONAL PREPARATION
MCV SCHOOL OF NURSING

Year	Full-time	Bachelor's	Master's	Doctor's
1958	17	9	7	1
1959	17	10	6	1
1960	21	8	12	1
1961	21	5	14	2
1962	23	6	15	2
1963	27	6	19	2
1964	31	5	24	2
1965	34	6	27	1
1966	38	6	31	1
1967	38	7	28	3
(part-time)	5	2	3	-
1968	39	5	31	3
(part-time)	3	1	2	-
1969	42	7	31	4
(part-time)	7	2	5	-

SOURCE: The Self Evaluation Report of the School of Nursing, MCV/VCU, Vol. 1 (Richmond, Virginia: MCV School of Nursing, 1969), p. 24.

In 1966, Dr. Yingling wrote in a memo to the college administration that "the number of quality faculty available is nil."[54] She suggested selecting four to five top seniors with teaching potential to use as assistant instructors for one year with the understanding they would enroll in graduate school. This plan was implemented in September 1966, and the two assistant instructors worked as understudies of well-prepared faculty in medical-surgical nursing. This program was in effect for three to four years.[55]

Stabilization Period, 1973-1981

The persistance of the dean had paid off. All but two of the fifty faculty members had advanced degrees in 1974.[56] The emphasis turned to recruiting more faculty with doctorates to fill positions as they became available. The problem of not enough prepared faculty to meet the needs of all the collegiate programs still existed. The total complement of faculty by 1976 was prepared at the master's level or higher. Approximately one-fourth of the faculty had a doctorate degree;[57] about the same ratio existed in 1980 and 1981 when Dean Yingling retired. A total of fifteen faculty had doctorates, and three faculty were enrolled in doctoral study.[58]

Faculty Summary

Preparation of faculty teaching at the MCV School of Nursing gradually improved over time. Several of the early leaders in the school had an education background prior to entering nursing. As national standards were published, faculty were encouraged by the school administration to improve their educational preparation.

1894-1913. The faculty of MCV's early schools of nursing was made up of physicians, the superintendent of the school and hospital, directress of nurses, and head nurses. Sadie Heath Cabaniss, the first director of Old Dominion Hospital, had been a former teacher and was a graduate of the

prestigious Johns Hopkins School of Nursing. VanVort and Randolph were also diploma nurses.

1914-1949. The school continued to depend heavily on physicians, supervisors, and head nurses to provide the education for the students. Doctorally prepared faculty from the School of Basic Sciences began what was to remain a continuing alliance with the nursing school. Miss Reitz, the dean (previously director), also taught. She was a diploma graduate with supervisory experience.

Eleven years after the first full-time nursing instructor was hired in Virginia, MCV in 1925 employed an instructor. The dean, instructor, supervisors, and head nurses who taught the specialty courses were given faculty rank in 1926.

Frances Helen Zeigler came in 1929. She was a graduate of Johns Hopkins School of Nursing and the first dean to have a college degree. Faculty numbers were increasing, but most were hospital staff. The dean was able to recruit a new faculty member with a bachelor's degree. Louise Grant replaced Miss Zeigler in 1938 and was the first faculty member with an advanced degree. Miss Grant encouraged faculty to become better prepared and hired new faculty with adequate preparation. The minimum qualifications for the school of nursing faculty were supposed to be a college degree with specialized preparation and experience for positions above the head nurse level. Over one-half of the total ranked nursing faculty had a college degree by 1941.

Sybil MacLean, who was appointed dean in 1947, was also a Johns Hopkins School of Nursing graduate and held a master of arts degree from Teachers College, Columbia University. She continued to empahsize the need for advanced preparation of faculty.

1950-1972. Faculty preparation remained on an upward swing in an effort to keep up with national standards. The faculty in the School of Nursing in 1952 were compared with those in other diploma programs and were found to be in the 21st to 30th percentile of faculty with bachelor's degrees. By 1957, of the sixteen full-time faculty, over one-half were master's prepared.

Doris Yingling began her tenure as dean in 1958. She had received a doctorate in education from the University of Maryland. She continued the process of building a well-prepared nursing faculty. The number and education preparation of faculty increased significantly. Recruitment of faculty with doctoral preparation was difficult because of the scarcity nationally; but with the initiation of the master's program, the number of faculty holding doctorates began to rise. In 1969, there were forty-two full-time faculty of which four held a doctorate, ten were taking courses in doctoral programs, and thirty-one had master's degrees.

1973-1981. The problem of not enough prepared faculty to meet the needs of all the collegiate programs still existed. All faculty at MCV were prepared at the master's level or higher by 1976 and approximately 25 percent had an earned doctorate. About the same ratio existed in 1981 when there was a total of fifteen faculty with doctorates and three enrolled in doctoral study.

Curriculum

Curriculum information was very sketchy prior to 1922 although it is known that the Virginia Hospital Training School and the Old Dominion Hospital Training School both began with two-year curriculums.

Boom Period, 1894-1913

The Old Dominion Hospital Training School was based upon the Nightingale principles. The weekly didactic and daily clinical instruction was done largely by the faculty of the Medical College.[59] The "pupil nurses" were on day duty for twelve hours with two hours off if they were not too busy. Night duty was also twelve hours but with no scheduled time free and when students were assigned to special duty, they cared for the patient at least eighteen hours. The money the student earned went to the hospital. The patients and duty came first.[60] The student seldom attended class when on special duty.[61] One or more of the "pupil nurses" were always on duty at Sheltering Arms Free Hospital and at the Confederate Old Soldiers Home Hospital.[62]

The Memorial Hospital Training School for Nurses opened its doors in 1903 with a three-year curriculum. Subjects probably taught were medicine, surgery, obstetrics, urinalysis, gynecology, dietetics, contagious diseases, infants and children, and practical nursing. These areas had to be passed on the written and oral examinations given by the Board of Graduate Nurse Examiners in order to be registered in Virginia.[53] The program began with a two-month probationary period. The junior term was ten months, and the intermediate and senior terms each lasted twelve months. The superintendent assigned each pupil for a definite period to various wards and services. The models and specimens used for instructional purposes were obtained from the College. One student described her weekly schedule. She had two hours free from duty during the twelve-hour day shift to eat and go to class, three hours off on Sunday to attend church, and one-half day off each week. Senior nursing students on night duty were responsible for the entire hospital.[64]

A 1905 newspaper article reported that beginning in the fall the school would be conducted on the eight-hour system. Memorial was the first school south of Johns Hopkins to adopt this plan.[65] Another article described the eight-hour system of allowing the students four hours of study time every day rather than two hours. This step was made toward the establishment of a prelminary course in which beginning students would be given important elements of practical training before they were permitted to attend patients. The article stated that this method gradually was being adopted by all of the leading training schools in the country.[66]

The same year, the school sponsored a lecture series, by prominent physicians in the state. The course was for the Memorial students, but all nurses and nursing students in the city were invited. The objective of the course was for "broadening of instruction of nurses and to bring them in close touch with philanthropic subjects and to show the part the professional should take in movements toward uplifting of humanity."[67]

The 1908 application for Memorial School of Nursing described the curriculum. The goal of the school was "to prepare students and graduates to fill all positions honorably and satisfactorily."[68] The school placed graduates in positions where they could "render the most helpful and acceptable service."[69] The course of training included general medicine and surgery; gynecology and obstetrical nursing; care of the eye, ear, and throat diseases; and care and feeding of children. Along with basic nursing skills, the curriculum also had classes in materia medica, anatomy and physiology, bandaging, massage, operating room techniques, and invalid cooking. Examinations at stated periods followed the regular course of lectures, recitations, and demonstrations.

Although students entered at identified times, there was an emergency list; and if a withdrawal occurred, another pupil was admitted immediately. The two-month probationary period was not considered part of the year curriculum. The schedule was 7 am to 7 pm for days, with four hours off duty for rest and study when ward work permitted. Students were expected to attend morning prayers and their preferred place of worship on Sunday. They were given two weeks' vacation the first and second year and three weeks the senior year.

The course of instruction description had changed little by 1910. Diseases of the skin was added as an area of focus, and classes in hygiene and sanitation and contagious diseases were included. Dietetics was taught rather than invalid cooking. Examinations had become more important. Not only were they given at the end of each year, but written and oral examinations and quizzes were administered in some special subjects at the end of the courses. Practical tests were used also. The student had to pass all subjects before advancing and could be dismissed for repeated failures of the examinations. The schedule remained the same.[70] Night duty frequently was assigned for three months at a time.[71]

Standard Setting and Stock-Taking Period, 1914-1949

Little data on the specific curriculum offered in the School of Nursing was available until 1925. Student questionnaires provided some information on student schedules which were essentially the same as the 1908 schedule.

Miss Randolph, the superintendent of Memorial Hospital and School when it became MCV, was an advocate of public health and included it in the curriculum. Senior students were required to attend lectures on current events such as women's suffrage.[72] Around the same time, students from

other hospital schools in the city were invited to attend lecture courses on topics that could not be taught adequately in their hospital. The students, upon completion of the courses in the Central Training School, received a certificate from MCV.[73]

MCV was the only school in Virginia in 1918 which taught public health nursing. Students received twenty hours of theory.[74] The curriculum was arranged according to the Syllabus for Nurse Training Schools prepared by the New York Nurse Training School Council and the Michigan State Board of Registration curriculum. The minutes of the Virginia Board of Graduate Nurse Examiners stated that the outline of the curriculum in effect at Memorial Hospital could be used as a standard by which other schools in Virginia were measured.[75] In June of that year, the board sent a letter to the training schools in Virginia encouraging them to adopt the NLNE standard curriculum.[76]

The content included in the curriculum for 1922 was listed in The X-Ray, the MCV yearbook. There were twenty-five separate topics. The trend was to include the basic sciences, areas of medicine, skills, and a few nursing courses.[77] Students described their role as a student nurse during the 1920s as one of attending class on off duty hours day or night, dispensing medicine, bathing and caring for patients, cleaning rooms and furniture, and serving trays.[78] The school had apparently reverted back to giving students only two hours off a day during their twelve scheduled hours in clinical practice; however, they received one-half day free a week as well as on alternate Sundays. A full day off was given to students after completing each month of night duty. Students had their sleeping hours interrupted by attending classes at various times during the day.[79]

The New York Regents accreditation report in 1924 stated that classwork had been reorganized to meet the requirements of the Virginia State

Curriculum. The board was critical of the preliminary course because it was "not given in the accepted sense."[80] Students averaged six to seven hours on the wards daily, and science instruction was given only once a year in spite of two entrance dates. Other areas of concern were that the nine months spent in pediatrics was focused mainly on orthopedics, and students had no experience with diets. The two months in the diet kitchen were spent making infant formulas.

The School of Nursing was included in the MCV Bulletin for the first time in June 1925 with a complete description of the curriculum.[81] The prelminary term of four months was a period of intensive study and a time of adjustment. Approximately twenty hours each week were spent on ward duty. The freshman term was eight months; and the junior and senior years each were twelve months, which included classes and fifty-four hours a week of day ward duty or approximately seventy-four hours a week night duty. The student had a total of eight weeks' vacation.[82]

Courses were very specific, and some were divided into small blocks of time. The curriculum was based mainly on the medical model. The following was the curriculum plan for the 1925-1926 school year.[83]

FIRST YEAR

Preliminary Term	Hours
Anatomy and physiology	60
Bacteriology and pathology	20
Elements of nursing	60
Bandaging	12
History of nursing and ethics	24
Hospital housekeeping	8
Hygiene and sanitation	24
Materia medica - drugs and solutions	20
Total	228

Freshman Term	Hours
Dietetics	50
Elementary massage	10
Nursing in medical diseases	36
Elementary psychology in diseases	10
Total	106

Junior or Second Year

First Period (four months)

Anatomy of the special senses and nerves	16
Communicable diseases	20
Orthopedic nursing	8
Pediatric nursing and infant feeding	28
Total	72

Second Period (four months)

Obstetrical nursing	20
Operating room technique	10
Gynecology nursing	10
Surgical	10
Total	50

Senior or Third Year

Final Period (four months)

Chemistry	35
Dental hygiene	8
Eye, ear, nose, and throat nursing	10
Essentials of medicine	10
Nursing in mental and nervous diseases	16
Nursing - its problems and opportunities	-
Social service	6
Occupational nursing in skin and venereal diseases	10
Nursing in tuberculosis	6
Total	101

Total number for three years - 557

Written examinations were given at the end of each course, and passing was 75 percent. Final examinations on all courses were given in the senior year.[84] For clinical practice, students were assigned to the hospital and outpatient departments. The length of time and responsibility in clinical practice increased progressively. When the student was not in the classroom

or at assigned study, the prescribed time was spent on duty in the hospital.[85]

Dean Annie Goodrich of Yale School of Nursing visited MCV in December of 1926 by the invitation of the president, Dr. Sanger, to analyze the problems in nursing education and appraise the new curriculum developments under way.[86] The course of study presented in the May 1927 Bulletin revealed some changes in the curriculum. The total number of classroom hours had increased to 657 with the majority being added to the preliminary period. The basic science courses were given additional time. The sequence of courses had changed and some of the more basic courses such as chemistry and oral hygiene (replaced dental hygiene) were moved into the first year. Some of the medically oriented courses were condensed into fewer courses and psychiatry and emergency nursing and first aid were added.[87] The division into clinical areas of the thirty-six months of clinical practice can be seen in Table 5.2, Division of Service.

Although the acceptance of students for affiliation was first noted in the 1927 Bulletin, the school had been accepting affiliating students since 1918. The school had to provide courses for these affiliating students. The courses, which included classroom and clinical, were two, three, six, and nine months in length. The number of courses taken by the students varied by schools.[88]

The 1928 Bulletin described the Central School of Nursing which had been in existence since 1913. The purpose had changed somewhat. The school was being conducted to teach basic science courses for students from cooperating schools in Richmond. It was established "to provide more suitable facilities for the education of nurses than possible in any one school or the average school of nursing."[89] Students matriculated after they had been admitted to their hospital school. They were required to be a graduate of an

TABLE 5.2

DIVISION OF SERVICE

	Months
The Preliminary Course	4
Medical	5
Surgical	5
Infants and Children (including infant feeding)	5
Obstetrics	3
Operating Room	3
Accident Ward	2
Social Service	2
Neurological	2
Outpatient Department	1½
Delivery Room	1
Diet Kitchen	1
Vacation	1½
Total	36

SOURCE: "School of Nursing," Bulletin Medical College of Virginia, Announcement for 1927-1928 24 (May 1927): 134.

accredited high school. Upon completion of the course, they were awarded college credit for fifteen semester hours.

The curriculum for MCV students in 1928 had changed very little except for the creation of community hygiene which became a component of the personal hygiene course. This addition was an opportunity for students to begin looking at the health of a community.[90] Minor alterations in sequencing and name and hour changes occurred in 1929. A course called case study methods was developed to improve the actual nursing care of patients by helping students to understand and plan more individualized care.[91]

A 1929 graduate wrote that the students did housekeeping as well as nursing. They were "in charge of the floors after capping (followed completion of the prelminary course) and usually started on night duty."[92] Another student said that entire floors were run by the junior and senior students. Students were not allowed to sit down or ask questions, and they had to scrub when they were not caring for the patients. They had little time to study or think because they were either working in the hospital or attending class.[93]

The arrival of Miss Zeigler and Miss Wolf resulted in curricular changes in 1930. Although the total hours of instruction had reached 818, they decreased to 779 in 1932. Students still were spending fifty-six hours a week on ward duty after the preliminary period. The schedule had been developed using semester hours. The number of courses remained high and still were very specific. One hour of physical education a week was required.[94] The amount of clinical time spent on medicine and surgery was each increased to seven months; one month was added to the diet kitchen; one-half month to vacation time; and one month of special duty was included. Pediatrics, which

included an affiliation with Crippled Childrens Hospital, was reduced to three months, and outpatient department, neurological, and delivery room were deleted. The outpatient department was integrated into the specialty areas. Two months of special electives were available to the student. They were two months with the Richmond Instructive Visiting Nurses Association (IVNA), one month with the MCV social service department, and four months occasionally offered in the teaching department with Miss Wolf.[95]

A former student, in talking about her experiences from 1931 to 1934, said she was alone most of the time during clinical practice in the hospital. Much of the supervision was done by new graduates, and they were learning as well. The graduate nurses did not have much time to spend with the students. Junior and senior students acted as head nurses and were responsible for thirty to forty patients on a ward. The nursing students graduated with the other students of the college in the spring, but they did not complete the program until fall.[96]

A separate 1932 Bulletin publicizing the School of Nursing was titled Nursing as a Career, The New Trend. The opening sentence suggested the direction that the administration felt the school was going.

> Nursing education has entered upon a period of epochal change not unlike that which came to medical education years ago; many elements of apprenticeship training have yielded to vital educational procedures wherein the prospective nurse is a college student in fact, preparing adequately for the enlarging responsibilities of her profession which is one of the most useful and satisfying open to women today.[97]

The student was getting her nursing education in a college, and she could complete two years of general education in another college and receive a degree; but she was still only getting a diploma in nursing. The nursing portion had not really changed.

The Bulletin noted that a student who completed two years of properly distributed college work before entering or following graduation could receive a degree of bachelor of science in nursing from the Richmond Division of the College of William and Mary after having completed an additional year in a specialized course in public health nursing. This college offered a two-year pre-nursing course, and it was especially recommended to students too young to enter the nursing school.[98]

In 1933, an additional clinical elective was offered. Toward the end of the senior year, students could select one of the hospital services for two to four months of practice with special emphasis on supervision. The student must have shown special interest and aptitude in the particular area.[99] The time allotted to the elementary principles of nursing and the total hours for instruction were increasing gradually. Didactic hours had reached 797.[100]

Refresher courses for registered nurses were offered beginning in 1934. The nurse could not take more than six hours of class work a semester. A certificate was awarded after satisfactory completion of a course.[101]

The student assigned hours per week had decreased to fifty-two for days and fifty-six for nights by 1935. Students working days had two one-half days per week off, and those on nights had two full days off at the end of a month.[102] One new course, sex education, had been added to the curriculum. The total number of instructional hours had increased to 925.[103]

Prior to the 1938 session, some modifications were made in the nursing courses. Elementary nursing was changed to nursing arts I; advanced nursing to nursing arts II; and nursing arts III was added to the last semester of the program. Nursing arts III was developed to round out the students' study with experience with medical and surgical patients. Special emphasis was placed on group discussion, and student participation was encouraged. Ethics

was replaced with professional adjustments I, and survey of the nursing field became professional adjustments II. A greater focus was placed on the family with nursing and health service in the family I and II. The student was oriented to the problems involved in caring for the health needs of the family, considering mental ability, family relationships, home environment, and resources. Introduction to care of the patient in the home continued in the second course. The total instructional hours for 1938 was up to 962.[104]

Miss Wolf presented information on the curriculum at the centennial celebration of the College on April 11, 1938. She stated that the "conditions under which the student receives her nursing experience are planned to safeguard her physical and mental health while learning to care for the patient."[105] Instruction was based on and correlated with the biological and social science courses that students at that time were receiving concurrently. The nursing arts instructor worked very close with the students on the ward. Emphasis was placed on the patient rather than the techniques to be completed. The student had experience in the outpatient clinic and accompanied the medical social worker into the home. Monthly evening parties were held in which the student discussed articles from the American Journal of Nursing. The parties were planned by the student with the instructor for the purpose of enhancing the student's ability to work with others and be a leader. Miss Wolf explained that the present framework of the school did not allow for complete alignment with the teaching program suggested in the 1937, A Curriculum Guide for Schools of Nursing. She said that steps had been made with the new stress on health needs and teaching of health, increased attention to social education, and a greater opportunity for individual nursing care and individual endeavor.

Anne Parsons, assistant director of Nursing Service, discussed ward teaching at the celebration. She pointed out that MCV did not have an ideal ward set-up according to the standards of the new curriculum, but they were working toward it. Graduate staff did not meet all of the requirements in numbers, preparation, or qualifications; but many were enrolled in further study. Hospital staff had limited time for teaching, but they were conducting planned morning circles and bedside clinics when time permitted. They also were using the case method of assignment, using regular assignment sheets. The morning circle held at report was conducted by the head nurse. Students were given information on the morning care of certain patients; discussions were limited to ten to fifteen minutes with the student actively participating. Bedside clinics were conducted by a nurse of doctor. The student had full charge of the patient when the case method of assignment was used.[106]

Miss Parsons stated that the new curriculum guide stressed that practice must be correlated with theory. She said that at MCV they did not repeat lectures with each group that was assigned to a specialty area, but the theory was presented before practice in all the specialties and the students were oriented in each department. Although students still provided service to the hospital, they were rotated in order to provide the number of consecutive weeks or months in each area to meet the requirement of the Virginia Board of Nurse Examiners and the New York Regents.[107]

The report of the 1938 survey by the NLNE of the school spoke to some of the same weaknesses that Miss Parsons had discussed. In addition, concern was expressed that although the case method approach was used, the pressure of work on the wards was such that it was questionable if the student learned to consider the needs of the individual patient. Some departments had made progress toward the development of ward teaching while others had not. Saint

Philip Hospital had accomplished this better than Memorial Hospital. The classes did precede or were parallel to practice. It was felt that the distribution of classes was not advantageous to the student since more than 50 percent of the total classroom instruction was in the first year. The pre-clinical was considered to be well-planned, and the total hours of instruction was about one-thousand.[108]

Mrs. Lulu Wolf Hassenplug stated that "the MCV Nursing Program in the 1936-1938 years was a rich program and compared well with other diploma programs in the country in relation to content, methods of teaching-particularly clinical teaching but it was not a baccalaureate program."[109] One of the reasons she left in 1938 was that neither the president or the hospital administrator was willing at that tme to take the step and develop the School of Nursing into a collegiate program.

With Miss Wolf's departure, the course in sex education was deleted from the curriculum.[110] The correlation of classroom instruction and clinical practice was improved. Principles suggested in the curriculum guidelines of normal health, health maintenance, and community health were introduced.[111]

The modern 600-bed, eighteen-story MCV Hospital was completed in 1941. The school maintained the diploma program, but Dean Louise Grant was beginning the background work to institute a collegiate program.[112] A few changes occurred in the curriculum: the basic science hours were increased and sociology was added. The sequencing of courses changed as it seemed to every year. The total number of instructional hours had reached 1,115.[113]

The 1942 Bulletin announced that due to numerous requests a combined program leading to a bachelor of science degree in nursing was to begin. Two years of cultural and liberal arts work was required prior to entrance.[114] The president, Dr. Sanger, did not believe that the five-year course in nursing was

a pattern that should be adopted. He stated that he knew it probably would be necessary to follow temporarily to recruit women with two years of college who would go elsewhere if they were not accommodated at MCV.[115]

The NLNE report for the same year stated that the curriculum of the school had been strengthened greatly in the last two years. Courses now correlated with clinical practice. Classes were planned so that no week exceeded forty-nine hours, and night duty averaged to about three months for the total program. There was still an unevenness of hours each term of the total 1,110 class hours. With the opening of the new hospital, a psychiatric unit was available for student clinical experiences; but the teaching program in psychiatry had not been developed. Ward teaching programs were planned in advance in an effort to provide each student with general content; but on some units, it needed further development.[116]

The College secured a grant in 1943 from the General Education Board of New York City for a five-year study of nursing education. Dr. Archer W. Hurd, former dean of Hamline University and an experienced educational researcher, came to lead an experimental study of nurse education at MCV.[117]

The school participated in the U.S. Cadet Nurse Corps program that went into effect July 1, 1943. Students who participated in the program received tuition, uniforms, and were paid a stipend. The curriculum had to be rearranged so students had the last six months free so they could practice in their home school hospital or in a federal hospital.[118] The program was accelerated in 1944 so the high school graduate would finish in thirty-two months and the college graduate in thirty months.[119]

A public health nursing program for white public health nurses was initiated at MCV in January 1944. The curriculum was the same as that offered in the Saint Philip program, but classes were conducted separately.[120]

Both programs were accredited by NOPHN and were majors for the bachelor of science degree in nursing education. Academic courses not offered by the college could be taken at any other accredited college approved by the Department of Public Health Nursing.

The school was becoming more sophisticated in its approach to the curriculum. In 1945, an aim and objectives were printed in the Bulletin:

> Aim - To prepare carefully selected, inherently apt young women for staff nursing in health teaching and service agencies, emphasizing personal, socio-civic, spiritual, as well as professional, responsibilities in an evolving democratic society.
>
> Contributing Objectives - (1) To develop adequate intellectual and scholarly attitudes and abilities involving general information and scientific knowledge; (2) to develop skill and efficiency in the practice of preventive and curative nursing applied in personal and community health; (3) to stimulate spiritual growth and the continued development of desirable character traits; (4) to give special emphasis to the development of an adjusted, well-rounded, and cultured personality; (5) to stress the attitudes toward, and activities of, worthy social and cooperative community living; and (6) to promote continued interest and motivation in the profession of nursing.[121]

Preclinical hours were down to forty a week in 1945.[122] The number of hours of class and practice for students working nights was to be decreased to forty-eight, but the hospital was short of staff so the plan could not be carried out until 1946.[123] The basic science courses were condensed with physics into an integrated science course. Other than changing the sequence and adding or deleting a few hours to courses, the curriculum remained essentially the same. The total number of instructional hours was 1,230 or sixty-six and one-half credits.[124]

The courses required of those students seeking the bachelor of science degree in nursing had been delineated further. They had to complete at least sixty semester hours of acceptable courses from an approved college prior to taking the basic three-year nursing program at MCV. The courses were as follows:[125]

REQUIRED SUBJECTS (at least 39 hours)

	Semester Hours
English composition	6
Modern world history	6
Biology or zoology (3 semester hours in either subject and 6 semester hours in the other course)	3-6
General chemistry	6-3
Sociology	3
Mathematics	3
General psychology	3
Educational psychology (with approval, substitutions may be arranged if courses are not available)	3
Child psychology	3
Nutrition	3

ELECTIVE SUBJECTS (at least 21 hours)
(Suggested in order of importance)

Bacteriology	3-6
Physics	3
Economics	3
Public speaking	3
Social psychology	3
American history	3
English or American literature	3
Organic or Biochemistry	3
Botany	3
Any liberal arts course: art, music, etc.	9

The frequent curriculum changes had not resulted in any extreme changes in the division of time spent on the clinical units until the development of the psychiatric component. Three months of psychiatric experience was added. The Boards of Nurse Examiners in many states, including Virginia, had requested that schools extend their psychiatric nursing.[126] A course in polio nursing also was offered to seniors, and special duty and electives were deleted.[127]

Hurd, in 1948 after he had studied the MCV curriculum and that of other schools across the country, suggested that the school follow an integrated form of curriculum rather than fragmentary courses. He was farsighted in his recommendation of the following curriculum:[128]

First Year

1. Man and his physical and biological environment
2. Man and his sociological and psychological environment (including language and social inter communication)
3. The nurses place in the community pattern
4. Elementary skills and techniques

Experience in observation, visitation, and practice of elementary skills.

Second Year

1. Diseases and abnormalities (causes and prevention)
2. Diseases and abnormalities (treatment and care)
3. Advanced skills and techniques

Experience in elementary practice under supervision.

Third Year

1. Developing character and personality traits
2. Teaching functions of nurses

Experience in directed assistance in the fields of health and sickness.

Hurd thought the curriculum should be planned with more theory courses initially and with small amounts of practice followed by increasing practice and decreased formal theory. Theory should make up 40 percent of the curriculum.

Experimentation and Growth Period, 1950-1972

This period was a time of great changes and much progress in nursing education at the MCV School of Nursing. In 1950, both the MCV and the Saint Philip Schools were offering basic diploma programs, five-year baccalaureate programs, and public health nursing programs. Within six years, MCV would have closed the three programs and moved into a truly collegiate era. Integration would take its toll on Saint Philip School, and it would close its doors.

The total formal and planned instructional hours were up to 1,347 by 1950. The gradual increase since 1925 is illustrated in Figure 5.1. The theoretical hours had increased 790 hours in twenty-five years, with the greatest addition between 1925 and 1930. The faculty had followed through

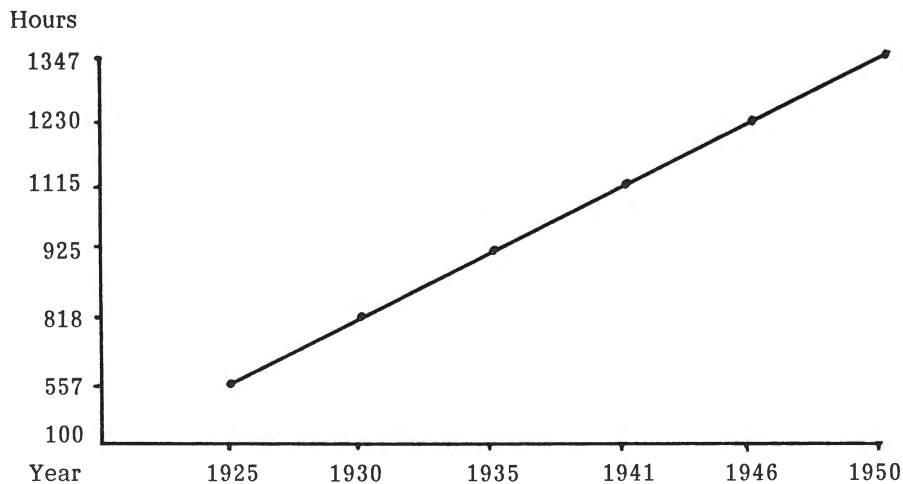

FIGURE 5.1

THEORETICAL HOURS

with suggestions made by the NLNE Accreditation Board and had decreased the weeks of night duty, provided for two weeks vacation at Christmas for students in preclinical (rather than having them work without adequate preparation), allowed for two weeks of sick leave, increased clinical practice in tuberculosis and eye, and returned to admitting one class per year.[129]

The curriculum had been expanded to include the integration of additional public health education into the basic nursing program. Two months of field experience for all students in the degree program was secured through the Instructive Visiting Nurses Association and the Virginia State Department of Health. Graduates of the school then qualified for first-level public health nursing positions.[130]

The 1951 NLNE resurvey report spoke to a concern about the affiliating students at MCV. At that time, there were affiliating students from ten schools in three states. These seventy-seven students spent three to nine months at MCV. Many had come with weak basic instruction from small schools. These students needed considerable assistance from the MCV faculty, and faculty were unable to spend as much time with the MCV students as they should.[131]

MCV students had an overall rotation plan for clinical experience, but it was sometimes necessary to deviate from the plan to assist in hospital staffing. There was also a considerable range in the experience of each student because students could request additional time in a service during their senior year. The program had been divided into ten terms of unequal lengths; and the instructional portion, not including two hours a week of clinical instruction, was reduced to 1,318 hours. Faculty were working on redistributing the hours to make them more in line with the recommendations

in the curriculum guide.[132] The redistribution of hours can be seen in Table 5.3.

TABLE 5.3

DISTRIBUTION OF INSTRUCTIONAL HOURS
AT MCV, 1951

Preclinical	640	Biological Sciences	232
Year 1	381	Social Sciences	135
Year 2	207	Medical Sciences	105
Year 3	90	Nursing and Allied Arts	801
		English	45
	1,318		1,318

SOURCE: "Report of Resurvey MCV School of Nursing," 19-29 March 1951, pp. 15-16.

The nursing arts instructor was released from hospital administration duty so she would have time for more follow-up guidance of the students on the wards.[133] The curriculum was modified to provide the senior student in the five-year program the opportunity to team lead and to have a teaching experience in the outpatient clinic.

Changes in medicine, health needs, and national nursing educational standards and trends resulted in annual revisions of the curriculum. Increased information on public relations, communication skills, interpersonal and professional relationships, and social and health factors of disease were some of the revisions. A course covering aspects of atomic warfare was offered. The nursing school administration and faculty felt that ". . . preparation gained in high school alone is too narrow a foundation on which to base a vocation as myriad in social and personal factors as that of nursing."[134] Dean MacLean told the Board of Visitors that the logical approach at MCV

appeared to be the establishment of a four-year integrated curriculum in nursing leading to a bachelor of science degree.[135]

For several years, the faculty had been working on the development of a four-year baccalaureate program. The proposal for a four-year curriculum was approved by President Sanger and the Board of Visitors to enroll the first class September 1953. They also approved termination of the diploma and five-year degree program as soon as the present students graduated.[136] According to Dean MacLean, the reasons for not moving ahead in the past were prohibitive costs and inability to recruit enough students with the qualifications for college-level achievements. The faculty's "aim was to offer integrated liberal arts combined with professional courses in a collegiate-professional program." The faculty "conceived the curriculum as a medium in which the students progress each year to higher levels of self-mastery and performance, socially, professionally and spiritually."[137]

The faculty worked with the NLN and Dr. Bridgman, a consultant, in reviewing the new curriculum plan.[138] The first three years were based on the calender year, and the senior year was an academic year. Nursing was introduced into the first quarter and increased in hours progressively through the senior year. No credit was given for clinical practice.[139] The majority of the basic sciences and liberal arts courses were taken in the freshman and sophomore years.[140] The students were not assigned to more than forty hours a week, including classroom, clinical conferences, and clinical experience.[141] Mental health, nutrition, community, and family were integrated throughout the curriculum, and human relations and communication skills were stressed.[142]

That same year, Dr. Sanger wrote to the NLN stating that it was going to be necessary to discontinue the public health nursing program for public health nurses. The enrollment was declining although the MCV and Saint Philip programs had been combined into one unit in the MCV nursing school in 1951.[143]

King's Daughters' Hospital in Staunton, Virginia, during 1953 was interested in working out a plan to provide rural hospital experience. They would recruit the students and offer a scholarship at MCV; and in return, the students would agree to work at King's Daughters' for a length of time, depending on the amount of money they received. The students would also spend one quarter at King's Daughters' Hospital in lieu of their public health experience.[144] The NLN was interested and referred the dean to the University of Minnesota School of Nursing where they were implementing successfully a similar plan.[145] A few students took advantage of this opportunity.

It was necessary in 1956, because of the increased enrollment, to place students in public health agencies throughout the state. Faculty members coordinated the experience, and teaching was done by the public health nurses.[146]

In 1957, the school published its philosophy and purposes which indicated the faculty's belief that nursing belonged in higher education.

> The educational program of the Medical College of Virginia school of nursing is based on the philosophy encompassed in the following three statements: (1) the purpose of education is to help individuals to adjust with understanding to the world in which they live and to contribute to the improvement of the society of which they are a part; (2) higher education, as generally conceived of in the United States, consists of organized learning opportunities offered to those persons desirous and capable of continuing study beyond the secondary school level; (3) the education of a professional nurse rightly belongs in this realm of higher education. Such a program, we believe, can

give students learning experiences in liberal arts and professional nursing which will enable them to deal effectively with modern nursing problems, and achieve an optimum of self-realization.

The purposes of the Medical College of Virginia school of nursing are:

1. To provide the student with a general educational background to help her understand and work through, the personal, social and scientific problems which confront members of a democratic society.
2. To provide basic professional education which will prepare the student to practice, with judgement and depth of understanding, nursing of high quality in first level positions, particularly in hospitals and public health agencies.
3. To provide a sound basis for advanced study in a specialized field of nursing.

In order to do this most effectively the faculty believes the curriculum should be so constructed as to offer an appropriate ratio of academic to nursing courses in each of the four years of study.[147]

A few significant changes were made in the curriculum in 1957; but on the whole, courses changed very little.[148] All students were to have equal time in each clinical area rather than determining the time by subtracting the hours of class from forty. All students had leadership experience on medical-surgical units. Knowledge and skills in teaching and concepts of rehabilitation were integrated throughout the curriculum.[149] Students were given similar holidays as other college students plus four or five weeks during the summer.[150]

Students received 107 quarter hour credits for general education courses and 81 for professional education courses. A study was done to decide how to determine credit for clinical practice. The thought was to give one credit for 120 hours of practice which would add approximately 25 credits to professional education and would equalize the two components.[151]

A nursing shortage at MCV and nationwide prompted the school administration and faculty to study the possibility of initiating a two-year

associate degree program. Following studies, consultation with Bernice Skehan from Virginia Intermont College, and visits with three other associate degree programs on the east coast, the College requested funds of the 1958 General Assembly to set up the program beginning in the fall of that year.[152] Some members of the Board of Visitors had wanted the curriculum planned so graduates could continue on into the four-year program, but others felt it would defeat the purpose. It was accepted as a two-year program for white students which did not articulate with the four-year curriculum.[153]

The program was established with its own objectives and faculty. It focused on careful selection of learning experiences in a few broad areas to prepare bedside nurses. Hospital experiences were determined by the need for learning rather than service needs and "any service rendered by the student could be considered as a by product of the education. Level of nursing preparation is lower division without breadth of background or depth of experience found in the upper division."[154]

The original associate degree curriculum scheduled four weeks of psychiatric nursing during a summer session.[155] The Virginia State Board told the school that six weeks would be required. The school also had to add to the curriculum content on nursing history or trends, nursing organizations, and licensure.[156]

A total faculty baccalaureate degree curriculum study project was initiated in March 1958 by Dr. Yingling in an effort to achieve national accreditation status. The complete revised curriculum outline was developed to begin in September of 1960.[157] The curriculum plan that evolved did not change the intent of the four-year program but incorporated several innovations. The total time of the program was reduced by eliminating the summer session at the end of the freshman year, putting the MCV program

more in line with other baccalaureate nursing programs. All clinical teaching was under close supervision of clinical nurse faculty, and clinical laboratory experience was planned for the first time on credit hour basis. Students were assigned in the clinical area at the times felt by faculty to be most conducive to learning.[158] The approximate assigned time to clinical and classroom was less than forty hours a week for the first time. The decrease of more than twenty-four hours a week since 1925 is shown in Figure 5.2. For more efficient utilization of the clinical facilities, students were divided into sections. Clinical experience simultaneously could be offered in four major areas using the block system.[159] Students when assigned to public health lived in the vicinity of the public health centers that were within a seventy-five mile radius of the college. One of three full-time qualified public health faculty supervised students at the health center location.[160]

The new curriculum ". . . emphasized concurrent teaching on a sound foundation of lower division courses in general education and nursing."[161] Fifty percent of the total credit was allotted to general education including humanities and basic sciences. Service for the hospital was eliminated with students assuming all responsibility for their education.[162]

It was no longer feasible for the school to continue teaching affiliating students. Faculty were overloaded. All affiliating programs were discontinued in 1960 except for three schools that remained for pediatrics until they could make other arrangements.[163] The schools were offered facilities at MCV Hospitals if they provided their own instructor and were willing to schedule experiences when MCV students were not assigned to units. None of the schools remained.[164]

As a result of a survey of the associate degree graduates of 1960 and 1961, some changes were made in the two-year curriculum. A clinical

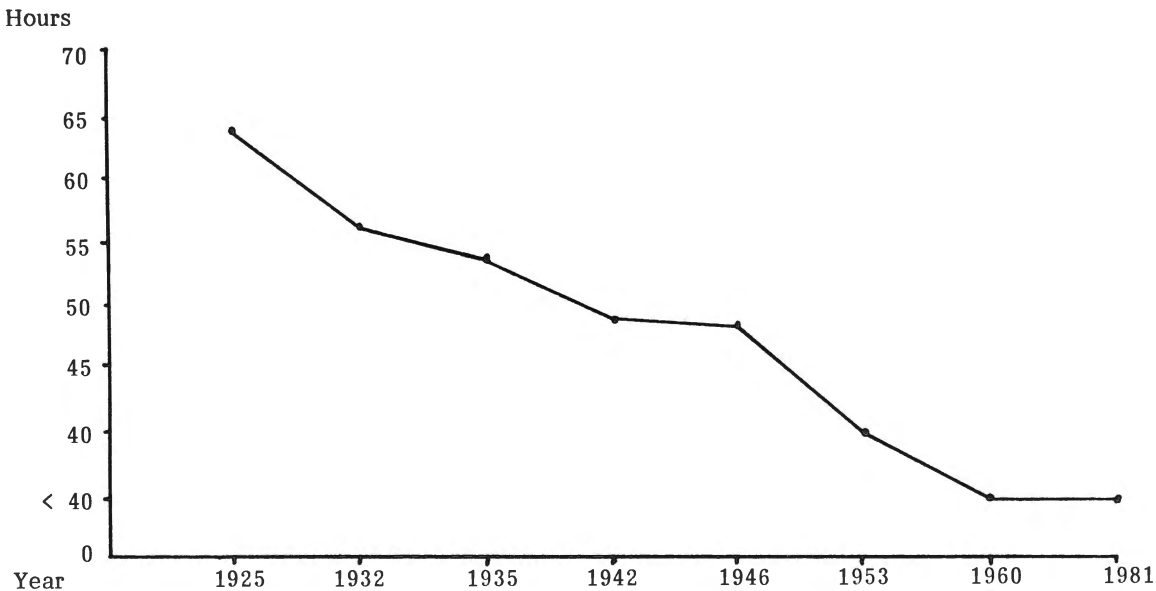

FIGURE 5.2

WEEKLY CLINICAL/CLASSROOM TIME

practicum the summer quarter of the senior year was offered as an elective, and students were paid by the Department of Nursing. This practicum was added because of some of the students' problems in making the transition to graduate nurse.[165] Greater emphasis was placed on pharmacology and giving drugs, and the nutrition content was increased. Overall, most of the graduates and their employers evaluated the graduates as average or above.[166]

Changes in the basic four-year program curriculum were reflected in the philosophy and purposes of the school:

> As the school of nursing assumes its part in fulfilling the purposes of the College as expressed in the charter, it functions within a philosophy which is summarized in the following two statements:
>
> The purpose of education is to help individuals adjust with understanding to the world in which they live in order that they may contribute to the improvement of the society of which they are a part and live lives more satisfying to them as individuals.
>
> Nursing, as an evolving process, is sensitive to the constantly changing needs of society and to progress in the health field. Therefore, future practitioners must be taught to utilize the problem-solving approach and to make decisions on the basis of principles as they gain the knowledge, understanding, and skills necessary for the practice of professional nursing.
>
> Based upon this philosophy, the purposes of the baccalaureate degree program are to:
>
> Prepare individuals who can practice nursing, including public health nursing, with judgment and depth of understanding, who will continue to learn so as to keep pace with changing needs.
>
> Enhance personality growth and the development of cultural aptitudes which will lead to the attainment of a happier, richer, fuller life for the individual. Prepare nurses to assume their responsibilities, both as citizens and as members of the nursing profession, in an increasingly complex society.
>
> The program is designed to provide a sound basis for study on the graduate level in a specialized field of nursing.[167]

The decision was made to open the basic baccalaureate degree program to registered nurses (RN) during the 1961-1962 session. It was essentially the same program with certain courses planned and taught for RNs only. The program was designed so the RN would be prepared to enter the generic

senior nursing courses.[168] Credit could be established for general education courses and some nursing courses through transfer and/or proficiency examinations.[169]

The NLN noted in the 1960 accreditation report that the maternal-child area was weak. A consultant was brought in during the 1961-1962 school year who assisted with course revisions. To function as beginning nurses, students needed more experience with groups of patients. The number of eight-hour experiences with more responsibility for the hospital unit was added in 1962.[170]

A study of the associate degree program disclosed persistent low enrollment. Recruitment was difficult, and the attrition rate was high. The study committee felt that the program could not operate successfully with the baccalaureate degree program in the same setting.[171] Dean Yingling also stated it was hard to deal with two levels of students within the same school. She said, "the A.D. students have inferior feelings" and "in spite of persistent and consistent interpretation with nursing personnel, MCV Hospitals have difficulty utilizing them effectively."[172] The study committee believed that the Commonwealth could be served better if the School of Nursing expanded and developed the basic four-year degree program.[173] The Board of Visitors agreed to admit the last associate degree class in the fall of 1963.[174]

The 1965-1966 curriculum reflected the alterations that had been made based on recommendations from the NLN and faculty.[175] The first course in anatomy and physiology had been moved into the freshman year so students would be better prepared for the nursing courses. The maternal-child nursing component had been strengthened by consolidating the pediatric and obstetric courses. Courses were rearranged with some credit changes.[176] It also was

necessary at that time to seek clinical facilities at Central State Hospital to provide enough learning experiences for psychiatric nursing.[177] A course in research was added to the senior year. Students had the opportunity to select a clinical problem and use the research process to develop a study. Most of the clinical assignments were during the daytime.

The next five years were busy for the faculty. The RN curriculum was revised for the class entering in 1967.[178] The master's program was approved by the State Council for Higher Education, and the first students were admitted in 1968. The basic nursing program was changed to an upper division offering of the nursing major and was implemented in 1969, and the conversion from quarters to semesters occurred in the fall of 1970.

After a thorough study by the Undergraduate Curriculum Committee, the faculty had approved eliminating the lower division in the School of Nursing "in order to utilize more fully its resources, finances and facilities for the upper division major, graduate program and development of research competencies."[179] Factors that contributed to the decision were the development of the community college system in Virginia, the development of Virginia Commonwealth University and the availability of general academic courses within the university complex, the major portion of the attrition was among underclassmen,[180] and the increasing number of students desiring a baccalaureate degree in nursing.[181] The specific prerequisites for the new curriculum in the lower division were

6 semester hours	English Composition
12 semester hours	Natural Sciences (general chemistry 2 semesters; and either zoology or biology, one or two semesters)
18 semester hours	Social Sciences (must include history 2 semesters, general psychology, and general sociology, or cultural anthropology)
3 semester hours	Mathematics (baccalaureate level)

12 semester hours	Humanities (art, music, drama, philosophy, literature, religion, or foreign languages)
9 semester hours	Electives (physics, statistics, or logic recommended-no more than 3 semester hours in an activity course accepted)[182]

With the change of the nursing major into two years, the curriculum had to be redesigned.[183] In the process, the faculty revised their philosophy from which the curriculum was based upon

> The faculty of the school believe that education, nursing, other health services, and society are interdependent and are, therefore, accountable one to the other.
>
> The purposes of education are to help individuals understand the world in which they live and to enhance their capacities to become agents for positive change. Professional education develops conviction for continuing involvement in learning and service.
>
> The primary goal of nursing is to assist individuals, sick or well, in the performance of those activities contributing to health or its recovery, or to a peaceful death, that they would perform unaided had they the necessary strength, will or knowledge.[184] The uniqueness of nursing is encompassed in its primary responsibility for giving personal care on a continuing basis, in a variety of settings.
>
> The professional nurse using the holistic approach, gives patient care and directs other nursing personnel in giving care. She functions interdependently with members of other disciplines in working toward health goals of individuals, families, and their communities. These goals are achievable through organization and provision of care, the nature of which is both therapeutic and preventive.
>
> We believe the baccalaureate degree in nursing is the minimum level of education required for the practice of professional nursing.[185]

The curriculum in the nursing major was built around the conceptual framework of stress and adaptation and reflected a combination of core and specialty courses presented at three levels. The first semester was Level I, the second and third semesters were Level II, and the final semester was Level III. The nursing core courses presented a theoretical foundation that was pertinent to all areas of nursing practice, and the clinical specialty nursing courses provided for an in-depth study of specific areas of nursing practice.[186] At least one team-taught, interdepartmental, integrated core

course was offered each semester.[187] Eight content strands considered equally important to the development of the students' abilities in nursing and closely interrelated were utilized vertically and horizontally throughout the curriculum. The strands were nursing process, illness-wellness, holism, basic human needs, communication, stress and adaptation, growth and development, and role.[188] Level I focused on the individual as man and student; II, on man in a family as a system and in small groups; and III, on the group as part of a community and the student as part of a group.[189]

Dr. Yingling, in an article, discussed national trends that affected the focus of the curriculum. These trends were an increase in the number of intensive care units resulting in hospitals becoming acute care centers, increased need for nurses to care for the older patient, greater emphasis on prevention of illness, and a shortage of nurses or the utilization of nurses. She saw the new curriculum reflecting the changes in the health care delivery system.[190]

With the change from the quarter to the semester, one hour of class, two to three hours weekly of science laboratory, and four hours weekly of clinical laboratory each equaled one semester hour of credit.[191] The lower division prerequisites for the new curriculum were equivalent to sixty semester hour credits and the upper division, sixty-three.

Dorothy Orem, curriculum specialist and nursing theorist, was brought to the school as a distinguished scholar. She spent time there during the 1971-1972 school year studying the curriculum. The goals were to consult with faculty on the curriculum and acquaint students with her nursing theory.[192]

Stabilization Period, 1973-1981

Faculty, during the early part of the Stabilization Period, redefined the generic and RN undergraduate curriculum, initiated certificate nurse practitioner programs, and developed new tracks for the master's program. The basic degree program underwent some minor modifications that began in 1975.[193] Core courses were given titles, nursing of adults and children was separated into two courses, and advanced clinical was changed to leadership and the nursing practice. The credit hours were increased in all of the specialty courses so that credit in the upper division was seventy semester hours.[194]

Faculty periodically met with the Undergraduate Curriculum Committee, and the school sponsored three retreats for faculty on curriculum. Experts, Dr. Rose McKay and Dr. Gertrude Torres, assisted faculty in further refinement of the philosophy and conceptual framework.[195] Changes were made in 1977 in the lower division prerequisites.[196] Developmental psychology and anatomy and physiology were moved to the lower division, and zoology and biology were no longer required. Human nutrition was added to the upper division. Health assessment, nursing research, and nursing theorists were integrated into the curriculum. The basic degree program remained fairly stable through 1981.

Efforts were made to increase the flexibility of the program for registered nurses. In January of 1979, an evening program was begun. The first class was offered at St. Mary's Hospital in Richmond.

The curriculum in the school of nursing had undergone many changes over the years. These changes were influenced by many factors. The period of 1973 to 1981 was probably the most quiescent for the basic degree program

although the Undergraduate Curriculum Committee continued to study the curriculum and make minor revisions as was necessary. As 1981 drew to a close, plans were under way to begin another major review of the curriculum.

Curriculum Summary

The curriculum in the school of nursing had undergone many changes that were influenced by many factors. The school had come a long way in its program offerings since 1893. From a single diploma program in 1893 to offering a bachelor of science degree in nursing to generic and registered nurse students; a master of science degree with specialization in maternal-child nursing, community health nursing, psychiatric-mental health nursing, medical-surgical nursing, and nursing administration; a certificate for family, pediatric, and obstetric-gynecology nurse practitioners, and short courses in continuing education.

1894-1913. The Virginia Hospital Training School and the Old Dominion Hospital Training School began with a two-year curriculum. Sadie Cabaniss planned Old Dominion School using the Nightingale principles, which was probably a carry over from her alma mater, Johns Hopkins School of Nursing. Students were assigned to twelve-hour shifts and often were too busy to attend class.

The Memorial Hospital Training School was founded in 1903 and opened with a three-year plan that included two months of probation. Information on the theory component was sketchy, but it was logical that students received some information in medicine, surgery, obstetrics, urinalysis, gynecology, dietetics, contagious diseases, infants and children, and practical nursing, the areas tested on the examinations given by the Board of Graduate Nurse

Examiners. The nursing students were assigned to various wards and services for clinical practice. In 1905, the new eight-hour system used by the better schools was begun. Students were given four hours out of the assigned twelve to eat and study. The exception was night duty when students worked twelve hours, often for three months at a time.

1914-1949. The school instituted a Central Training School to teach subjects that could not be taught adequately in smaller hospital schools in the city. In 1918, the Virginia Board of Nurse Examiners considered using the Memorial curriculum as a standard for schools of nursing in Virginia. Public health nursing, which was not taught in any other school in Virginia, was included in the curriculum.

The 1925 curriculum was based on the medical model, and the specific topics taught to the students continued to grow in number and were divided into small blocks of time. The clinical component changed very little except that the school had reverted back to the twelve-hour day with only two free hours. A large portion of the clinical work was housekeeping tasks, and students received very little supervision. The preliminary term of four months was a period of intensive study and a time of adjustment. Emphasis was beginning to be placed on the community and on individualized patient care. In 1928, a community hygiene course provided the opportunity to look at the health of a community. The following year, the case study method was added to the curriculum to assist students to understand and plan more individualized care; but the pressure of the workload often prevented the consideration of these needs.

During the 1930s, changes were made to improve the curriculum. The total number of instructional hours had reached about one thousand.

Instruction was based on and correlated with the biological and social science courses. Emphasis was placed on the patient rather than the techniques to be completed. An effort was made to get the curriculum in alignment with the 1937 curriculum guidelines. Health needs, teaching health, social education, individualized nursing care, and individual endeavor were being stressed. Although theory was not always concurrent with practice, it at least preceded practice. Progress had occurred in the development of ward teaching.

In 1932, students who desired to earn a bachelor of science degree in nursing could attend the Richmond Division of the College of William and Mary for two years, the diploma program at MCV for three years, and complete an additional year in a specialized course in public health nursing. The background work to institute a four-year collegiate program was begun in the early 1940s. A combined five-year program leading to a bachelor of science degree in nursing began admitting students in 1942. Two years of cultural and liberal arts work from any college was required prior to entrance, and then the students completed the diploma program.

The school participated in the U.S. Cadet Nurse Corps program which resulted in an accelerated program and a rearrangement of the curriculum. The faculty continued to strengthen the curriculum; and in 1945, the aim and objectives were first published. The number of clinical hours were reduced gradually so that by 1946 students were committed to forty-eight hours a week. The frequent curriculum modifications had not resulted in any extreme changes in the division of time spent on clinical units until three months of psychiatric experience was added.

1950-1972. Many changes and much progress occurred in nursing education at MCV during this period. The school moved into the truly

collegiate era. Changes in medicine, health needs, and national nursing education standards and trends resulted in frequent revisions of the curriculum. The basic diploma programs, the five-year baccalaureate programs, and public health nursing programs offered by Saint Philip and MCV all were terminated.

The total formal and planned instructional hours were up to 1,347 by 1950. The curriculum had been expanded to include additional public health, and all students in the degree program had two months of field experience. Increased information on public relations, communication skills, interpersonal and professional relationships, and social and health factors of diseases were added also. Although there was an overall rotation plan for clinical experience, it sometimes was necessary to deviate from the plan to assist in hospital staffing. Senior students were given the opportunity to team lead and have a teaching experience.

The faculty felt it was time to develop a four-year baccalaureate program and phase out the other programs. The first students were admitted into the baccalaureate program in 1953. The aim of the faculty was to offer integrated liberal arts combined with professional courses with students progressing each year to higher levels of self-mastery and performance. Nursing was introduced the first quarter and increased in hours progressively through the senior year. The majority of the basic science and liberal arts courses were taken the first two years. Mental health, nutrition, community, and family were integrated throughout the curriculum, and human relations and communication skills were stressed. Students were not assigned to more than forty hours a week. Rural nursing was available to some students in lieu of public health nursing. A few significant changes were made in 1957. All students had leadership experiences on medical-surgical units, and knowledge

and skills in teaching and concepts of rehabilitation were integrated throughout the curriculum.

A two-year associate degree program was established in 1958. It focused on careful selection of learning experiences in a few broad areas to prepare bedside nurses. Hospital experiences were determined by the need for learning. Only minor changes were made in the curriculum before the program was closed in 1965. The enrollment had remained low, and it was difficult to deal with two levels of students within the same school.

The baccalaureate curriculum was revised in 1960 in an effort to achieve accreditation. Fifty percent of the total credit was allotted to general education, including humanities and basic sciences. Service for the hospital was eliminated. The total time was reduced, putting the MCV program more in line with other baccalaureate nursing programs. Clinical assignments were based on student learning needs; close supervision by clinical nurse faculty was provided; for the first time, clinical laboratory experience was planned on a credit hour basis; and full-time qualified public health faculty supervised students.

The baccalaureate program was opened to registered nurses during the 1961-1962 school year. It was essentially the same program with certain courses taught to RNs only. Credit for general education and some nursing courses could be established through transfer and/or proficiency examinations.

The 1965-1966 curriculum reflected alterations that had been made based on recommendations from the NLN and the faculty. Courses had been strengthened with some rearrangement, and additional clinical sites were obtained. A course in research was added to the senior year.

The next five years resulted in many changes. The RN curriculum was revised, the master's program began in 1968, quarters were converted to

semesters, and the basic nursing program was changed to an upper division offering. The upper division nursing major, based on sixty semester hours of prerequisites, had to be redesigned; national trends had an effect on the focus of the curriculum. It was built around the conceptual framework of stress and adaptation and reflected a combination of core and specialty courses presented at three levels. Eight content strands were utilized vertically and horizontally throughout the curriculum.

1973-1981. This period was probably the most quiescent for the basic degree program although the Undergraduate Curriculum Committee, with frequent consultation, continued to study the curriculum and make minor revisions. A few alterations were made in lower division prerequisites; and health assessment, nursing research, and nursing theorists were integrated into the curriculum.

An evening program was offered off campus to registered nurses in 1979. Certificate nurse practitioner programs were initiated, and new tracks for the master's program were developed also. Plans were under way to begin another major review of the curriculum in 1982.

Admission and Graduation Requirements

The requirements for admission and graduation into the School of Nursing were changed frequently from 1893 to 1981. Modifications occurred as a result of alterations in the school curriculum, college policy, and changing national standards and trends.

Little data was accessible on admission and graduation requirements in the School of Nursing prior to 1925 when the MCV School of Nursing was recognized as a coordinate with the other schools of the Medical College. No information could be located pertaining to requirements for admission to the

Virginia Hospital and Old Dominion Hospital Training Schools. The earliest data obtainable was a 1908 application for the Memorial Hospital Training School of Nurses.

Admission Requirements

Boom Period, 1894-1913

The early admission requirements were very subjective, as noted in the 1908 application for the Memorial nursing school. Interested women between the ages of twenty-one and thirty-five had to apply to the superintendent of the hospital. On her approval, they would be accepted for two months' probation. The applicant must be of average height and weight and be "in sound health, of recent and successful vaccination and no tendency to pulmonary complaint" as attested to by a physician. A letter from her clergy was necessary to testify to her "good moral characteristics." Exact education requirements were not specified: rather, the prospective student was informed that education was necessary but that women with superior education and cultivation, when equally qualified for nursing, were preferred to those without these advantages. During the two months of probation, students had to take examinations in reading, penmanship, arithmetic, and English dictation to test their ability to read aloud well, write legibly and accurately, keep accounts, and take lecture notes. The superintendent made the decision of whether to retain or dismiss the applicant. Reasons for rejection were not given to the student. Those retained were accepted as "pupil nurses" after they signed an agreement to remain three years and to obey all rules and regulations of the school and hospital.[197]

A 1909 newspaper article reported that prospective students to the school must have at least the equivalent of one year of high school work. This

was required to maintain accreditation by the New York Regents.[198] Miss Rose Z. VanVort, superintendent of nurses, wrote in her 1910 annual report that as soon as it was expedient, admitted students would have to have completed high school.[199] Little changed on the 1910 application; students no longer were expected to take entrance examinations during the probationary period and education requirements were still not specific, but a "common school education was considered indispensable."[200]

Standard Setting and Stock-Taking Period, 1914-1949

The 1925 requirements for admission had become a little more specific. Applicants were expected to apply to the Director of the School of Nursing; and if a personal interview was impactical, a recent photograph was to be submitted with the application.[201] No set rule was stated for age other than that applicants of twenty to thirty years old were preferable although students were accepted at eighteen. Students with two years in an accredited high school would be considered, and those who were high school graduates would be allowed to complete the program in two years and eight months.[202] The state of Virginia required two years of high school or its equivalent.[203] The Bulletin described the best preparation as four years of English, at least one year of chemistry, two years of Latin, and some courses in higher mathematics. The applicant had to be in "good physical and nervous health" and "possess a stable nervous system." The superintendent and the director of the school decided if a prospective student was fit for work and whether she should be retained after the probationary period.[204]

Education expectations were being changed gradually to an absolute requirement of completion of high school. In 1926, the nursing school required four years of high school and a specified two years of mathematics, but

consideration would be given to a limited number of special students who had not completed high school. The student with lesser preparation had to be willing to pursue the subjects missing from her high school education as they wer needed in her nursing studies.[205]

As applicants became better prepared, it was necessary to make additions to the admission requirements. Policies were added in 1927 for advanced standing and transfer credit from other schools of nursing. Nine months' credit was given applicants holding an A.B. or B.S. degree from a recognized college. Courses already taken could be substituted for corresponding courses at MCV, but the amount of credit was determined by the president of the college and the dean.[206] The amount of credit, if any, students from other schools of nursing received depended on the standards of the school, amount and character of the instruction, practice experience, and the reasons for which the student left the school. The student did not receive credit for less than twelve months or for more than eighteen months. A recommendation from the director of the former school was necessary, and the student had to serve at least one month on trial at MCV.[207]

No major changes were made until 1930 when the school no longer accepted students who had not completed four years of high school or its equivalent. Applicants were not admitted unless they were at least nineteen years old.[208] By 1931, the applicant not only had to be a high school graduate but had to have completed sixteen units satisfactorily. A unit was defined as representing a year of study in a high school subject and constituted one quarter of a full year's work in an accredited high school. This same year the Bulletin read that "the applicant must be in good health" rather than the earlier description.[209]

Plans for decreasing the number of classes per year to one went into effect in 1932. The following year, education requirements were raised again. The candidate needed an average of at least 80 percent in each year of high school work. This remained in effect until 1936. Sixteen units completed in high school now had to be exclusive of "commercial branches and physical training."[210] Specific immunizations and tests required for admission were listed for the first time in 1934. Typhoid fever, small pox, and Schick and Dick tests were given during the preliminary period if the student had not already received them.[211] The time allowed for transfer to MCV changed in 1937 to not to exceed twelve months rather than the previous eighteen months.[212]

As new requirements were added elsewhere, the School of Nursing tried to keep pace. A faculty member, Lulu K. Wolf, in a 1938 presentation, stated that on a trial basis candidates beginning in 1939 must pass a physical examination and mental and physical tests before admission.[213]

The educational preparation of students admitted to the school had improved. A 1939 progress report to the NLNE revealed that over one-half of the students at MCV had one to four years of college preparation and one quarter of the students at Saint Philip did.

Beginning in 1939, all entering students were required to have one year each of chemistry and biology.[214] The 1940 Bulletin recommended that other sciences, such as general sciences and bacteriology, were considered helpful. High school students were urged to take all the social science, general mathematics, algebra, and other available mathematics courses they could. The move toward higher education was evident in this Bulletin. Potential applicants were encouraged to supplement their high school experience with

one to two years of college.[215]

Candidates were expected to attend a three-day orientation course prior to the beginning of school. At that time, they took the physical and aptitude tests, and acceptance was based partially on the test results. If the students were successful, they remained for classes or they could enter at a later date.[216] Pre-entrance aptitude tests were given from 1939 to 1959 and were required of all applicants.[217]

Effective in fall of 1942 was a consecutive physical and biological requirement. Students in high school had to take sequential courses in general science, biology, and chemistry.[218] Due to the national emergency of World War II, several requirements were waived temporarily. Included among them were (1) the sequential order of the sciences; (2) age was decreased to mature eighteen year olds; and (3) students in commercial or home economics and in the upper quarter of their class were eligible. In order to meet the need for increased numbers of nurses for the duration of the war, classes were accepted on September 1, February 1, and other dates if needed. Three classes were admitted in 1943 and 1944.[219]

Following the war, a battery of entrance tests was given. Tests in 1947 included psychology, science, mechanical ability, Thurstone Personality, arithmetic test, and a test designed by MCV's Bureau of Educational Research.[220]

Experimentation and Growth Period, 1950-1972

Age was no longer a criteria for admission since it had been deleted from the 1950-1951 Bulletin. Emphasis was placed on incoming students broadening their preparation courses. Students were urged to secure courses in civics, government, world history, American history, economics, sociology,

general mathematics, and algebra. Students could now take four units of the minimum sixteen units in home economics, art, commercial subjects, and music.[221]

The trend toward college-prepared students entering the nursing program was seen in the statistics of the 1950 entering class. Over one-half of the class had attended college. Of the eighty-five students, eleven had one year of college; thirty-one, two years; one, three years; and three, four years.[222]

Few changes occurred in the admission requirements during the early fifties. The school reverted back to the admission of one class per year in 1951.[223] Applicants to be considered for admission had to finish in the upper third to upper half of their class. They had to have at least a "C" average with the following values assigned to each grade:

A = 100-95
B = 94-88
C = 87-80[224]

The number of students admitted was dictated by the amount of housing available for students. Inadequate housing and limited space had been a continuing problem over the years. The opening of Minor House in 1950 enabled the school to increase the enrollment. Some affiliating students were living on open wards in MCV hospital.[225] Dean MacLean reported to the Executive Committee of the College in 1953 that there were one-hundred qualified applicants who could be accepted if adequate housing were available.[226]

The four-year basic baccalaureate program began in 1953, and the minimum age for entrance was seventeen years. Students transferring into the program from another college entered the sophomore year.[227]

The catalog issued for 1956 to 1958 indicated a requirement of higher academic grades. To be considered, the prospective students had to finish in the upper third or upper quarter of their class. The values assigned to grades had been deleted.[228]

The 1957 Bulletin was much more explicit about admission requirements for transfer students. Students could be admitted to the second year if they had completed the same courses as the students who began at MCV as freshmen. A minimum of a "C" grade or greater was necessary, and pre-tests in any or all subjects might be required.[229]

The associate degree program was initiated in the fall of 1958. Admission requirements were the same as for those entering the baccalaureate program except a candidate could be accepted with a minimum of one unit in mathematics and one, in laboratory science.[230] This was increased to two units of each in 1960.[231]

The grade requirements changed frequently. The 1958 Bulletin again stated that applicants must rank in the upper half of their graduating class, but preference would be given those in the upper quarter.[232]

The importance of the individual and the personalization of the individual applicant were becoming more evident. Candidates who were believed to show academic and personal potential for nursing were invited to visit the school. All faculty members, on a rotating basis, and the dean participated in each day of interviewing. The testing program was eliminated also, and the College Board Examination was required. The switch to the Scholastic Aptitude Test (SAT) occurred because it was felt to be a better measure of scholastic aptitude for students entering a college program than the former battery of tests.[233] Recruitment of students was stepped up.[234]

In an effort to make the application process more discriminating, in 1960, the candidate was required to write a 500-word autobiography.[235] The Admissions Committee was looking for evidence of character, ability, maturity, and sound academic preparation.[236] The dean in the 1960-1961 Annual Report wrote that MCV School of Nursing was considered nationally to have one of the higher enrollment patterns.[237] The 1961-1962 report indicated that the attrition rates at MCV remained below the national average of 34 percent.[238] A real effort had been made to lower what had been high attrition rates.

An early decision policy was adopted in 1960. Candidates applying for this option had to have scores on both sections of the SAT "well above average."[239]

Registered nurses desiring to obtain a baccalaureate degree had to meet the same requirements as the other matriculates as well as complete the NLN Nurse Examination, Plan C.[240] The NLN examination requirement was dropped in 1964.[241]

The upsurge in college enrollments that had been predicted was evident in the number and quality of the applicants for the class entering in 1962. By 1964, it became necessary to close the application pool in early January.[242]

The educational expectations of the applicant continued on the upward swing. New subjects recommended for admission in 1964 were algebra, two units; physics, one unit; plane geometry, one unit; and foreign languages, two or more units. All freshman applicants were expected to take the SAT and English Achievement Test, and those applying for 1966 and 1967 were requested to take either the chemistry and/or biology tests if these courses had been completed by the end of their junior year.[243] The chemistry and

biology tests were required so the school could gather data on the entering students' knowledge in those subjects. The requirements for the early decision option were further delineated. The applicants had to rank in the upper quarter of their class and have above average scores (500 or greater) on each section of the SAT.[244] The 1967-1968 enrollment of 376 students was the highest it had reached in history.[245]

The new upper division major was implemented in 1969. With admission at the junior level, the first two years of college study was of greater importance than the high school record and SAT scores. Other tests no longer were deemed essential.

Stabilization Period, 1973-1981

Admission to the upper division was predicted on completion of a minimum of sixty semester hours of prerequisite credit with at least a 2.0 grade point average (GPA); however, a rate of 2.50 GPA on a 4.0 scale was recommended. Usually non-Virginia students needed a 3.0 GPA for consideration. The computation of the grade point average utilized academic courses only. Beginning in 1973, the applicants had to write a self-evaluation rather than an autobiography.[246]

Dean Yingling stated in a 1981 article that the basic philosophy of the admissions program had changed little over the years. The School of Nursing looked for individuals with strong academic preparation and with commitment and motivation to become professional nurses.[247]

Admissions Summary

Requirements for admission into the School of Nursing changed frequently until 1973. College policy, the school curriculum, and national standards and

trends made it necessary to make alterations in the requirements.

1894-1913. The pool of students eligible for admission was limited, and the requirements were vague and subjective. Exact education requirements were not specified. It was noted in 1909 that at least one year of high school was required. Students could apply who were between the ages of twenty-one to thirty-five, of average weight and height, in sound health, and had good moral characteristics as attested to by a letter from the clergy. Following two months of probation, the superintendent made the decision of whether to dismiss the student.

1914-1949. The requirements for admission had become more specific by 1925. Although there was no set age, a preferable range from twenty to thirty was stated and was later changed to a lower limit of nineteen. Students who were not high school graduates were considered for admission until 1930. The applicant was expected to be in good physical and nervous health until 1931 when the description was changed to good health.

It was necessary to make additions to the admission requirements as applicants became better prepared. Policies for advanced standing and transfer credit from other schools of nursing were added in 1927. The number and type of units completed in high school were made specific. Beginning in 1939, students had to pass a physical examination and mental and physical tests. Pre-tests were given from 1939 to 1959. All entering students were required to have one year each of chemistry and biology. In 1940, potential students were encouraged to supplement their high school experience with one to two years of college.

The national emergency of World War II made it necessary to waive

temporarily several of the requirements. Following the war, a battery of entrance tests was given.

1950-1972. Emphasis was placed on incoming students' broadening their preparation courses. The trend was toward college-prepared students entering the program. Age was no longer a criteria for admission. Few changes occurred in the admission policies until the beginning of the basic baccalaureate program in 1953. To be considered, the student had to be at least seventeen years old and to have finished in the upper third or quarter of her class. The same admission standards were required of those entering the associate degree program in the fall of 1958 with the exception of the amount of mathematics and laboratory science. These courses were added in 1960. Grade requirements frequently were modified slightly for both programs. The testing program was eliminated in lieu of the College Board Examination.

The personalization of the individual applicant became more evident. Potential candidates were invited to the school to visit and be interviewed by faculty. The applicant was required to write a 500-word autobiography to provide the Admissions Committee with additional evidence of character, ability, maturity, and sound preparation.

The early decision option became available in 1960, and the criteria were made more specific gradually. Applicants had to rank in the upper quarter of their class and have 500 or greater on each section of the SAT.

As the number of applicants increased, the educational requirements became higher. When the upper division major was implemented in 1969, the first two years of college study were of greater importance than the high school record and SAT scores in evaluating a candidate for the school.

1973-1981. Students could be admitted to the upper division upon completion of sixty semester hours of prerequisite credits with at least a 2.0 GPA, but a 2.5 GPA was recommended for in-state students and a 3.0 GPA for non-Virginia students. Students now had to write a self-evaluation rather than autobiography. The School of Nursing continued to look for individuals with strong academic preparation and with motivation to become professional nurses.

Graduation Requirements

A newspaper article describing the 1905 graduation of the nursing students from the Memorial Hospital Training School alluded to graduation requirements. The graduation speaker, Dr. George Ben Johnston, told the students that the badges they were to receive were more valuable to them than a diploma. He said they were gifts from the institution and indicated approval of the student's character. They should be considered badges of honor which could only be worn by those who were worthy and could be withdrawn if they failed to live up to the high standards which they had been taught.[248]

Students graduating, according to the 1908 Memorial Hospital School application, received a diploma of the school when they had completed the full training and passed examinations.[249] If the students were ill during training, they graduated when they made up the missed time. Graduation was held when the greatest number in the class had completed the work.[250]

In 1915, the Board of Graduate Nurse Examiners sent a letter to all the superintendents of nursing schools. The board was concerned about the quality of graduates. ". . . At present as a state we are far from being 'second to none' and that graduates from many of our high schools in Virginia, owing to

their limited experience and in perfect equipment, are not eligible to enter upon broader fields of work."[251]

The requirements remained basically the same until 1927. At that time, requirements for graduation for the four schools of the Medical College of Virginia were published as being essentially the same. Students were required to complete the prescribed courses in practice and theory with satisfactory reports on examinations. The passing grade was seventy-five in all courses.[252] In 1932, according to one student, each student was required to go before all of the deans of the schools with their grades and the deans decided whether the student would receive a diploma.[253] To improve the standards of the school in 1941, students were encouraged to maintain at least a "C" average.[254]

With the inception of the five-year baccalaureate program in 1942, it was necessary to include additional requirements for graduation. Students who had met the pre-entrance requirements of sixty semester hours of college work and satisfactorily completed the nursing program received the bachelor of science degree in nursing. Students were expected to maintain a "C" average in theory and practice.[255] No changes were noted until 1956 when the requirements were increased and made more specific. The bachelor of science degree was to be awarded upon recommendation of the faculty to those who had completed satisfactorily a minimum of 180 quarter hours and 180 quality points. The "C" average was now a requirement rather than expected.[256]

The first class of the associate degree program graduated in 1960. The degree was awarded to those students who successfully met the requirements and earned 121 quarter hours and 121 quality points. Other conditions for

graduation in both programs were added. Students had to maintain an overall average of a "C" in courses of the nursing major. Baccalaureate students had to have a minimum of eighteen months in residence, including the last year of work. All financial obligations to the College had to be cleared and the student must be present at commencement unless excused by the president.[257]

During the ensuing years, the number of credits and quarter hours were deleted from the statement and residency requirements shortened. Students who graduated since 1970 had to be enrolled for the final two semesters and earned a cumulative average of "C" in all courses and a minimum of "C" grade in nursing courses.[258]

Graduation Summary

Conditions for graduation in the MCV schools of nursing initially were minimal. The expectations for graduation increased as the standards in all the schools in the College became essentially the same and as the nursing school curriculum became more formalized with objectives that a student must meet in order to complete the program.

No data prior to 1980 indicated that a student must pass examinations prior to graduation. Students could not graduate until they had made up any missed time. In 1927, all of the College graduates had to complete the prescribed courses in practice and theory with satisfactory reports on examinations. Seventy-five was passing in all courses.

The graduation requirements became more specific in 1956. A "C" average was essential to graduate with 180 quality points. Other conditions were added in 1960. The student had to maintain an overall average of "C" in courses of the nursing major and be in residence a minimum of eighteen months, including the last year of work. In the ensuing years, the residency

requirements were shortened to the final two semesters and a "C" average in all courses with a minimum of a "C" grade in nursing courses was necessary to graduate.

Accreditation

Virginia, under the leadership of Sadie Heath Cabaniss, former director of the Old Dominion Hospital, was one of the early states to pass a nurse registration act. The governor appointed the State Board of Graduate Nurse Examiners which was responsible for the rules and regulations for registration and the evaluation of schools of nursing. A plan for the inspection of the schools by one member of the Board of Graduate Nurse Examiners was recorded in 1905, but there was no record of the inspections having been done.[259] The NLNE's first accrediting program began in 1938, and in order to be eligible for national accreditation, a school had to first be state accredited. State accreditation required schools to meet minimal standards.

Boom Period, 1894-1913

The first record of a school of nursing associated with MCV receiving accreditation was noted in 1904. The Memorial Hospital School of Nursing was accredited by the Virginia State Board of Graduate Nurse Examiners and the New York Board of Regents.[260] A 1905 newspaper article commented that Memorial was the only school in Virginia accredited by the New York Regents.[261] The school was registered in New York so that graduates could go there to work; it was also of value in promoting the school.[262]

Standard Setting and Stock-Taking Period, 1914-1949

The superintendent of Memorial Hospital received a letter in 1924 stating that the MCV School of Nursing was no longer qualified to remain on New

York's registration list. According to the correspondence, the school had been registered in New York since March 12, 1908,[263] but had not kept up with the changes in requirements; therefore, this school could no longer be carried in its present condition.[264]

Although the report of the inspector was very negative, it said there was no reason a good school of nursing could not be conducted. The curriculum did meet Virginia state requirements, and state requirements were acceptable by New York. The conditions of the hospital would have to be improved. There was limited equipment for nursing care, and the physical upkeep of the building and equipment was poor. The staff of six registered nurses for all shifts was inadequate for the needs of a hospital with a daily average census of 170 patients and with only forty-nine students to provide around-the-clock care. The report was critical of the living conditions and long hours for students, lack of instructors, limited clinical experience in certain areas, and inadequate teaching equipment and rooms. It was noted that it was impossible for the directress to run two schools, teach fourteen hours per week, be directress of the 248-bed Memorial Hospital and 176-bed Saint Philip Hospital and do a satisfactory job.[265]

The report listed changes necessary to meet the New York requirements:

1. properly equipped class and demonstration rooms.
2. full-time instructor.
3. more supervisory staff.
4. four-month preliminary course.
5. improved living conditions.
6. properly supervised experiences in preparation of special diets.
7. better adjustment of clinical experience and unless pediatric service increased in size an affiliation would need to be secured.
8. maternity service must be segregated from medical unit to be acceptable.[286]

Eppa Hunton, Jr., a member of the Board of Trustees, in a letter to the president of the Board of Trustees, stated that he did not think they would commit themselves to the expenditures necessary to continue registration in New York.[267] The records indicate that the MCV School of Nursing was again registered with the New York Board of Regents in 1936.[268]

The school had maintained accreditation in the state since the Memorial Hospital Training School received accreditation in 1904. The 1927 inspection by the state resulted in ongoing accreditation. The school met the requirements for experience and a well-prepared instructor. Several of the same deficiencies as seen by the New York visit were noted in the report. Again, the condition of Memorial Hospital was cited and the need for a new nurses' home.[269]

The school was visited in 1938 by a representative of the NLNE. The report from the Committee on Accrediting spoke to the school's strengths and weaknesses. It was obvious that the school had made improvements in the fourteen years since the New York Regent visit. The report indicated the overall observations showed that the school had many desirable characteristics as well as unusual potential for future development. It was felt that the plans for improvement in the teaching program and completion of the new MCV hospital would correct many of the deficiencies noted.[270]

Points at which the school deviated from approved national trends were the weekly hours scheduled, conditions during night assignments, and absence of time allowed for relaxation. The weekly hour schedule at certain times exceeded more than sixty hours a week of ward practice and class work, and students attended class at any hour during the day when assigned to night duty.[271]

In 1943, MCV, Saint Philip, Stuart Circle, and the University of Virginia schools of nursing were the only schools in Virginia accredited by the NLNE. Other southern schools accredited were Vanderbilt, Johns Hopkins, Union Memorial, and Catholic University.[272]

The public health nursing course began at MCV for white nurses in 1944 and was awarded provisional accreditation by NOPHN.[273] Full approval was granted in 1946.[274] The public health program for black nurses at Saint Philip School had continued approved since 1937.[275] The College was commended for the progress it had made in areas of curriculum content and the correlation of theoretical and practical parts of the program.[276]

The NLNE 1948 list of accredited schools again listed the same four schools in Virginia. There were now eight other accredited schools in the south.[277]

The analysis of the data collected in the survey of nursing schools listed MCV and Saint Philip in Group I of the 1949 Interim Classification which meant the schools were among the top 25 percent of the nation's basic programs in nursing. Both schools were among the top 25 percent in total basic program, clinical facilities and experiences, library facilities, qualification and size of teaching staff, and instructor salaries. They were in the second 25 percent in curriculum and the third 25 percent in student health.[278]

MCV continued to use the recommendations of the review board to improve its program. A 1949-1950 Annual Report of Accredited Educational Programs commented on the improvement in the school in the areas of student health, clinical experience, and night duty.[274]

Experimentation and Growth Period, 1950-1972

The diploma program received continued national accreditation for 1951 with a resurvey in 1951.[280] The five-year program in nursing had never received accreditation for two major reasons, the school lacked control over all of the learning of the student, including clinical instruction and experience, and diploma and degree students were taught in the same classes. To approach college-level status, the position of clinical supervisor holding a dual function of instructor and administrator had to be changed to clinical instructor who assumed the responsibility for the learning experiences of the students in the classroom hospital units.[281] Dean MacLean felt there was justification for the five-year program not to be accredited. In addition to the previous reasons, the length of the program and the content of some courses were damaging factors.[282]

The 1951 resurvey of the diploma program resulted in MCV again being granted accreditation although a considerable number of weaknesses existed. The most important areas that needed to be rectified were[283]

1. the curriculum did not provide all of the experiences essential for the preparation of public health at the first level,

2. the majority of students received no public health affiliation,

3. the amount of social science content was too low,

4. the range of experiences for individual students was too wide,

5. the last two terms of the first year were too heavy with total hours of instruction and experience,

6. clinical teaching was more disease than patient centered,

7. not clearly defined as to what is meant by satisfactory work in clinical,

8. forty-eight hours a week schedule,
9. high attrition rate.
10. qualification of faculty for various categories not formulated.
11. less than 22 percent of the faculty belong to the NLNE.

Following the review of the new four-year program and of the five-year program, both programs were approved for temporary accreditation for 1954. The Board of Review hoped that the school would discontinue the five-year program. The board suggested that the faculty continue to develop clinical courses on a collegiate level that would enable students to use and apply their broad general background and to select clinical experiences that would contribute to the achievement of the objectives of the educational program.[284] The new program had to be in operation for a few years to receive full accreditation.[285] The diploma program was accredited until its termination.[286] Dean MacLean in the 1953-1954 Annual Report stated, "An objective of prime importance for the continuity, stability, and future security of the school on a collegiate basis is the attainment of full accreditation by 1957."[287]

From 1953 to 1959, the diploma programs at MCV and Saint Philip and the diploma program at the University of Virginia were the only fully accredited programs in the state of Virginia. The University of Virginia's basic baccalaureate program was granted temporary accreditation in 1953 and from 1954 to 1957 both MCV and Virginia held temporary accreditation. The NLN changed from temporary to provisional accreditation for 1958 and 1959 after which the category was terminated.[288] The University of Virginia retained provisional accreditation for two years and then the baccalaureate program was fully accredited in 1960.[289]

Shortly after the arrival of Dean Yingling in 1958, she was notified by the NLN that the School of Nursing's four-year program was ineligible for accreditation. The League could not approve the school because it was not part of a university offering liberal arts courses required for a degree in nursing.[290] Much correspondence between the MCV administration and the League ensued, but the NLN Review Board held fast to its decision.

One solution to the problem was to seek accreditation for the entire Medical College of Virginia by the Southern Association of Colleges and Secondary Schools (SACSS). Until then, the SACSS had not accredited health education institutions that were accredited by their respective professional organizations.[291] Another solution would be to have all of the liberal arts courses required taught by an institution fully accredited by SACSS.[292] Dr. Yingling began negotiations in both directions. She talked with Dr. Edward Berkeley at the University of Richmond about developing a cooperative program.[293] She discussed with the MCV deans the possibility of pursuing accreditation with SACSS. The deans agreed to work toward accreditation for MCV; and in 1959, the College was admitted to membership in SACSS.[294] The accreditation of the College paved the way for the initial accreditation of the four-year nursing program by the NLN.

The school was granted national accreditation for the baccalaurate degree program, including the public health nursing component and the associate degree program, in December of 1960. Progress reports on the baccalaureate program had to be presented every two years until 1964. The weakest area pointed to was the maternal-child nursing course.[295] There were two accredited baccalaureate programs in Virginia with a total of thirty-two schools of nursing of which only nine were nationally accredited. MCV

was the first to receive full accreditation status for the public health nursing component and was the only accredited associate degree program in the state.[296]

The NLN response to the 1962 progress report was that the school should increase its effort to secure faculty who had completed graduate preparation in the area in which they taught and continue improvement of the maternal-child nursing course. Accreditation was withheld on the plan to admit registered nurses into the basic baccalaureate degree program.[297] The registered nurses portion of the program received accreditation in 1964. The faculty was commended on the progress that had been made since the previous report, and they were urged to continue to recruit qualified faculty. No further reports were necessary until the visit in 1968.[298] With the accreditation of the registered nurse component of the program, MCV became the first four-year nursing program in the state to achieve this recognition. The school also became eligible for federal traineeship funds from the United States Public Health Service.[299]

The visit of the NLN was postponed until October of 1969 so that the new master's program could be included in the review. Both the basic degree program and the registered nurse program received continuing accreditation until 1977. The master's program was not granted initial accreditation. The visitors recommended that both programs should recruit faculty with relevant doctoral degrees.[300] The need to find prepared faculty was a national problem. The visitors also suggested that faculty might want to consider a more unified conceptual framework for the undergraduate program.[301] The report on the master's program was resubmitted in 1971, and it was awarded initial accreditation in 1971.

Stabilization Period, 1973-1981

Accreditation was becoming a necessity for nursing schools. The faculty of the School of Nursing persisted in their efforts to improve the curriculum in both programs. Both programs continued to maintain their state accreditation; and in 1977, all programs were reaccredited for eight years with no progress or interim reports requested.[302]

Accreditation Summary

The Virginia State Board of Nurse Examiners was responsible for the rules and regulations for registration and the evaluation of schools of nursing. To be eligible for national accreditation, a school had to first be state accredited which meant the school met minimal standards. MCV has had ongoing accreditation of at least one program since 1904. Evidence indicated that the school used recommendations from the review boards to improve the programs.

1894-1913. The Memorial Hospital School of Nursing was accredited by the Virginia State Board of Graduate Nurse Examiners and the New York Board of Regents. It was the only school in Virginia that was registered with the New York Board of Regents.

1914-1949. Memorial Hospital Training School lost accreditation in 1924 by the New York Board of Regents but was again registered in 1936. The curriculum met Virginia state requirements, but the conditions of the hospital were deplorable. The Board of Trustees was not willing to commit to expenditures that would be necessary to continue registration in New York.

The school made many improvements, and the opening of MCV hospital corrected many of the deficiencies. The NLNE indicated that the school had

many desirable characteristics and unusual potential for future development. In 1943, MCV, along with Saint Philip, was one of four schools accredited in the state and one of eight in the south. Both public health programs sponsored by MCV and Saint Philip were accredited. In the 1949 classification of schools, MCV and Saint Philip were among the top 25 percent.

1950-1972. The diploma program maintained accreditation until its termination, but the five-year baccalaureate program never gained full accreditation. The major reasons were the school lacked control over all of the learning of the students and students in the diploma and degree programs attended the same classes.

Temporary accreditation status was given in 1954 to the five-year program until its closing in 1958 and to the new four-year program. The dean was notified by the NLN, in 1958, that the four-year program was ineligible for full accreditation. It could not be approved because it did not meet the criteria that it was a part of a college or university offering liberal arts courses that was itself accredited by the Southern Association of Colleges and Secondary Schools. The MCV deans were willing to pursue accreditation for the College through SACSS and were successful. The four-year baccalaureate program, including the public health nursing component, was approved for initial accreditation in 1960, a status that has remained in effect. The associate degree program was granted accreditation at the same time. Accreditation of the registered nurse program was withheld until 1964.

The master's program received its initial accreditation in 1971. It had been denied approval in 1969, only one year after the first students were accepted.

1973-1981. The faculty worked toward continued improvement of the curriculum in both programs. The programs in the school were reaccredited by the NLN in 1977 for eight years, the maxium time allowed before a revisit. It was obvious from the school's track record that the administration and faculty were committed to offering quality education.

Relationship With Local Hospitals and Higher Education

Hospitals

The establishment of the Virginia Hospital Training School, the Memorial Hospital Training School, and the Medical College of Virginia School were to provide for the care of the hospitalized patient. The early schools were part of the hospital and not separate entities. The 1895 Board of Visitors minutes stated, "this school constitutes the nursing corps of the Hospital . . . ."[303] In 1903, the nursing staff consisted of thirty-one students, a supervisor, and a directress of nurses.[304] The superintendent of the hospital was superintendent of the school. She could dismiss a study at ay time with the approval of the Hospital Committee.[305] Students worked long hours for a lecture or two a week by a physician or the superintendent. Care of patients took priority over education. Students worked at least twelve hours and often were unable to attend class because of their responsibilities in the hospital. They resided in the nursing house and served as ward assistants in the hospital and were expected to perform any duty assigned to them by the superintendent.[306] The schools were financed by the hospital. The budget for the school was not separate.[307] Students' services paid for their education. The 1908 application for Memorial Training School attests to this. Uniforms, textbooks, twc pairs of shoes per year, a reasonable amount of laundry, and board and

lodging were given. "No other compensation is given as education is more than equivalent to the services rendered."[308]

The 1925 Bulletin stated that the hospital division provided for keeping uniforms and aprons in repair. Students during the preliminary period received a monthly allowance of $8 and $15 a month during the second and third year.[309] The student in 1928 had to pay $30 for the preliminary course and then the remainder of the first year she would be reimbursed $5 a month and $8 in the last two years.[310] The monthly allowance was gradually reduced and by 1934 it had reached a low of $4.25 a month the second semester of the first year and $6.80 a month for the remainder of the student's training.[311] There was no allowance after 1935. The Bulletin published in 1936 stated that student services to the hospital division were accepted in lieu of tuition, laboratory fees, maintenance, laundry, and dormitory fees.[312]

A 1942 NLNE survey report noted that no study had been done to determine the value of service rendered by the student; therefore, it was not known whether the student's service was more than equal to or less than the value of education received.[313] The hospital tried to calculate what a student was worth. A 1948 study to estimate the services of students to MCV Hospital for the three years they were in school indicated that on the average the student was worth $1,265.99 per year.[314]

Hurd, in his research report in 1948, said that an earlier study at MCV indicated that more than 90 percent of nursing service was done by students;[315] and according to an NLNE report, the students in 1951 provided 51 percent of patient care.[316] A twenty-eight day study in 1952 revealed that seniors provided 272 hours of nursing service per day and junior students, 181

compared to graduate nurses who provided 366 hours per day.[317] A later NLN report noted that the percentage of care in twenty-four hours given by the students in 1957 was 15 percent to 54 percent depending on the unit.[318]

In 1958, it was calculated that the monthly cost per student was $77.45. The student's average hours of floor duty would have to equal 2,275 at a cost of $1.11 per hour if the student was to meet the average maintenance of $2,535 per student. The figures were based on the student paying $60 a month the freshman year and during the quarter of public health experience.[319]

Some form of maintenance for students was available until the 1962-1963 school year when it was phased out completely.[320] With the initiation of the four-year program, students paid tuition and room and board the freshman year. During the last three years, the hospital provided maintenance except when a student was assigned to public health field experience or Crippled Children's Hospital.[321] According to Dean Yingling, this practice from the diploma program was incorporated into the baccalaureate degree program to facilitate the transition process for both the hospital and the student.

The dean, in a memo in 1958 to the director of hospitals, suggested that a study be considered to look at the baccalaureate student paying all of her education expenses.[322] In December of the same year, the dean wrote a memo to General Tompkins, comptroller, stated that "under the present collegiate philosophy of nursing education, students should not be required to do nursing service in return for room and board."[323] She went on to say that the school had been handicapped in some of its educational planning because of the assignment of students to work specific hours for the hospital. She recommended that beginning with the 1960 entering class, students should pay

all of their expenses for four years and the dormitory should be placed under the College budgetary planning and control. Students should be in the hospital for the experiences necessary for learning and time should be allowed for students to seek employment if and where they desired.

The Medical Board, in 1917, felt that the board should have the same relationship to student nurses as it did with medical students. This desire was brought to the Executive Committee and resulted in several edicts. The Executive Committee of the Board of Visitors through the Hospital Committee had full supervision over the hospital and school of nursing. The superintendent was manager of the hospital and the school. The Medical Board was an advisory body only, advising the Executive Committee in matters relating to the professional welfare of the hospital.[324]

The College Hospitals and the school were administered by the same person until 1946 when the position of director of nursing was created. The Department of Nursing Services was organized in 1947 as one of nineteen departments of the Hospital Division. For seven years, clinical supervisors continued to hold dual positions as clinical instructors and administration supervisors. Their salaries were divided evenly between the college budget and the hospital division budget. In 1953, full-time clinical instructors were appointed to the school and full-time administrative supervisors, to nursing service. Head nurses were considered as assistants.[325]

The use of hospital personnel to teach the student went back to 1893. In the early years, all classes and clinical were taught by the superintendent, supervisors, head nurses, and physicians until 1925 when the first full-time faculty person was hired.

As the hospital began to lose control over the school, animosity began to develop. This could be seen in the following excerpts from a 1948 letter to the dean from the director of nursing service.

> . . . there is friction between supervisors on the college and hospital payroll. Those on the college payroll have a much higher salary scale than those on the hospital payroll while those in the hospital have more time off.
>
> I would prefer your instructors to concentrate on the student nurses. However, incidental teaching for practical nurses will be welcome.
>
> . . . we have managed to keep afloat with the help of students who have often times made their contribution reluctantly.
>
> Student attitudes are poor. Service before self has gone forever.
>
> There are many changes which I would like to bring about if I did not have to cater to the faculty of two schools of professional nursing, one on each side, and a school for practical nurses in the middle, over which I have no control. Part of the hospital could live without the school but not one particle of the school could live without the hospital.[326]

An effort was made to have a cooperative relationship between the hospital and the school. Dean MacLean wrote in her 1953-1954 Annual Report that a "harmonious relationship exists between the administration staff of the department of nursing service and clinical and nursing arts instructors."[327] They had formed a combined committee of administration and clinical instructors that met weekly for three months to study and revise nursing practices, and then they continued monthly meetings to resolve problems arising in connection with interpersonal relationships and proposed medical changes.

Dean Yingling pointed out to the director of hospitals in a 1958 memo, that the school had exerted considerable effort to cooperate with the Department of Nursing. She spoke to those areas. Rotation plans were discussed with administration of nursing service, two clinical nursing faculty were made available during orientation to give direct patient care, and students were allowed to be employed on vacations and weekends. She

suggested that faculty and students be put on hospital committees to improve communications.[328]

In 1964, three medical-surgical faculty were assigned to participate in patient care for a quarter. Faculty from public health worked with two physicians during the summer months.[329] During the summer of 1967, seven faculty on twelve-month appointments were assigned to the Department of Nursing to participate in direct patient care and to work on special projects. The Community Health Nursing faculty assisted in evening clinics.[330]

In spite of the efforts to increase cooperation between service and the school, there still existed a separation which concerned Dr. Yingling. She wrote a memo in 1967 to Dr. Smith, president of the College, informing him that she and the director of nursing service were discussing ways to develop a more cooperative planning and working relationship to improve patient care and strengthen the utilization of patient areas for clinical lab.[331]

In the fall of 1968, the dean and undergraduate associate dean prepared a document, "An Essay on Nursing." The document spoke to the interest of the school in working toward a common philosophy of nursing which would give direction to both service and education and would improve health care. They recommended that top level administration support the creation of an ad hoc committee to continue to dialogue and plan cooperatively for nursing. The committee was implemented in 1969 and was known as the Essay Committee until 1970 when it became LINC or Liaison in Nursing Committee. The main objectives of the committee were "to develop ways to encourage the improvement of the professional practice of nursing at MCV and to continue to foster cooperative relations between nursing and other health professions in order to actualize patient oriented health care."[332] The

committee met to discuss mutual interests, concerns, goals, and develop programs for nursing staff and faculty.[333] It resulted in faculty head nurse seminars and several joint programs were held and a Joint Appointment Document and a Clinical Associate Document eventually evolved. LINC was a begining but did not meet the stated objectives as it was hoped. The committee was disbanded with the arrival of Dean Farrell in 1981.

The School of Nursing, Department of Nursing, and the appropriate medical school department chairmen entered into cooperative planning aimed at the creation of some dual positions in nursing. Other joint appointments also occurred in 1969. The director of the Department of Nursing was appointed assistant professor of nursing, and the directors of nursing at McGuire Veterans Hospital and Bureau of Public Health Nursing and the nurse officers of the Regional Medical Program held faculty appointments.[334]

Joint appointments and clinical associate appointments between the school and hospital were initiated. A nurse researcher was funded by the Department of Nursing in 1977, and she reported to the nurse researcher in the School of Nursing.[335] Some hospital and school committees had members from the other area.

As early as 1918, the School of Nursing offered affiliations for clinical experience in general medicine, pediatrics, dietetics, and social service to other accredited schools of nursing. School officials felt that the clinical resources at MCV should be shared with smaller schools in the area that lacked certain clinical specialties.[336] Later the offerings expanded to include surgery, obstetrics, and psychiatry. The students received full maintenance, and they provided service to the College Hospitals.[337] They were taught by the same hospital and school personnel as the MCV students. The numbers of

affiliating students varied yearly.[338] It was necessary in the late 1950s to discontinue this practice. The School of Nursing's enrollment was expanding; therefore, the school was unable to provide faculty and clinical facilities were insufficient.[339] Each time there was a shortage of nursing staff, the hospital began to discuss the reinstitution of offering affiliations. This occurred in 1960, 1964, 1965, and 1968. The Medical Advisory Committee voted to reinstate affiliating programs in nursing in 1965. A committee with school, hospital, and medical representatives studied the situation and recommended against the practice for the same reasons it was discontinued originally and because it was difficult to have two levels of students in the same school. Students would be there solely for educational purposes, and statistics showed that it did not increase the number of new nurses who applied for employment.[340]

Over the years, it became increasingly necessary for the School of Nursing to use outside agencies to provide for a broader experience for the new student and to provide clinical spaces for the expanding enrollment. The school had contracts with all agencies, including hospitals, that were utilized outside the university. The contracts specified the number of students, the number of faculty, what the agency would provide, what the school agreed to do, and how the contract was terminated. The contracts were renegotiated yearly.

The School of Nursing in 1981 was enjoying the closest relationship to the hospital it had had since the total separation in 1960. It had been a slow process. The goal of administration was to endeavor to move the two entities closer together.

Hospital Summary

The MCV nursing schools were established to provide for the care of the hospitalized patient and were dependent on the hospitals for support until the early 1960s. Students worked long hours for their education, and they received maintenance and a small stipend. Frequently, students were unable to attend class because of their responsibilities in the hospital. Students in the 1940s provided more than 90 percent of nursing service; and by 1951, service had decreased to 51 percent. After 1963, the assignment of students in the baccalaureate program to the hospital setting was based on learning needs rather than for service. A precedent had been set for this method of assignments when the associate degree program opened in 1958.

Affiliations to other schools of nursing that needed special experiences had been offered since 1918 by the MCV hospitals and school. These students provided nursing service; and the hospital and school, for a minimal fee, supplied faculty for the theory and clinical teaching and for maintenance. This practice was discontinued in the late 1950s because of the increased number of students admitted to the MCV School of Nursing. Each time there was a nursing shortage, the hospital began to discuss the reinstitution of offering affiliations.

Hospital personnel taught all of the classes and clinical for the students until 1925 when a full-time instructor was appointed. The administrator of the school and the director of nursing service was a dual role until 1946 when the position of director of nursing was created. Clinical supervisors for seven years continued to hold positions as clinical instructors and administration supervisors; in 1953, these positions were separated.

As the hospital began to lose control over the school, animosity began to develop. An attempt was made to continue a cooperative relationship; but in

spite of the efforts, a separation still existed. The school and hospital administration created a committee which became known as LINC or Liaison in Nursing Committee. The committee explored ways to improve professional practice at MCV and to foster a cooperative relationship. It was a beginning but did not meet the goals as it was hoped and was disbanded in 1981. Joint appointments, clinical associates, positions on committees, and special committees were some of the methods used to close the gap. The school by 1981 had reached its closest relationship to the hospitals since the total separation in 1960.

The increased number of students necessitated the movement to use agencies outside of the MCV complex. The school negotiated contracts with hospitals and other health agencies in order to provide broader experience and adequate clinical space.

Higher Education

The School of Nursing has maintained a functional relationship with an institution of higher education since its founding. The Virginia Hospital Training School was begun in conjunction with the University College of Medicine. The Old Dominion Hospital Training School was inaugurated by MCV as was Memorial Hospital Training School. In 1913, with the amalgamation of the University College and MCV, the two schools of nursing merged as the MCV School of Nursing and was recognized by the College as one of the four health professions. A coordinate relationship was established between the School of Nursing and the College in 1925.[341] Up to that time, the school was not considered part of the administrative council or an academic school. The president of the College recommended to the Executive Committee that the School of Nursing be linked closer with the administration of the College.

The approval resulted in the directress becoming a dean, students being included in the activities of the College, and the inclusion of nursing in the College Bulletin. Saint Philip School of Nursing continued to be administered the same.[342]

The School of Nursing in the early years depended on faculty from the Schools of Medicine, Dentistry, and Pharmacy to teach the majority of the classes. Physicians remained a significant part of the faculty until the late 1950s. Since the 1960s, physicians had taught mainly as guest lecturers in the basic degree program except for public health science which was team taught by a physician and a nursing faculty member. A number of faculty of the School of Basic Sciences remained an integral part of the nursing school faculty. The physical and biological sciences were taught by this group of faculty.

Courses in general education were taught by members of the faculty of the University of Richmond and Richmond Professional Institute of the College of William and Mary. These faculty held part-time faculty appointments at MCV.[343] The School of Nursing, on occasion, hired full-time faculty members to teach general education courses. When the school moved into the upper division in 1969, it was no longer necessary to provide faculty to teach general education courses.

The school had in the past been involved with the Richmond Division of the College of William and Mary. It was noted in the 1925-1926 Annual Report of the State Board of Examiners of Nurses that MCV sent senior students for part of a course offered by the School of Social Work and Public Health.[344] This was a four-month course for senior nurses that offered an opportunty to do a small amount of district nursing, observe school nursing,

probation work, infant welfare, housing problems, and attend lectures dealing with public health measures.[345] Beginning in 1932, a student attending both schools could receive a bachelor of science degree from the College of William and Mary. The Stuart Circle Hospital School of Nursing in Richmond had in 1928 begun an affiliation with the College of William and Mary and was the first school in Virginia to participate in a five-year program.[346]

Students who attended the public health nursing program at Saint Philip and later at MCV were encouraged to take academic courses not offered at MCV at the University of Richmond, Richmond Professional Institute, Virginia Union University, or any other accredited college approved by the Department of Public Health Nursing.[347]

The Richmond Division of the College of William and Mary in 1943 discussed with MCV the possibility of turning over to MCV the education of white public health nurses. The College of William and Mary no longer considered the program closely related to social service education and enrollment had decreased.[348] The MCV nursing school took over the program in 1944.

Dr. Yingling worked with Dr. Edmund Berkeley at the University of Richmond in 1959 to develop a plan by which the University of Richmond would provide the general education courses for the School of Nursing. Dr. Berkeley wrote a position paper in favor of the idea, but it was not necessary to bring the plan to fruition since the Medical College was able to obtain membership in the Southern Association of Colleges and Secondary Schools.[349]

With the merger of MCV and RPI to form VCU in 1968, the Academic Campus provided the School of Nursing with the pre-nursing major in the lower division. Students wishing to enter the School of Nursing from any

accredited college or university, including VCU, had to apply to the school. Students at VCU did not have priority.

The School of Nursing worked closely with the Academic Campus and other colleges in the area when plans were made for lower division curriculum revisions. The School of Nursing, as an upper division major, was dependent on transfers from the community college system and senior colleges, especially in the state of Virginia.

Higher Education Summary

The School of Nursing had maintained a relationship with an institution of higher education since its founding; but prior to 1925, the school was not considered an academic school at MCV. The school was reliant on faculty from the various MCV schools to teach the majority of classes. Faculty in the School of Basic Sciences have remained an integral part of the School of Nursing faculty, and the medical school faculty played a significant role until the late 1950s. College and university faculty from institutions in the surrounding area taught the general education courses until the school became an upper division major in 1969.

The school was involved with the Richmond Division of the College of William and Mary; during the 1920s, senior students took a course offered by the School of Social Work and Public Health. Beginning in 1932, a student who attended the college for two years and MCV for four years could receive a bachelor of science degree from the College of William and Mary.

The merger of MCV and RPI to form VCU in 1968 provided the School of Nursing with the pre-nursing major in the lower division. The School of Nursing worked closely with the Academic Campus and other colleges when revisions were necessary in the lower division. The school depended on

transfers from the community college system and senior colleges, especially in the state of Virginia.

Chapter Summary

The MCV School of Nursing began as a hospital based school of nursing as did most nursing schools founded prior to the 1940s. The school moved from a basic diploma program into the collegiate mode in the early 1950s, but it took until 1960 for MCV to become completely out from under hospital domination. The faculty were constantly making modifications to improve the school's programs and to meet accreditation standards. The many changes that occurred at the nursing school were reflections of changes in health care, nursing education, and higher education.

The five elements in nursing education at the MCV School of Nursing will be compared with the national standards and trends in these same elements in the next chapter. Conclusions will be made based on the comparisons.

Notes

[1]See C. Robins, "Beginnings in Nursing Education Under Sadie Heath Cabaniss," Bulletin MCV 25 (February 15, 1929), p. 5; and "Heads of the Medical College of Virginia School of Nursing," Box 82/June/34, #1, fol. History Information, Archives Tompkins-McCaw Library, Richmond, Virginia. (Typewritten).

[2]Virginia Nurses Association.

[3]Anne F. Parsons, "Sadie Heath Cabaniss Virginia's Pioneer Nurse," Box 82/June/34, #1, Archives Tompkins-McCaw Library, Richmond, Virginia. (Typewritten).

[4]Virginia Nurses Association, p. 8.

[5]Minutes of Board of Visitors 1854-1906, meeting 19 March 1896, p. 181. (Handwritten).

[6]MCV Board of Visitors meeting 10 June 1900. (Handwritten).

[7]MCV Board of Visitors meeting 16 May 1905. (Handwritten).

[8]Memorial Training School for Nurses Application, 1908.

[9]Memorial Training School for Nurses Application, 1910.

[10]Questionnaires, fol. Schools of Nursing-Historical, Early 1900s, Archives Tompkins-McCaw Library, Richmond, Virginia.

[11]Rose VanVort to Helen Zeiger, 2 May 1928, Archives Tompkins-McCaw Library, Richmond, Virginia.

[12]"Heads of the Medical College of Virginia School of Nursing."

[13]School of Nursing, MCV 75 Years.

[14]"Heads of the Medical College of Virginia School of Nursing."

[15]The X-Ray, 9 (1922), p. 120.

[16]Virginia State Board of Examiners of Nurses 1920-1926, Annual Report of Inspectors of Training Schools of Virginia 24 May 1922.

[17]"School of Nursing," Bulletin MCV, Announcements for 1925-1926 23 (June 1926): 2.

[18]Virginia Nurses Association, p. 6.

[19]Minutes of the Virginia State Board, Annual Report, January 1925 to January 1926.

[20]Bulletin MCV, 1925-1926, p. 3.

[21]"School of Nursing," Bulletin MCV, Announcement for 1926-1927 23 (June 1926): 121.

[22]Medical College of Virginia, Minutes of the Executive Committee January 1927 to May 1932, meeting of 5 April 1929, p. 235. (Handwritten).

[23]"President's Report," Bulletin MCV 36 (June 15, 1929): 7.

[24]"Heads of the Medical College of Virginia."

[25]Taped interview with Harriet Patteson, alumna of MCV School of Nursing, Richmond, Virginia, 5 December 1978.

[26]Bulletin MCV, Centennial Year Session 1937-1938 35 (September 1938): 31.

[27]Lulu K. Wolf Hassenplug to Betsy Bampton, 2 September, 1986, Archives Tompkins-McCaw Library, Richmond, Virginia.

[28]Gwendolyn Safier. Contemporary American Leaders in Nursing: An Oral History (New York: McGraw-Hill Book Company, 1977), p. 91.

[29]Ibid., pp. 90-91.

[30]"School of Nursing," Bulletin MCV, Announcements for 1937-1938 33 (May 1936): 61.

[31]"Heads of the Medical College of Virginia."

[32]"President's Report," June 1939, p. 7.

[33]School of Nursing MCV 75 Years.

[34]"Heads of the Medical College of Virginia."

[35]Louise Grant, "Progress Report to the NLNE," April 1939 to October 1939. (Typewritten).

[36]"School of Nursing," Bulletin MCV, Announcements for 1941-1942 38 (May 1941).

[37]NLN Committee on the Administration of the Accrediting Program, "Report of the Survey of MCV and Saint Philip Schools of Nursing," 12 December 1942, p. 21.

[38]Hurd, "Building a Curriculum," p. 120.

[39]See "Heads of the Medical College"; and Schools of Nursing, MCV 75 Years.

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CHAPTER 6

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

How Does MCV Compare?

The purpose of this study was to trace the development of nursing education at the Virginia Commonwealth University/Medical College of Virginia School of Nursing from its inception in 1893 through 1981. The question of primary importance to this study was: What are the major trends in selected elements in nursing education at the MCV School of Nursing from 1893 through 1981? The elements studied were faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and higher education. The national standards and trends in these selected elements also were identified. The trends in nursing education at the MCV School of Nursing and the national standards and trends as they relate to each element will be summarized and analyzed. The major accomplishments of the School of Nursing also will be summarized. The questions: how do trends in the selected elements in nursing education at the nursing school compare with national standards and trends and was the school a leader in nursing education will be addressed in this chapter. Conclusions based on the data and recommendations for further study will be made.

Summary, Analysis, and Comparisons

Faculty Qualifications

The requirements for faculty to have an advanced academic degree evolved over time. The comparison of MCV with national standards and trends is summarized in Table 6.1, Faculty Preparation.

1894-1913. It was not unusual for a nurse to have been a former teacher prior to entering nurses training as was Sadie Heath Cabaniss, director of the Old Dominion Training School. The students at MCV and most of the training schools were taught theory by physicians and nursing care and practical duties by the diploma graduate nurses. Very little is known about the qualifications of the early superintendents at the schools at MCV except for Miss Cabaniss and Miss Randolph who both became leaders in nursing in Virginia. According to 1912 statistics, approximately one-half of 315 schools had no paid instructors. MCV was in this category.

1914-1949. The NLNE, in 1917, suggested qualifications that the superintendent, or director of nursing, and instructors should meet. The league did not stipulate educational requirements. They recommended that most schools should employ at least one regular nurse instructor and physician specialists for all subjects dealing with diseases and their treatments. MCV did not hire a full-time instructor until 1925, eleven years after the first instructor was hired in Virginia. Miss Reitz, who became director in 1922, was a diploma graduate with twelve years of experience, three in which she was an assistant supervisor of nurses. Whether the instructor and director met the other qualifications was not known. Physicians at MCV continued to teach the theory on diseases.

TABLE 6.1

FACULTY PREPARATION

Year	Standard	National	Southern Region	MCV
1894-1913	None	Diploma		Diploma
1932	None	20% College preparation		50% College preparation
1941	BA or BS			51% College preparation
1949	BA or BS	**84%*:** 16% master's 68% bachelors		**66.6% :** 25.9% 40.7%
1953	BA or BS	**Collegiate Schools:** 36 master's		52% (1951)
1956	BA or BS	**Collegiate Schools:** 3.1% doctorate 55.6% master's 36.3% bachelor's 2.5% no degree 2.5% not reported		 50% 50% - -
1960	Master's	**Collegiate Schools:** 4% doctorate 71% master's 24% bachelor's 1% no degree		 4.7% 57.0% 38.0% -
1967	Master's	6.4% doctorate 80.4% master's 12.9% bachelors .3% no degree	3% 70% 27% -	7% 72% 21% -
1971	Master's (1966)	7.3% doctorate 78.2% master's 14.2% bachelor's .4% no degree	5% 78% 17% -	13% 78% 9% -
1974	Increase # with doctorate	88% advanced degrees	-	96%
1980	Increase # with doctorate	13.4% doctorate 81.4% master's 5.1% baccalaureate 0.1% no degree		25% 75% - -

*Group I-Top 25% of schools.

The Curriculum for Schools of Nursing, published in 1927, still did not include minimum education requirements for faculty. It was stated that a school of any standing should have at least one full-time instructor. For an unknown reason, Dean Elizabeth Reitz was not reappointed; and in 1920, Miss Helen Frances Zeigler, a previous teacher and graduate of two prestigious schools, Johns Hopkins and Teachers College, Columbia University, was hired. In 1930, the full-time faculty consisted of the dean and Miss Lulu Wolf, with the basic degree, and two diploma graduates. Miss Wolf met the criteria suggested by the NLNE and went on to become an outstanding nurse leader in the United States. At that time, at least 50 percent of the school faculty had college preparation but nationally, in 1932, only 20 percent of the school faculty had college preparation. A full-time instructor was employed in 50 percent of the schools, and 25 percent had more than one. Instructors were better educated than the director of schools. The reverse was true at MCV.

The public health nurse employed as an instructor in 1933 had a bachelor of science degree. On the whole, public health nurse faculty were better prepared than other faculty because it was necessary to take post-diploma education to be educated in that area.

The majority of the faculty at MCV and in most schools of nursing were the staff in the hospital. They taught theory and supervised and directed the students in the clinical areas and were supervisors and head nurses in the hospital.

The NLNE in 1933 recommended that qualifications for teaching and supervisory positions be completion of a bachelor of arts or science degree or its equivalent in general liberal arts studies and at least one year of advanced preparation beyond a basic nursing program at the upper division level in

teaching or supervision. A 1934 NLNE report specified that all faculty should be college graduates except in unusual circumstances. In a 1936 report, the recommendations were changed to state that those with more responsible positions should have a broad background of general education beyond high school, and as soon as possible all other members of the faculty should have the same qualifications. This recommendation was a more realistic goal, based on the number of prepared faculty available. Rafuse noted that by 1938 most instructors were working toward degrees. In 1942, the NLNE advocated that all faculty were expected to have a broad general education background and all principals and instructors have a baccalaureate degree in arts or science with advanced education in the field in which they taught or supervised.

Miss Louise Grant, who was appointed dean in 1939, had an advanced degree. The stated minimum preparation for faculty employed by MCV was a college degree with specialized preparation and for head nurses, two years of college. All faculty and head nurses did not meet this preparation level. By 1941, over 50 percent of the total ranked nursing faculty, including the dean, had a college degree. The percentage had increased to fifty-five by 1942, 68 percent had special professional preparation, and 18 percent had some college preparation beyond the diploma. The head nurses with faculty responsibility were less prepared. Nine percent had a college degree, 32 percent had special professional preparation, and 43 percent had some college preparation.

Sybil MacLean, who became dean in 1947, had a master of arts degree; and of the eight full-time faculty, only two did not have a college degree. Of the total ranked faculty, five (16.6%) had master's degrees and twelve (40%) had bachelor degrees or 56.6 percent of the thirty ranked faculty had completed a degree. By 1949, the total ranked faculty had decreased to

twenty-seven of which seven (25.9%) had a master's degree and eleven (40.7%), a bachelor's degree.

A 1948 study found that many schools were expecting faculty beyond the instructor level to have a master's degree, but only fifteen collegiate institutions in 1945 provided master's preparation. The 1949 analysis of 97 percent of the schools showed that 55 percent of the faculty had an academic degree compared to 66.6 percent at MCV. In the schools classified as Group I, or the upper 25 percent of schools in which MCV was included, 84 percent of the faculty had a college degree. A good school of nursing was defined as one in which all faculty had at least a bachelor of science degree. Using this definition, MCV could be considered a good school of nursing.

1950-1972. The average number of faculty teaching in fully accredited schools in 1953 was nine full-time and six part-time. MCV employed nine full-time faculty and forty part-time nurse faculty. The possible reason for the large number of part-time nurse faculty was that the supervisors and head nurses in the specialty areas of the hospital were considered faculty. When the school's diploma program was compared with other schools of a similar type, the faculty were in the 100th percentile of faculty with bachelor degrees, 21st to 30th percentile with master's degrees, and the 100th percentile of faculty with fifteen credits beyond the master's degree. Seventy-seven percent of faculty in fully accredited schools held academic degrees. In 1951, approximately 52 percent of the total twenty-seven faculty at MCV held an academic degree. Statistics indicated that MCV had more faculty with master's degrees in 1951 than faculty in collegiate programs nationally in 1953.

Collegiate programs by 1956 had increased the number of faculty

prepared at the master's level to 55.6 percent. Only 2.5 percent of the faculty had no degree, 3.1 percent of the faculty had obtained a doctorate, and 36.3 percent had completed a baccalaureate degree. In 1957, when MCV offered only a baccalaureate degree, over one-half of its full-time faculty had a master's degree and the remainder were at least prepared at the bachelor's level.

The number of faculty with master's preparation had doubled at MCV from 1959-1960, but the preparation of faculty was not quite up to national percentages. Of the twenty-one full-time faculty, 57 (12) percent had earned a master's degree; 38 (8) percent, a bachelor's degree, and 4.7 (1) percent, a doctorate. Seventy-one percent of the faculty teaching in senior colleges in 1960 had master's preparation; 24 percent, a bachelor's degree; 4 percent, a doctorate; and 1 percent had no degree.

In 1967, 3 percent of the faculty in forty-nine baccalaureate programs in the southern region had doctorate degrees; 70 percent, a master's degree; and 27 percent, a baccalaureate degree. Faculty at MCV were, on the whole, better prepared than those in the southern region. The school's faculty totaled forty-three and 7 percent held a doctorate; 72 percent, a master's' and 21 percent, a baccalaureate degree.

1973-1981. In 1974, 96 percent of the faculty in the school had advanced degrees compared with 88 percent of the faculty teaching in baccalaureate and higher degree programs throughout the country. The 1980 statistics related to faculty in baccalaureate and higher degree programs indicated that faculty were becoming better prepared. Of the 9,531 full-time faculty, 13.4 were educated at the doctorate level; 81.4 at the master's level; 5.1 percent at the bachelor's level; and 0.1 at the diploma level. Twenty-five

percent of the faculty at MCV were prepared with a doctorate, and 75 percent held a master's degree.

Faculty Summary

Faculty preparation at MCV was comparable or exceeded national trends in most instances. The preparation varied from year to year as it did in all schools. Occasionally the qualifications of MCV faculty would drop below national levels. A comparison of faculty preparation from 1894 to 1980 was shown in Table 6.1. The MCV administration and its ability to obtain faculty was under the same constraints as all other schools of nursing. The number of collegiate schools for advanced preparation were limited, and there never were enough prepared faculty available to fill all of the positions and at the same time meet the recommended standards.

Curriculum

Numerous changes have occurred in curriculum since 1891. Nursing education has moved gradually into the arena of higher education. For the purpose of ease of comparison, the section on curriculum has been divided into four parts. They are length of curriculum, content, clinical experience, and student's schedule. Each part was summarized as well as the entire section.

Length of Curriculum

1894-1913. The early training schools were one to two years in length with a one-month probationary period. Virginia Hospital Training School and Old Dominion Hospital Training School initiated two years of study. The Society of Superintendents of Training Schools in 1895 urged the establishment of three-year nursing programs; but at their annual meeting the following

year, the Committee on Uniform Instruction outlined standards for both a two and a three-year curriculum. By 1900, the leading schools had three-year programs. Although the state of Virginia only required as a minimum a program of two years, Memorial Hospital Training School opened in 1903 with a three-year curriculum following two months of probation.

1914-1949. The NLNE recommended in 1917 that a curriculum should be three calendar years and each year should be divided into sixteen week terms. In 1927, the NLNE advocated that schools develop either twenty-eight or thirty-six month plans. Twelve schools by 1920 offered a combined academic and professional degree in a five-year program. The MCV School of Nursing began in 1913 with a three-year curriculum and in 1942 also inaugurated a five-year program. Beginning in 1932, students could attend the Richmond Division of the College of William and Mary for two years, complete the three-year diploma program at MCV, and take an additional year in a specialized course in public health. They were awarded a bachelor of science degree from the College of William and Mary after six years of study. In 1932, 91 percnt of the nursing schools had thirty-six month programs. Hurd found in a 1943 survey that the length of diploma programs varied from twenty-four to thirty-six months. Data collected from 97 percent of the schools in 1949 indicated that the basic diploma program was thirty-six months and the baccalaureate programs were from forty-five to sixty-six months in length.

1950-1972. There were in 1950, 195 basic programs leading to a bachelor of science degree. The four-year baccalaureate program opened at MCV in 1953. The first three years of the program were calendar years and

the last, an academic year. In 1960, the summer session during the freshman year was eliminated. MCV admitted students into a two-year associate degree program in the fall of 1958. The first associate degree program in the United States had been initiated in 1951; and by 1957, twenty-four schools were in progress or preparing to admit students into a two-year curriculum.

A four academic year curriculum was offered by 36 percent of baccalaurate programs in 1968. Forty-eight percent of the schools, including MCV, had a four academic year plus one or two summers; and in 16 percent, the curriculum was longer. The nursing major at MCV was taught in two academic years in 1969 when the school revised the curriculum to offer an upper division major based on two calendar years of prerequisites.

1973-1981. Except for some electives that were available to students who wished to take them in the summer, the length of the basic nursing curriculum at MCV remained the same from 1973 to 1981.

Summary

The length of the diploma program at MCV compared favorably with leading nursing schools in the country. The Memorial Hospital Training School opened a three-year program in 1903 when many programs were still less than three years and Virginia's minimum requirement was a two-year curriculum. It was not until 1932 that 91 percent of the schools offered thirty-six month programs.

Although the school was slow to move into baccalaureate education, this was typical of the majority of the nursing schools in the country. In 1920, twelve schools offered a bachelor's degree after five years of study, but MCV did not offer a formal five-year program until twenty-two years later. The

school had cooperated with the Richmond Division of the College of William and Mary since 1932 with a program in which the student could complete a degree after six years of study. One hundred ninety-five basic four-year degree programs in the country were in operation in 1950, and MCV began its program in 1953.

The MCV School of Nursing was in the forefront in relation to associate degree education. It was among the first twenty-four schools to initiate a two-year program.

The School of Nursing could be considered to be among the better schools in relation to length of curriculum.

Curriculum Content

The formal content presented in the first training schools was limited. Anatomy, materia medica, cookery, and special diseases were the topics covered. Little was documented on the courses in the curriculum at MCV prior to 1908.

1894-1913. Following a review of the content taught in many nursing schools, it was suggested that anatomy and physiology; bacteriology; hygiene; materia medica; contagious diseases; massage; eye, ear, nose, and throat; nervous diseases; urine; gynecology; obstetrics; children; insanity; skin; medicine; and surgery should be required. In 1903, additional courses included were a preparatory course; dietetics; practical demonstrations; nursing care; and a course covering history of hospitals and nursing, hospital economics, ethics of nursing, district nursing, and public health.

The graduate nurse examination in Virginia tested content related to contagious diseases, urine, gynecology, obstetrics, children, medicine, surgery,

dietetics, and practical nursing. It could be assumed that the Memorial Hospital Training School included these at least in the curriculum. The topics taught at MCV in 1908 expanded to include care of the eye, ear, and throat diseases; materia medica; anatomy and physiology; bandaging; massage; invalid cooking; and operating room techniques. Contagious diseases and urinalysis had been deleted; but in 1910, contagious diseases was again part of the content taught as were diseases of the skin, hygiene, sanitation, and dietetics. The theory component was much the same as that suggested in 1902 and 1903 articles in the American Journal of Nursing recommending content for schools of nursing. The preparatory course, nervous diseases; insanity; nursing care; and a special course on history, ethics, economics, and district and public health nursing, were not listed in the school application as separate courses.

The preparatory or preliminary course begun in 1901 at Johns Hopkins Hospital Training School was added gradually to the curriculum of a number of schools; and by 1911, eighty-six schools had developed a course. The fact that MCV was moving toward the establishment of a preliminary program was mentioned in a 1905 newspaper article, but no data was available to verify if the course was initiated at that time.

1914-1949. The NLNE recommended a general scheme of theoretical instruction in 1917. It was not known whether the theory taught at MCV was comparable. In 1918, the Virginia Board of Graduate Nurse Examiners considered using the curriculum in effect at MCV as a standard for other schools in Virginia but later that year recommended that the training schools adopt the NLNE standard curriculum. MCV was the only school in Virginia that taught public health nursing. it was noted in a 1924 report from the New York Regents that the school had reorganized the classwork to meet the

requirements of the Virginia state curriculum. The complete curriculum was published in 1925 in the College Bulletin. The curriculum included a total of 557 hours of theoretical instruction compared to 585 to 595 suggested in the NLNE 1917 standard curriculum. This meant that MCV taught twenty-six to thirty-six less hours than recommended in 1917. The division of hours by term is illustrated in Table 6.2.

TABLE 6.2

COMPARISON OF THE DIVISION OF THEORETICAL HOURS BY TERM IN 1917

Term	NLNE Hours	MCV Hours
First Year:		
First Term	265	228
Second Term	80-90	106
Total	345-355	334
Second Year:		
First Term	60	72
Second Term	60	50
Total	120	122
Third Year:		
First Term	60	101 (4 months)
Second Term	60	-
Total	120	101
Grand Total	585-595	557

The first year was much heavier in classroom hours than the other two years. The NLNE divided the last two years into equal terms while at MCV the third year was made up of two terms of unequal length and with all the didactic taught the first term. The theoretical instruction in the recommended curriculum and that taught at MCV were fairly similar. The MCV program differed from the standard curriculum with twenty-six hours more content on medical diseases and courses on dental hygiene and tuberculosis nursing. MCV did not teach special courses on special therapeutics, professional problems, emergency nursing and first aid, and electives. Many of the numerous courses in both curricula seen in Table 6.3 are allotted ten hours or less, which resulted in a fragmented curriculum.

In 1927, the NLNE recommended as a guide a curriculum with 825 hours; that year, MCV had increased to 657 hours. In 1930, MCV taught just over 800 hours of theory. Courses in sociology, public health, and prevention of disease had been incorporated into the good schools in the early 1920s. None of these courses was taught during the 1920s at MCV. In 1928, MCV introduced community hygiene into the curriculum. It was not the same as public health nursing, but it did focus on the health of the community. A course called case study method was begun in 1929. This method of teaching had been popular for about nineteen years. In 1941, sociology was taught as a separate course for the first time.

In 1917, the NLNE had suggested the use of a central school to provide for a strong theory base for small schools. A greater emphasis was placed on the Central School of Nursing at MCV in 1928 although a Central School had been in existence there since 1913.

The NLNE Committee for the Study of Nursing Education in Colleges and Universities had in 1931 recommended the use of the 1927 curriculum

TABLE 6.3

COMPARISON OF THEORETICAL INSTRUCTION

Course	Hours NLN (1917)	MCV (1925)
Anatomy and physiology	60	60
Bacteriology and pathology	20/10	20
Applied chemistry	20	35
Dietetics	40/10	50
Hospital housekeeping	10	8
Elementary nursing	60	60
Bandaging	10	12
Historical, ethical and social basis of nursing	15/10	24
Hygiene and sanitation	20	24
Materia medica	20	20
Nursing in medical diseases	20	36/10
Nursing in surgical diseases	20	10
Elements of psychology	10 (recommended)	10
Nursing in communicable diseases	20	20
Nursing of infants and children (including infant feeding)	20	28
Massage	10	10
Dental hygiene	-	8
Gynecological nursing	10	10
Orthopedic nursing	10	8
Operating room technique	10	10
Obstetrical nursing	20	20
Nursing in diseases of the eye, ear, nose, and throat	10	10
Anatomy of special senses and nerve	-	16
Nursing in mental and nervous diseases	20	16

TABLE 6.3 (CONTINUED)

Course	Hours	
	NLN (1917)	MCV (1925)
Nursing in occupational, venereal and skin diseases	10	10
Special therapeutic (including occupation therapy)	10	-
Survey of nursing field	10	Integrated
Modern social conditions	10	6
Professional problems	10	-
Emergency nursing and first aid	10	-
Electives	30	-
Nursing in tuberculosis	-	6

guidelines as a minimum standard. MCV began, in 1932, to encourage students to take a pre-nursing course of two years before entering MCV. The School of Nursing did not really change the nursing curriculum for those students who were going to receive a baccalaureate degree. The nursing component was the same as for those students receiving a diploma but with an additional year in a specialized course in public health nursing.

In 1932, the typical school included 701 hours of instruction compared to 825 hours recommended by the NLNE. MCV in 1932 provided for 779 instructional hours. This was a reduction of 39 hours since 1930. The 1937 NLNE standards suggested 1,145 to 1,255 hours of organized instruction. MCV had reached 962 hours by 1938.

The course groupings recommended by the NLNE were somewhat similar to those offered at MCV in 1937, as seen in Table 6.4. MCV had a greater emphasis on the medical sciences and slightly less on the social sciences and nursing and allied arts than suggested in the national standards.

TABLE 6.4

1937 COURSE GROUPINGS

	Percentages	
Course Grouping	NLNE Recommendations	MCV
Biological and Physical Sciences	20%	20%
Social Sciences	15%	11%
Medical Sciences	25%	32%
Nursing and Allied Arts	40%	37%

MCV had correlated biological and social science courses by 1938, and all theory was taught before practice but often many months before the application of the theory. Although the MCV curriculum was not in complete alignment with the 1937 curriculum guide, the school stressed health needs, teaching of health, social education, individual nursing care, and self improvement of the student. The individual nurse and her development were considered a priority by the NLNE.

Although the NLNE advised the inclusion of public health nursing in the 1927 curriculum guidelines, it was not offered in most schools of nursing. Some short courses and special programs in public health nursing were developed in the late twenties and thirties. Public health nursing had been part of the curriculum at MCV in 1913 but later was offered only as an elective. A public health nursing program was included at Saint Philip School of Nursing in 1936 and was the first provided for black students in the south. This program was not begun for white students at MCV because a similar program was offered by the School of Social Work at the Richmond Division of the College of William and Mary.

In most of the nursing schools during the 1940s, students took a large number of nursing courses named after the hospital services and a few science courses. Gradually, in some schools, integration of nutrition, diet therapy, pharmacology, and common strands across the courses occurred. This integration was not noted in the data on MCV until the 1950s. The total number of hours of classroom instruction in 1943 varied from 105 to 4,057 hours. The median of 1,103 hours compared to 1,110 hours at MCV.

The school, in 1942, introduced a combined program leading to a baccalaureate degree. Two years of cultural and liberal arts work taken at any accredited school preceded the three-year diploma nursing component.

The faculty had planned the nursing so that courses now correlated with clinical practice, but an uneveness of the number of class hours for each term still existed. The NLNE had been advocating the correlation of theory and practice since 1927.

Rural nursing began to appear in the curriculum in schools after 1943 when it was introduced at the University of Minnesota. It was begun in 1953 at MCV and was offered for a few years.

There was little indication prior to 1953 that the faculty at MCV used the recommendations for an integrated curriculum from Hurd's 1943 study. The fragmentation of the curriculum was lessened with the implementation of the new four-year baccalaureate program in 1953 but the complete integration that Hurd suggested was not used.

Data collected in 1949 from 97 percent of the schools of nursing indicated that MCV compared favorably to the NLNE Standards. Although MCV was placed in Group I with the better schools of nursing, the school was in the second 25 percent in relation to curriculum. This meant it was in the upper half of schools that met minimal standards. Table 6.5 shows the comparison figures.

1950-1972. The five year baccalaureate program offered at MCV in 1950 with two years of college and the last three years of diploma education was similar to 66 percent of the 195 baccalaureate programs in the United States. Even though they were called collegiate programs, they were not in the true sense of the word. The opening of the four-year program in 1953 at MCV was the beginning of what was to become a true collegiate program. The faculty's continuing commitment to higher education could be seen in the published philosophy and objectives of the school. Prior to the initiation of

TABLE 6.5

COMPARISON OF DATA OF INSTRUCTIONAL HOURS, 1949

	HOURS				NATIONAL %	
	NLN Standards	Composite Diploma	Baccalaureate	MCV	Diploma	Baccalaureate
Instructional Program	1,145	1,350	1,000	1,220 (45 hrs. of English)	68%	100%
Biological-Physical Sciences	215-255	255	-	230	75%	95%
Social Sciences	165	150	-	150	20%	70%
Medical Sciences, Nursing, and Allied Arts	765	975	-	795	72%	90%

the new program, faculty had surpassed the minimum instructional hours of 1,145 hours suggested by the NLNE. MCV provided students with 1,347 formal planned instructional hours in 1950. The curriculum had been expanded to include additional public health education.

The instructional hours at MCV were decreased by twenty-nine hours in 1951 but were still well within the suggested number. Hours were redistributed to make them more in line with the NLNE recommendations. Thirty less hours were assigned to the social sciences, but an additional forty-five hours of English were taught. The instructional hour changes are illustrated in Table 6.6.

TABLE 6.6

INSTRUCTIONAL HOURS - 1951

	Hours	
	NLNE Standards	MCV
Biological Sciences	215-255	232
Social Sciences	165	135*
Medical Science	60	105
Nursing and Allied Arts	705-725	801
English	-	45
Total	1,145-1,300	1,318

*Additional hours included in Nursing Arts

The faculty in the school followed the suggestions from the NLNE in making curriculum revisions. They also tried to keep pace with national trends. Increased information on public relations, communication skills, interpersonal and professional relationships, and social and health factors of

diseases were added along with social science courses. When the faculty developed the new curriculum, they planned it so students could progress each year to higher levels of self-mastery and performance. This plan was in keeping with Bridgman's ideas. Bridgman's influence also was seen with the integration of various concepts throughout the curriculum and with the emphasis on human relations and communication.

In the fall of 1957, six years after the initiation of the first associate degree program, twenty-four programs were in progress or preparing to admit students; included in the group was the MCV nursing school. It was hoped that this new program would alleviate a nursing shortage at the hospital. The curriculum plan at MCV was similar to those in other programs. MCV began with a greater emphasis on the humanities than the social sciences, but that was reversed gradually. The nursing content was organized in broad areas, and pharmacology was incorporated into the nursing courses. It was necessary in 1961 to increase the content in pharmacology and nutrition, based on student and employer feedback.

The 1960 revision of the basic baccalaureate nursing program at MCV adhered to the NLN criteria. The summer session following the freshman year was eliminated. This change helped to make the program more like other nursing programs. As the NLN advocated, 50 percent of the curriculum was allotted to general education, including humanities and basic sciences; the majority of the nursing courses were in the upper division. The curriculum was integrated with traditional elements; and focus was on the development of the student as an individual, with the ability to problem solve and practice general professional nursing, including public health nursing, with judgment and depth of understanding.

The number of associate degree programs were accelerating rapidly nationwide. With the advent of the community college system in Virginia; an increase in applicants for the baccalaureate program, and the problems with two distinctly different programs in the same school, MCV closed its associate degree program in 1965.

National trends moved in the direction of the overall conceptual framework with an integrated curriculum. More emphasis was placed on health, community, and collaboration with the health team. With the change to offering nursing as an upper division major in the School of Nursing, the revised curriculum was in close proximity with national trends. The faculty had made the decision to have a modified integrated curriculum and to retain the specialty areas. Horizontal and vertical strands that Bridgman had suggested in 1953 were used throughout the curriculum.

The major changes in curriculum noted in 1972 were the increased involvement in the community and the early introduction of family and community concepts. These changes were reflected in the curriculum at MCV also.

1973-1981. The School of Nursing tried to keep pace with national trends. Health assessment, nursing research, and nursing theorists were integrated in the curriculum rather than being offered as separate courses. The use of computers had not been developed in the basic nursing program at MCV by 1981. On both the national and local level, no major alterations in the curriculum of the basic baccalaureate program were made.

Summary

Historically, the content included in the early training school's curriculum was limited. Based on this data and the curriculum offered at MCV in 1908, it was likely that the theoretical content provided by the Virginia Hospital Training School and Old Dominion Hospital Training School was minimal. It might be expected that the curriculum offered at Old Dominion from 1895 to 1901 was similar to Johns Hopkins School of Nursing where Sadie Heath Cabaniss, the superintendent, received her training and experience.

The courses taught in all of the schools were fragmented, and MCV was no exception. Similar types of courses for the most part were taught at MCV as those suggested based on data collected in a 1902 and 1903 review of programs. The concept of the Central School was developed at MCV prior to the 1917 recommendation by the NLNE.

Although little data was available as to what theoretical content was included in the curriculum prior to 1925, it is known that the school was accredited by the New York Board of Regents and the Virginia Board of Graduate Nurse Examiners. In 1918, the Virginia Board of Graduate Nurse Examiners considered using the MCV curriculum plan as the model for other schools in the state.

It was noted in the 1925 Bulletin that the school's curriculum included 557 hours of didactic which were twenty-six to thirty-six less hours than national standards published in 1917. On the whole, however, the hours assigned each year were fairly comparable except for the senior year. The MCV program was weak in special therapeutics, emergency nursing, and professional problems content and was heavy on medical disease content. It was possible that these areas were included within another course.

Good schools of nursing were teaching sociology, public health, and prevention of disease in the early 1920s. Although MCV had included public health when Miss Minor was superintendent in 1913, data were not available as to when it was no longer taught; it was not included in the 1925 Bulletin. Community hygiene, which focused on the health of the community, was introduced in 1929 and sociology in 1941. In 1927, MCV was 168 hours short of meeting national standards of 825, and it was not until 1930 that the school exceeded 800 hours.

The typical school in 1932 provided for 701 hours of instruction; MCV, 779; and a national standard that was recommended was 825 hours. By 1938, MCV offered 183 hours less theory than the minimum national standards of 1,145.

The 1937 curriculum at MCV was not in complete alignment with national standards, but the faculty was working toward it. The courses did not always correlate with the clinical component, but they were prerequisites. The school was stressing health needs, teaching of health, social education, individual nursing care, and self improvement of the student, which was in line with the NLNE curriculum recommendations.

MCV offered the first public health short course for black nurses in the south at Saint Philip School of Nursing in 1936. These postgraduate courses had begun in the late 1920s and 1930s.

Most of the schools, including MCV, during the 1940s continued to offer many courses related to the hospital services. Some schools gradually began to integrate into the theory nutrition, diet therapy, pharmacology, and common strands. The school opened a combined program of two years of college added to the three years of diploma nursing in 1942. In 1943, MCV taught

1,110 hours of theory; the national median was 1,103. The same year, rural nursing was first offered; and ten years later, MCV included the option in its curriculum for a few years. Although rural nursing was taught in a number of schools, it never really gained momentum.

The school had surpassed the national standard of a minimum of 1,145 instructional hours by 202 hours in 1950. The curriculum had been expanded to include public health nursing. In 1951, the hours were redistributed by the faculty to correspond more with NLNE recommendations.

In two-thirds of the 195 baccalaureate programs available to students in 1950, the nursing major was a diploma program. In 1953, MCV moved from this model into a true collegiate model with the initiation of a four-year baccalaureate program.

MCV was one of the first twenty-four schools to initiate the associate degree program. The program opened the year after the demonstration project was completed. The curriculum plan at MCV was comparable to the other programs, and it was based on Dr. Montag's original proposal in 1951.

The school kept pace with national trends and NLNE recommendations. The majority of the nursing courses were in the upper division, and approximately one-half of the total theory was allotted to general education. The similarity of the content in all schools increased because of the need to meet specified criteria for accreditation. Schools varied in their approach to the presentation of the content. The trend of incorporating various concepts throughout the curriculum continued. Many schools adapted a completely integrated curriculum for the nursing major. In 1969, when MCV switched to offering only the upper division major, faculty elected to offer a modified integrated curriculum and to retain the specialty areas. The school kept

abreast of national trends by building the curriculum around a conceptual framework; revising the curriculum to include nursing research, health assessment, nursing theorists; and focusing on the individual, family and community.

The theory content offered by the MCV School of Nursing did not always meet national standards recommended by nursing leaders or the nursing organizations. The content, however, was not unlike that offered in many of the other schools in the country; and in some areas, MCV surpassed the majority of other schools. MCV could be considered a leader in associate degree education. Curriculum content was a large component of the accreditation process; and the school maintained its accreditation for the diploma program, associate degree program, and the four-year baccalaureate with the national accrediting agencies.

Clinical Experience

1894-1913. Students began work on the ward in many cases the day after they arrived. They usually began their experience on medicine and surgery wards and later expanded into other wards and departments. The length of time in each area varied. Student assignments to medical nursing, surgical nursing, and gynecology were the services suggested in the 1886 standards. Clinical experience was to begin with housekeeping and simple nursing duties with increasing responsibilities until the third year when the student was assigned to district nursing, special duty in the homes, or executive work. MCV students were assigned to various services and wards and special duty for a definite period, but the length of time was not consistent for every student. Since it was necessary by 1904 in Virginia to

pass an examination to be registered, it was possible that students may have had practice in the areas tested. Those specialties were medicine, surgery, obstetrics, gynecology, infants and children, and contagious diseases.

1914-1949. Little data were available on the clinical practice of students at MCV until 1927. There were similarities in the clinical instruction proposed in the 1927 NLNE curriculum standards and that followed by MCV in 1927 and 1930. The two are compared in Table 6.7. The school made curricular changes in 1930 that affected clinical practice. Some of the changes brought clinical practice more in line with the NLNE recommendations.

According to a 1930 report, one-third of the student's time was spent in maid's work. MCV was no different. A graduate stated that the students did nursing and housekeeping on the wards. Although the MCV curriculum included theory in psychiatric nursing and communicable diseases, students were not assigned to clinical practice in those areas. This was not unusual since 73 percent of the nursing schools did not provide experience in psychiatric nursing and 66 percent gave no time in communicable disases. Table 6.8 illustrates the training suggested by the NLNE, that given by MCV, and national trends.

MCV compared well with the national trends but not so well with the NLNE recommendations. The weakest area for clinical practice was in communicable diseases and psychiatric nursing. In 1942, some MCV students were assigned to psychiatric patients, but it took until 1945 before three months of clinical practice were added. Clinical experience in tuberculosis nursing began in the outpatient department in 1947, and the next year communicable disease nursing was included in pediatrics. By 1949, 71 percent of the schools of nursing provided clinical time in medicine, surgery,

TABLE 6.7

COMPARISON OF PRACTICAL INSTRUCTION

Service	Months		
	Recommended (1927)	MCV (1927)	MCV (1930)
Preliminary Course/First Term	4	4	4
Medical	5	5	7
Surgical	6	5	7
Pediatrics (including infant feeding)	3	5	3
Obstetrics	3	3	3
Delivery Room	-	1	-
Operating Room	(included in surgical)	3	3
Accident Ward	-	2	2
Social Service	-	2	-
Neurological	2 (includes psychiatric)	2	-
Outpatient Department	2	1½	integrated
Diet Kitchen	(included in medical)	1	2
Communicable Diseases	3	-	-
Eye, Ear, Nose and Throat; Skin; Metabolism; or Other Specialties	1	-	-
Special Duty	-	-	1
Electives	4	-	2
Vacation	3	1½	2

TABLE 6.8

1934 COMPARISON OF PRACTICAL TRAINING

	Months		All Students Receiving		
	NLNE Standard	MCV	Less	Same	More
Surgical	4	7	5%	7%	88%
Operating Room	2	3	11	40	49
Medical	4	5	16	19	65
Diet Kitchen	1	2	16	61	23
Obstetric	3	3	15	40	45
Pediatric	3	3	33	49	18
Communicable Diseases (does not include TB)	2	0	89	6	5
Psychiatric	2	0	88	5	7
Night Duty	4	3-4	36	26	38

obstetrics, pediatrics, psychiatry, and at least an experience in tuberculosis, public health, nursery school, or rural nursing. MCV was included in this group.

1950-1972. In 1950, MCV increased the practice time in the care for patients with tuberculosis, and all students in the degree program had two months' field experience in public health nursing. Prior to this, public health was an elective; many baccalaureate programs included public health by 1964. Most schools provided affiliations in one or more fields; MCV students went to Crippled Children's Hospital for part of their pediatric experience.

With the advent of the associate degree program, clinical practice time was based on learning needs, and hospital and health agencies were used as laboratories. The major specialty areas of medicine, surgery, obstetrics, pediatrics, and psychiatry were used for clinical experience by MCV and all schools offering an associate degree.

Baccalaureate programs using the integrated curriculum and those that were designed around specialties both assigned students to the specialty areas for clinical experience. As schools became independent of hospitals, assignments were based more on educational need and students spent more time in a variety of agencies outside the hospital. MCV was able to move into this mode, beginning with the entering class of 1960. There continued to be less fragmentation of clinical courses in baccalaureate programs, including MCV; and experience in the emergency room, operating room, diet kitchen, outpatient department, central supply room, and with patients with tuberculosis and contagious diseases were integrated or deleted from the curriculum.

The NLN no longer outlined a specific clinical plan to follow. At MCV and other NLN accredited programs, students were assigned to care for

patients in specialty areas, but the major focus was learning to problem solve to meet the total needs of the patient and family. Students were given the opportunity to plan, implement, and evaluate nursing care. Clinical experiences were planned so students would be able to develop the competencies needed to perform technical, interpersonal, teaching, and management skills in a variety of settings.

1973-1981. Continued emphasis was placed on prevention and promotion of health, and the placement of students in clinical areas reflected this. Schools increased their use of agencies in the community and used them along with acute care settings. As the size of classes and the number of baccalaureate and associate degree schools increased, it was necessary to contract with hospitals in the schools' general area to provide clinical experience. It was possible that a student could graduate from MCV and have very limited clinical experience in MCV Hospitals.

The specific amount of time spent in the various clinical areas was no longer dictated by the NLN. Clinical experiences varied in different schools, but students had to have been provided with appropriate experiences so they could function at a beginning level as graduate nurses.

Summary

MCV seemed to be similar to the majority of other schools of nursing in the amount and kinds of clinical experiences they provided for the students. Prior to the 1960s, the time spent in the clinical area was based largely on hospital needs. Although the school in 1927 and 1930 did not assign students to the exact services and for the time recommended by the NLNE, the schedules were similar. All students rotated through the recommended areas

in 1930 except for neurological; communicable disease; eye, ear, nose, and throat; skin; and metabolic units.

When comparing MCV with NLNE suggested standards and national trends in 1934, MCV compared favorably with national trends. The only two areas in which it did not meet the NLNE standards or provide more clinical time were in communicable disease and psychiatric nursing. Nationally, 89 percent of the students did not have two months of psychiatric nursing and 89 percent were not assigned to communicable disease nursing for two months. MCV was included in the 71 percent of schools in 1949 that assigned clinical time in their curriculum in the five basic specialty areas and an experience in tuberculosis, public health, nursery school, or rural nursing.

Public health experience had been included at MCV in the curriculum off and on since 1913. It was an elective until 1950 when it was required of all students in the degree program. The number of baccalaureate programs that offered public health had increased significantly by 1964.

When MCV initiated the associate degree program in 1958, the clinical portion of the curriculum was similar to all of the other associate degree programs in the country. Clinical assignments were made in the major specialty areas based on the learning needs of the student.

Because the MCV nursing school had begun its basic program under the auspices of the hospital, it was not until 1960 that it was able to gain its complete independence. At that time, all assignments in the baccalaureate program could be made on a learning need basis. A precedent had been set in 1958 when the faculty in the associate degree program provided clinical practice based on learning needs. MCV kept pace with the trend in baccalaureate programs to make use of a variety of agencies to provide learning experiences for students.

Student's Schedule

Student nurses had grueling schedules; and because of the hospitals need for staffing over the years, they continued to have a heavy schedule. Faculty control of the students' clinical time, assignments based on needed learning experiences, and credit for clinical hours all helped to decrease the students' committed time. Although the student nurses' schedule was usually heavier than that of many other professional students, over time it became more realistic.

1879-1893. Student nurses all over the country worked a minimum of twelve-hour shifts. If they were not busy during the day, they had two hours free to eat, attend class, and study. Students assigned to days were scheduled to have one or one-half day off a week plus time for church. They were assigned to approximately seventy-four hours a week on days and eighty-four hours when working nights. Students who attended the Virginia Hospital described a similar schedule.

1894-1913. In 1895, national leaders urged an eight-hour day; and in 1905, MCV went to an eight-hour system on days. Students were assigned a twelve-hour shift with four hours free for class, eating, and study. Those assigned to night duty at MCV worked twelve hours every night for a month. Frequently, MCV students worked nights for three straight months with one day off at the end of each month. The national trend of students working long hours continued, and only 10 percent of 692 schools in 1911 had eight-hour days.

1914-1949. A ten-hour day or night shift with one afternoon and Sunday free of class work and study was recommended by the Committee on

Education of the NLNE in 1917. Committee guidelines also stated that night duty should not exceed a total of four months and not more than two months scheduled at one time. MCV, by 1922, had reverted back to the twelve-hour day shift with only two free hours. Students were given one-half day off a week and alternate Sundays. The 1925 schedule included fifty-four clinical practice hours a week on the day shift and seventy-four on the night shift after the first four months. Students spent twenty hours a week on the ward during the preliminary term.

The committee that prepared the 1927 standard curriculum encouraged a six-day week with two one-half days, or preferably one full day, off a week. A ten-hour day or night assignment, including classes, was recommended. Many schools continued to assign students to hospital duty twelve hours a day seven days a week. In 1930, MCV students worked a fifty-six hour week on days after the preliminary course.

The NLNE recommended in 1931 that students' assigned week be decreased to forty-eight hours with at least one full day free. In 1924, it stated that students should have at least twenty-four hours a week of uninterrupted rest. Students were assigned in excess of forty-eight hours a week in 88 percent of the schools, and 37 percent assigned seventy hours or more. Most students worked seven days a week with two to three hours off two days a week. The typical school provided 843 hours more of practice than the 6,252 recommended. MCV had decreased the day assignment in 1935 to fifty-two hours a week with two and one-half days off and nights to fifty-six hours per week with two full days off at the end of a month.

The NLNE continued to try to get schools to decrease the amount of time a student was committed each week. Reports in 1936 and 1937 stated

that the student should not be scheduled more than forty-four to forty-eight hours a week. A forty-eight hour week decreased practice time to 4,400-5,000 hours and a forty-four hour week allowed for 3,650-4,400 hours. The NLNE felt that the time spent on nights should be no greater than eight to twelve weeks total. By 1942, MCV had not completely met the recommended hours but was very close. No student was scheduled to greater than forty-nine hours a week, and night duty was approximately three months for the whole program.

Data collected by Hurd from 1,123 nursing schools in 1943 showed there was still a considerable range of assigned hours. The median for clinical practice during the day was 45.65 hours per week and for night duty was 49.01 hours. MCV had planned in 1945 to decrease the schedule of students on night duty to 48 hours; but due to a shortage of nurses, it did not occur until 1946.

The extensive study done in 1949 and reported by West and Hawkins indicated that 68 percent of the schools scheduled a forty-eight hour week, 24 percent a forty-two to forty-four hour week, and 8 percent a forty or less hour week. A composite of the programs studied revealed that in both the diploma and baccalaureate programs the average hours of class, laboratory, and clinical experience should not exceed forty-four hours a week.

1950-1972. Students in newly developed associate degree programs were scheduled a maximum of thirty-four hours a week. With the development of the four-year baccalaureate program at MCV in 1953, the number of scheduled hours was reduced to no greater than forty a week. This remained in effect for seven years.

All programs gradually decreased the scheduled committed time of the student to meet accreditation standards. Accredited schools no longer provided staffing for the hospitals, and it was not necessary to assign students for long hours. Accreditation criteria required credits to be in line with other professional groups and institutional policies. By 1971, students at MCV were assigned to thirty to thirty-two hours a week, including class, laboratory, and clinical practice.

1973-1981. Few changes occurred during this period. Students in baccalaureate programs continued to be scheduled on a credit hour basis, and the total credits were fairly consistent with other schools of nursing and other professional schools.

Summary

It is not surprising that student nurses were scheduled long hours. Many of the early schools were started to staff the hospitals. Until the late 1950s and early 1960s, students in most of the hospital schools of nursing and many of the baccalaureate programs continued to provide staffing for the hospital in return for the cost of their education. Students had little time for themselves because of the heavy schedule, and even through 1981 student nurses tended to have more committed time than many other professions.

MCV and the majority of schools maintained a twelve-hour schedule. MCV was one of the very early schools, and the first in the south, to move to the eight-hour system. For some reason, likely staffing problems, it reverted back to the twelve-hour shift with only two free hours. The school provided some time off while many schools required their students to work seven days a week.

MCV was part of the 88 percent of schools in 1932 that assigned students in excess of forty-eight hours a week. By 1942, the school was aligned closely with the NLNE recommendations. The forty assigned hours at MCV started in 1953 were less than the maximum considered for a good baccalaureate program three years before. From 1960, when the entering students began to pay all of the expenses, the number of hours gradually decreased until 1971 when the student was scheduled for approximately thirty to thirty-two hours a week.

Curriculum Summary

The analysis of the length of the curriculum, the content, clinical experience, and students' schedules suggested that MCV from its inception in 1893 to 1981 was in line with national curriculum trends. MCV did not always meet the standards that were recommended by the national leaders and nursing organizations, but data indicated that it was in most instances striving to reach the standards. The curriculum over time reflected the changes that were occurring in the health field, national standards and trends in nursing education, and recommendations from the accrediting agencies.

The School of Nursing could not be considered among the best schools of nursing in the country but was above average. MCV was placed in Group I, the upper 25 percent of the schools or better schools in 1948. The school had maintained continuous accreditation of which curriculum was a major component.

Admission and Graduation Requirements

Admission and graduation standards increased steadily over the years. The schools of nursing affiliated with institutions of higher education found it

necessary to modify their requirements to meet those of the parent institution.

Admission Requirements

During the very early years of formalized nursing education, the directors of the schools set high personal standards for admission that were very subjective. The educational preparation was limited because few women attended school longer than eight years. There was a wide range of ages from twenty to forty-five years old.

1894-1913. A survey in 1899 indicated that nursing students were chosen by letters of recommendation, one of which had to be from the clergy to attest to the student's character. MCV was no exception. Only leading schools were able to require a high school diploma. MCV did not specify the amount of education required for admission on the 1908 and 1910 application, but the New York Regents required an equivalent of one year of high school in order to maintain accreditation status. The superintendent of nurses stated, in 1910, that a high school diploma should be the minimum requirement as soon as it was expedient.

As the number of training schools increased, the standards for admission decreased because there was a limited number of qualified women available. A 1912 report stated that the age of admission was decreasing and 15 percent of the students were admitted at age eighteen. MCV admitted women twenty-one to thirty-five years of age.

1914-1949. Standards of admission continued to vary, and the nursing leaders were trying to improve them. The NLNE Committee on Education, in 1917, published what it considered minimum standards for admission. A high

school education, or its equivalent, which included courses in English, history, mathematics, science, and Latin, were required; but until all students were able to obtain a high school diploma, a minimum of two years of high school with approved courses in English, history, mathematics and elementary sciences would be acceptable. Virginia required two years of high school, or its equivalent. MCV in 1925 considered applicants with two years of high school; but high school graduates could complete the course in thirty-two rather than the usual thirty-six months. This suggests that the school was encouraging the admission of the high school graduate. Except for history, the courses were much the same as those recommended by the NLNE. The school felt the best preparation was courses in English, chemistry, Latin, and higher mathematics. The standards published in 1927 by the NLNE stated that a student entering nursing should be a high school graduate. Three years later, MCV completely adhered to this standard; but the Virginia State Board of Nurse Examiners in 1932 still only required two years of high school. In 1929, only 65 percent of nursing students in the United States were high school graduates; and by 1932, the number had increased to 84 percent.

It was suggested in the standards that the age of students admitted should be twenty to about thirty-five years old but a mature nineteen year old could be accepted. MCV preferred women twenty to thirty years old but accepted students at eighteen until 1930 when the lower limit was changed to nineteen. In 1929, 60 percent of all nursing students were age twenty to twenty-two on admission. Other criteria for admission remained very subjective. For example, the student had to be physically fit, have normal and stable mental and nervous make-up, and possess a wholesome personality. MCV had similar expectations.

The School of Nursing found it necessary, in 1927, to add policies related to advanced standing and transfer credit. Such policies had been included in the NLNE 1917 guidelines and then again in 1923. The policies at MCV were comparable to the national recommendations.

The 1934 NLNE Committee on the Grading of Nursing School's Report emphasized the need to admit students who met the same requirements as other professionals. Following this report, students admitted were better qualified and 90 percent were high school graduates; but it took until 1944 for all students entering nursing schools to be a high school graduate. The report also suggested that aptitude and intelligence tests be used. MCV had been progressively increasing their admission standards. The candidates from 1933 to 1936 had to have at least an 80 percent in each year of high school work. Beginning in 1939, prospective students for MCV had to pass mental and physical tests to be admitted on a trial basis.

Nursing leaders continued to emphasize the importance of admitting a well-qualified student. The Committee on Standards in 1936 felt that a good school of nursing needed to require at least two years of college level general education although some schools still did not require a high school diploma. Again in 1937, it was recommended that one to two years of College be the minimum standard. Fifteen percent of all students admitted to nursing schools met this standard. Potential applicants to MCV were encouraged to supplement their high school experience with one to two years of college; and by 1939, over one-half of the student nurses had one to four years of college.

The age for admission was lowered in schools where students participated in the U.S. Cadet Nurse Corps. Although students between the ages of seventeen and thirty-five were accepted, MCV only lowered the requirements

to admit mature eighteen year olds. The number of students with one to four years of college decreased to 13 percent, probably because of the increased number of students recruited for the war effort and the lowering of the age requirement.

The NLNE in 1942 focused on the use of comprehensive testing to determine the student's ability to be successful. Pre-entrance aptitude tests were given at MCV from 1939 to 1959, and acceptance was partially based on the tests results. Seventy-nine percent of the schools used pre-nursing tests by 1946. A good school of nursing was defined in 1949 as one that used accepted intelligence and aptitutde tests in selecting students. MCV fit into this category.

1950-1972. No additional preparation beyond high school was the policy of 98 percent of all schools of nursing in 1952. MCV was urging prospective students to broaden their preparation courses; and in 1952, over one-half of the entering class had attended college. Applicants to be considered had to have been in the upper third to upper half of their class. Approximately one-third of the schools in the country expected their incoming students to be in the top third of their class. With the initiation of the baccalaureate program at MCV, incoming students were required to be in the upper third or upper quarter of their high school class, but these requirements changed frequently. MCV continued to use a battery of pre-nursing tests until 1959 when it switched to the College Board Examinations. Most schools required some form of pre-nursing test.

The 1960 NLN criteria for accreditation stipulated that nursing students must meet the requirements for admission to the institution and give evidence of fitness for education in nursing as agreed upon by the appropriate

authorities. The students had to meet MCV's admission requirements, and the admission process became much more personalized. Students' interest and potential ability to be nurses were analyzed in several ways: not only was their scholastic ability important, but prospective students were asked to write an autobiography and were interviewed by faculty to gain additional evidence of character, ability, maturity, and sound academic preparation.

1973-1981. The national accreditation standards forced the schools administering baccalaureate and associate degree programs to maintain admission standards equivalent to the institution of which they were a part. MCV admission criteria had met the college and then university admission policies for many years. The school also continued to look for ways to evaluate the student's potential to be successful in nursing.

Admission Summary

Admission standards at MCV were similar to other schools of nursing. There was evidence of the school's continual effort to upgrade the criteria. The fact that the administration had made an early effort to seek accreditation may have had an effect on their admission policies.

Many of the criteria for admission into nursing schools during the early years of formal nursing education were vague and subjective. The schools of nursing that made up the MCV nursing school also used these criteria. Good character, good background, good general resistance, normal and stable mental and nervous make-up, and wholesome personality all were considered important attributes and difficult to judge but were included in the national standards for admission.

Age of admission varied considerably. The early schools did not admit students under twenty; but as competition for students increased, the age

limits were lowered. In 1908, MCV published that it admitted students between the ages of twenty-one and thirty-five. The criteria for admission in all the schools were so subjective that it is probable that if the director liked the candidate and the school needed students, specific age limits would be waived. MCV lowered the minimum age to eighteen during World War II although the U.S. Cadet Nurse Corps allowed seventeen year olds to be admitted. By 1950, MCV no longer specified age in its admission policies.

As early as 1910, the superintendent saw the need to require a candidate to be a high school graduate; but it was not until 1930, three years after the NLNE had stated that all students entering schools of nursing should be graduates of a high school or its equivalent, that this came about. Only 65 percent of the nursing students in the United States in 1929 were high school graduates. Although the national leaders had set high school graduation as a goal in 1917, they were aware that because of the education system for women in this country it was impossible to meet it at that time. It was not until 1944 that all students entering nursing schools had completed high school.

The leaders in nursing saw the importance of admitting well-qualified students who met the same requirements as other professional students. In 1936, the NLNE stated that a good school of nursing needed to require at least two years of college level general education. MCV encouraged potential students to supplement their high school experience but it was not a requirement. Over 50 percent of the students in the school in 1939 had college preparation compared to 15 percent in all schools of nursing in 1937. Candidates in approximately one-third of the schools in 1952 had to be in the top third of their class. MCV required students to be in upper third or upper half of their class but changed the expectations to upper third or quarter in 1953.

MCV could have been considered a good school of nursing in 1949, based on the definition that a good school used accepted intelligence and aptitude tests in selecting students. MCV had begun its testing program in 1939, three years prior to when the NLN emphasized their use.

MCV was in compliance with the national standards for admission. The school was a little slow in meeting the goal of admitting only high school graduates but was well ahead of many schools of nursing. The educational preparation of students in the late 1930s far exceeded national trends, and the school was in the forefront in its use of pre-entrance testing.

Graduation Requirements

Graduation requirements in most of the early schools were minimal. A common practice was that students remained in school until they completed a specified time rather than meet certain standards. It was unusual to dismiss students because of their grades; but attrition rates were high, which was probably due to the long hours and hard manual labor. A report published in 1896 recommended that students must pass a final examination to be eligible to graduate. According to a 1905 article, students at MCV received their graduation pins if the faculty approved of their character; but a 1908 application did indicate they had to pass examinations.

Since 1927, the School of Nursing had to meet the requirements for graduation set forth by the College. In 1931, the Committee for the Study of Nursing Education in Colleges and Universities made a similar recommendation for all nursing schools affiliated with a college or university.

The requirements for graduation in all schools of nursing gradually increased as their curriculum plans became more formalized. By 1942, the NLNE advised that students should be evaluated according to how they met

stated curriculum objectives; and to this date, in order to graduate a student must satisfactorily meet the program objectives. The policies for graduation at MCV in the basic programs reflected progressive changes that were made, and they were in line with national standards.

Graduation Summary

The School of Nursing met the early standard for graduation suggested in 1896, and its practices were similar to other schools of nursing. The school met the requirements of the College four years before it was recommended by a national committee, and the faculty continued to upgrade requirements for graduation. MCV met national standards and could be considered ahead of national trends with graduation requirements. The need to meet the College requirements forced the School of Nursing to improve its standards for graduation.

Accreditation

Accreditation had a tremendous impact on the direction that nursing education has taken. All schools of nursing have been affected in some way. Over the years, accreditation has had a positive influence on the development and changes in every aspect of the MCV program.

The School of Nursing has had continuous accreditation from the state of Virginia Board of Nurse Examiners since 1904. No national accreditation agency was in existence in the early years. The leaders of the Memorial Hospital Training School for Nurses apparently saw the need to seek accreditation as soon as it was available and obtained not only accreditation through the state but also through the New York Board of Regents. It was the only school in the state to be on the New York Board of Regents' list.

1914-1949. Although the school was able to continue to meet the minimum standards set forth by the Virginia Board of Graduate Nurse Examiners, it lost accreditation from the New York Board of Regents in 1927. The curriculum was acceptable; but the conditions of the hospital, staffing, classrooms, and living quarters and the clinical experience were inadequate to maintain accreditation. The Board of Visitors elected not to make the necessary changes due to the financial output that would be required. Records indicate that the school was reaccredited by the New York Regents in 1936.

In the meantime, the national organizations were developing standards. The National Organization for Public Health Nursing (NOPHN) and the Association of College Schools of Nursing (ACSN) were the first national organizations to perform an accrediting function. The public health certificate course for black nurses, begun at Saint Philip School of Nursing in 1936, was accredited by NOPHN in 1937; and the course offered for white students at MCV, initiated in 1944, was given immediate provisional approval and was granted full approval in 1946.

A representative from the NLNE visited MCV in 1938, the year that the national accrediting program began for schools of nursing offering basic nursing programs. From that time on, at least one program in the school was accredited nationally. MCV, Saint Philip, Stuart Circle, and the University of Virginia Schools of Nursing were the only schools in Virginia accredited by the NLNE in 1943. Four other southern schools were on the accreditation list. The 1948 list of accredited schools included an additional four schools in the south.

MCV and Saint Philip were placed in the overall top 25 percent or better schools of the schools of nursing nationwide in the 1949 interim classification of schools. Five schools of nursing in Virginia were classified in Group I;

eight in Group II; and twenty-one were unclassified.

In 1949, the NLNE transferred the accreditation function to the National Nursing Accrediting Service (NNAS). One hundred twenty-three schools were on the list of accredited schools at the time of transfer.

1950-1972. All types of nursing programs could be accredited by NNAS, and a "temporarily accredited" designation was available for weaker programs to allow them to receive assistance to obtain full accreditation within five years. The five-year program at MCV was not accredited. Nationwide, in 1951, 121 diploma programs out of 1,092 and ten public health nursing programs were fully accredited. The public health program and diploma program at MCV had both received continued approval, but many areas in the diploma program needed strengthening.

The faculty were in the process of developing a four-year baccalaureate program that opened in 1953. The Division of Nursing Education of the NLN, which was created in 1952, was now responsible for accreditation; and in 1954, both the four-year and five-year baccalaureate programs were granted temporary accreditation. In 1953, the University of Virginia's basic baccalaureate program was granted temporary accreditation; and from 1954 to 1957, both MCV and Virginia were temporarily accredited. This category was deleted in 1959. The diploma program at MCV and Saint Philip and the diploma program at the University of Virginia were the only fully accredited programs in Virginia from 1953 to 1959.

The new baccalaureate program at MCV was ineligible for accreditation by the NLN because the College did not offer liberal arts courses. The College was able to overcome this obstacle by being the first health education institution in the south to be accredited by the Southern Association of

Colleges and Secondary Schools. The basic degree program, including public health, was accredited in 1960 by the NLN. The University of Virginia's baccalaureate program also received full accreditation in 1960. The two schools were among the ninety-three out of 171 baccalaureate programs accredited by the NLN, and they were the only accredited baccalaureate programs in the state. Seventy-two of the programs were approved for public health nursing of which MCV was the first in Virginia. The associate degree program at MCV, which began in 1958, was granted approval also. It was the only associate degree program accredited by the NLN in the state and the south and the third such program in the country. The registered nurse program for diploma and associate degree nurses received initial accreditation in 1964 and was the first granted in the state. The master's program was denied NLN approval in 1969; but in 1971, the program was resubmitted and approved.

1973-1981. Accreditation became very important to nursing schools. In order for a school to maintain its standing among the better schools, it had to be accredited at both the state and national levels. All nursing programs at MCV were able to uphold their accreditation status.

Accreditation Summary

The MCV nursing school was in the forefront with accreditation. It has ongoing accreditation of one or more of its programs since 1904. Approval from an agency outside the state was obtained prior to any other school in Virginia. MCV and Saint Philip were among the four schools in Virginia and eight schools in the south accredited by the NLNE in 1943. Both MCV and Saint Philip were considered among the better schools in the 1949

classification of schools, along with three other schools in Virginia. Only 123 schools of nursing were accredited nationally. From 1953 to 1959, MCV, Saint Philip, and the University of Virginia were the only nursing schools in the state with fully acredited diploma programs. MCV was the first school in Virginia to receive approval of a basic degree program with a public health nursing component and the first to have the registered nurse program granted approval. The associate degree program was the only one with national accreditation in the state and south in 1960. It was the third associate degree program accredited in the country.

The faculty, as well as the College administration, were cognizant of the importance of meeting the standards set forth by the state and national organization. The fact that the school was able to maintain continuing accreditation suggests that improvements were made in the designated weak areas.

Relationship with Local Hospitals and Higher Education

MCV, like most of the early schools, was initiated by a hospital and was dependent upon it for survival. The total separation of education and service, although long in coming, seemed to be necessary in order for nursing schools to gain control of the education of the students. Once that goal was accomplished, education began to work with service to find ways to develop a separate but close relationship. Although MCV from the beginning was connected with a college, this was not true for the majority of the schools of nursing. The affiliation with higher education developed slowly over time. The movement of greater numbers of women into colleges and universities and the desire of the schools to obtain accreditation were stimuli that motivated

nursing schools to seek an alliance with higher education.

Hospitals

Until the late 1960s, nursing education in many schools was secondary to nursing service. Florence Nightingale and the nursing leaders in this country since the first nursing organizations were formed had advocated the separation of education and service. The majority of the early schools, including those schools that became MCV, were initiated to provide care for the hospitalized patients; and they were dependent upon the hospital for financial support, administration, faculty, and maintenance of students. Being under the control of the hospital affected the total program, including accreditation. The care of patients came before education, and many of the faculty prior to the 1950s held a dual role of supervisor or head nurse and faculty member. The superintendent or directress of the hospital frequently was the directress or principal of the school. That was the case at MCV until 1946 when the two positions were separated. Students were taught by the physicians, superintendent, supervisors, and head nurses. It was not until 1925 that MCV had one full-time instructor. By 1932, only one-half of all the schools had full-time instrutors; the hospitals still provided most of the teaching faculty. The change from hospital staff to full-time faculty was gradual.

The NLNE, in 1917, had recommended a governing board to work with schools of nursing. Although the School of Nursing at MCV did not have a separate commmittee to govern it, the Executive Committee of the Board of Visitors had the final say over the Hospital Committee.

Students were maintained by the hospital in exchange for their staffing the hospitals. They were expected to work enough hours to pay back the cost of their maintenance. In the majority of the schools, the students' obligation

to work often took priority over their classes. The movement away from this practice was a slow process. In 1940, the majority of schools provided service to the hospital. The students who entered MCV in 1960 were the first class to pay full tuition. The move to full tuition had been phased in gradually. Only when the schools became independent of the hospital were they able to fully control the educational experiences of the students.

The close relationship between schools and the hospitals they were associated with deteriorated with the separation. This deterioration was first noted at MCV after 1946 when the dean of the school was no longer director of nursing service. Although efforts were made to maintain a cooperative relationship, there was little evidence in university teaching hospitals in 1965 that there was a concerted effort in which nursing service and education were working together in an organized way. The deans at MCV were concerned about the division and exerted considerable effort to cooperate. Much work between both parties went into the development of a cooperative relationship. MCV, as did many other schools and hospitals, made use of joint appointments, clinical associates, representation on committees, and special committees. By 1981, the relationship between MCV Hospitals and the school had improved although it was not ideal.

Hospital Summary

From the beginning of organized nursing education, the leaders strongly advocated the separation of education and service. Economic circumstances were such that very few schools of nursing were able to maintain an independent school. MCV fit into the category with the majority of other schools in the nation. Like most other schools, its facuty was made up of the physicians, superintendent, supervisors, and head nurses until the mid-twenties

when it began to hire School of Nursing faculty gradually. The students in most schools, including MCV, were maintained by the hospital. Students began to pay a part of their education until finally in the late 1960s most schools were completely independent of the hospital. With this independence, a wedge was developed between service and education. MCV, along with most other schools, had to use a variety of methods to help to again develop a cooperative relationship with service, a tie in which both remained independent but could function in a manner that provided for the educational experience for students and improved patient care.

MCV, from 1893 to 1960, did not meet the standard of separation of education and service advocated by nursing leaders. The relationship that MCV had maintained with local hospitals was similar to the majority of the schools of nursing in the country.

Higher Education

Nursing leaders from an early date encouraged nursing schools to maintain a relationship with institutions of higher education. They said that if nursing was to maintain its status as one of the major health professions, it must move into the academic framework. Recommendations from the major studies on nursing and nursing education reiterated the same thoughts.

The relationship between schools of nursing and colleges and universities was limited in the early years. MCV was connected to a medical college from the very beginning. In 1913, it was recognized by the College as one of four health professions; and in 1925, the Board of Visitors gave it a coordinate relationship with a dean who was part of the College's administrative council. Only sixty-seven nursing schools in 1931 had some connection with a college or university.

Fifty-eight schools in 1937 were involved in a program that could lead to a degree. Thirty-six of these schools, including MCV, cooperated with an institution in offering a degree but were not part of the institution. Although MCV affiliated with the Richmond Division of the College of William and Mary since 1925 to provide courses for the nursing students, it was not until 1932 that a student who attended both schools could receive a Bachelor of Science degree from the College of William and Mary. Frequently, the nursing curriculum that was offered as a degree program through an affiliation or in the school's own institution was the same curriculum taken by students who received a diploma, except for the general education courses. That was the situation at MCV until 1953.

The accreditation process had a positive effect on the relationship of nursing education to higher education. It forced schools to develop an alliance with higher education in order to meet the evaluation criteria for accreditation. Although MCV had an ongoing relationship with local institutions of higher education, the desire to have the four-year baccalaureate program accredited by the NLN motivated the administration to develop a stronger allegiance with higher education and adhere to more stringent criteria by seeking accreditation with the Southern Association of Colleges and Secondary Schools. The merger of MCV and Richmond Professional Institute into Virginia Commonwealth University enhanced the school's connection with higher education; the school was able to move into the upper division with nursing as a major.

Higher Education Summary

Nursing education, on the whole, was slow in developing a strong relationship with higher education. The desire to obtain accreditation was an

impetus for nursing schools to affiliate with colleges and universities. Even though MCV was slow in moving into a true baccalaureate program, it had been involved with higher education since its beginning. MCV could be said to have been in compliance with national standards and exceeded many schools in its relationships with higher education.

Summary of Comparison

The comparision of the MCV School of Nursing with national standards and national trends in the selected elements in nursing education is summarized in Table 6.9. During the period from 1894 to 1913, there were very few national standards because the nursing leaders were just beginning to get organized. As the accreditation process became more stringent during the late 1950s, the school was forced to take actions to enable it to meet the national standards. Prior to that time, the school administration and faculty's lack of control over the students' education and the dearth of qualified faculty available prevented the school from meeting all of the standards.

MCV, from the very beginning, met or exceeded national trends even though it did not always meet the national standards. The quality of most nursing schools in the country improved as accreditation became almost a requirement.

Summary of Major Accomplishments of MCV School of Nursing

Many major accomplishments could be identified in the history of the MCV School of Nursing. The desire of administration and faculty to provide a good education for student nurses could be seen by the fact that the school obtained accreditation as early as 1904. MCV was the only school in the state at that time accredited by the New York Board of Regents. MCV and

TABLE 6.9

COMPARISON OF MCV TO NATIONAL STANDARDS AND TRENDS*

Trends	A=National Standards B=National Trends	Periods: Boom (1894-1913)	Standard-Setting and Stock-Taking (1914-1949)	Experimentation and Growth (1950-1972)	Stabilization (1973-1981)
Faculty Qualifications	A	NS	after 1941 PMS	PMS	MS
	B	MT	ET	PMT to ET	ET
Curriculum	A	NS	PMS	MS	MS
	B	MT	MT	MT to ET	MT
Requirements:					
Admission	A	NS	PMS	MS	MS
	B	MT	MT to ET	ET	MT
Graduation	A	MS	MS	MS	MS
	B	ET	MT	MT	MT
Accreditation	A	NS	MS	PMS to MS after 1960	MS
	B	ET	ET	MT	MT

TABLE 6.9 (CONTINUED)

Trends	A=National Standards B=National Trends	Periods: Boom (1894-1913)	Standard-Setting and Stock-Taking (1914-1949)	Experimentation and Growth (1950-1972)	Stabilization (1973-1981)
Relationships:					
Local Hospitals	A	FMS	FMS	MS after 1960	MS
	B	MT	MT	MT	MT
Higher Education	A	MS	MS	PMS to MS after 1960	MS
	B	ET	ET	ET	ET

*Legend: ES/T = Exceeded standards/trends
MS/T = Met standards/trends
PMS/T = Partially met standards/trends
FMS/T = Failed to meet standards/trends
NS = No standards

Saint Philip were two of four schools of nursing in the state and eight schools in the south accredited by the NLNE in 1943. From 1953 to 1959, MCV, Saint Philip, and the University of Virginia were the only fully accredited programs in the state. The baccalaureate program was the first in Virginia to have the public health nursing component nationally accredited, the associate degree program was the third to receive accreditation by the NLN and the only one accredited in the south, and the registered nurse program was the first granted accreditation in Virginia.

The administration during the decade of 1965 through 1975 was farsighted in its planning for the School of Nursing. The first full-time department for continuing education for nurses in the state and the second in the south was initiated by the school; three years later it sponsored the first national conference for continuing education. Virginia's first master's degree program was begun at MCV; and in the same year, the school co-sponsored the first annual nursing lectureship in the Commonwealth. The trend to increase the amount of research in nursing was enhanced with the appointment of a director of nursing research in the first full-time state-supported position; within two years, the school conceived and sponsored the first Eastern Conference on Nursing Research. The national move to provide primary health care to clients by nurses was met in Virginia when MCV began the first certificate program to prepare obstetric and gynecology nurse practitioners and the first master's program for the education of family nurse practitioners.

The administration and faculty kept abreast of the changes that were occurring nationwide and made appropriate curricular changes. The denial of the proposal for a doctoral program in nursing by the State Council of Higher

Education was a disppointment, but work continued to strengthen the proposal as well as the other programs in the school.

Conclusions and Recommendations for Future Research

From this descriptive study of the Virginia Commonwealth University/Medical College of Virginia School of Nursing over an eighty-eight year span, trends in selected elements in nursing education were identified and compared with national standards and trends. The evolution of nursing in Virginia and in the United States can be seen from the hospital diploma program to collegiate nursing education.

The most significant finding in this study was that although the VCU/MCV School of Nursing did not completely meet national standards until after 1960, it met or exceeded national trends in the selected elements from 1893 through 1981. Few schools of nursing prior to 1960 were able to fulfill all of the standards set forth by the national leaders; but as the nursing profession developed and nursing schools gained control over the education of the student, formed a relationship with higher education, and pursued accreditation, the majority of the schools were able to satisfy national standards.

Although the School of Nursing could not be considered a leader in nursing education on the national level, it was a leader in Virginia. MCV was a pioneer in many areas and obtained several firsts in nursing education in the state.

Recommendations for further research related to the MCV School of Nursing include studies of

1. the development of other programs in the school;

2. Saint Philip School of Nursing compared with other nursing schools for black students;

3. the other aspects involved in the history of the school, such as uniforms, pins, buildings, students, and personalities;

4. how economic, social, and political issues in Virginia and the south affected MCV's development;

5. the leaders, their styles, and their effect on the school;

6. people who have influenced the development of the school;

7. the development of MCV compared with other schools in Virginia; and

8. nursing education at MCV and nursing education in the south.

APPENDICES

APPENDIX A

CHRONOLOGICAL DEVELOPMENT OF VIRGINIA COMMONWEALTH UNIVERSITY/MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING 1838-1981

CHRONOLOGICAL DEVELOPMENT OF VIRGINIA COMMONWEALTH UNIVERSITY MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING

1838-1981

1838 The Medical College of Virginia, the parent institution of the school of nursing, began as the medical department of Hampden Sydney College.[1]

1854 The Medical College of Virginia was chartered as an independent institution.[2]

1893 A second independent medical college, the University College of Medicine, opened its doors. The Virginia Hospital Training School for Nurses was inaugurated by the college and is considered the founding date for the Virginia Commonwealth University/Medical College of Virginia School of Nursing.

1895 The Medical College of Virginia Infirmary was renovated and reopened as the Old Dominion Hospital.[3] Sadie Heath Cabaniss, graduate of Johns Hopkins School of Nursing, was the first superintendent of the school.[4]

Two nurses were graduated from the first class of Virginia Hospital Training School.

1897 Old Dominion Hospital was the first school of nursing in Virginia to confer a diploma.[5]

1898 Old Dominion Alumni was organized and chartered.[6] Miss Coralie Johnston was the first president.[7]

1903 The Memorial Hospital was formally opened in 1903. The Old Dominion Hospital was closed and the students were transferred to the Memorial Hospital Training School for Nurses. The superintendent was Rose Z. VanVort.[8]

1904 The Memorial School of Nursing was accredited by the Virginia Board of Graduate Nurse Examiners and the New York Board of Regents.

1909 The Nurses Alumnae Association of Memorial Hospital Training School was formed.[9]

1913 The Medical College of Virginia and the University College of Medicine consolidated and the Memorial Hospital Corporation deeded its hospital to the Medical College of Virginia. The Memorial Hospital Training School and the Virginia Hospital Training School were united to become the Medical College of Virginia School of Nursing. Agnes Dillon Randolph was the first superintendent of the Medical College of Virginia School of Nursing. The City of Richmond took over the Virginia Hospital and operated a training school for nurses.[10]

1914 The college established a central training school. The courses were open to nurses of all the hospitals in the city.[11]

1916 Diplomas were issued in the name of the Medical College of Virginia.[12]

1917 Curriculum for affiliates to begin January 1918 was approved by the Virginia Board of Graduate Nurse Examiners.[13]

1920 Saint Philip School of Nursing for black women began when the new 176-bed Saint Philip Hospital for black patients opened. There were five students enrolled in the first class.[14]

1922 The Virginia Hospital Training School for nurses operated by the city closed.

An arrangement was made in which the graduates of all the schools that had been connected with either the Medical College of Virginia or the University College of Medicine became eligible for membership in the general Alumni Association of the Medical College of Virginia.

The graduates of the school of nursing were included in the commencement program of the Medical College of Virginia and received their diplomas with the graduates of the other schools.[15]

Elizabeth C. Reitz was named director of the Medical College of Virginia and Saint Philip School of Nursing, and director of nursing at Saint Philip and Memorial Hospitals.[16]

1924 A nursing section of the Alumni Association of the Medical College was initiated.[17]

1925 The Executive Committee of the Board of Visitors formally recognized the school of nursing as coordinate with the schools of medicine, dentistry and pharmacy. The title of dean was created for the director of the school.

The first full-time faculty member was hired.

1928 The first dormitory on campus was built and opened for living quarters and teaching space for the nursing students. It was named for Miss Sadie Heath Cabaniss.

The college established a central school of nursing for teaching basic sciences during the preliminary period for students from cooperative schools in Richmond.[18]

1929 Frances Helen Zeigler succeeded Miss Reitz as dean of the Medical College of Virginia School of Nursing, director of Saint Philip School of Nursing, and director of nursing service for the college hospitals.

1931 Saint Philip Hall, the new dormitory and educational unit of the Saint Philip School of Nursing, was opened.[19]

1936 Saint Philip School inaugurated a program of study in public health nursing in cooperation with the United States Public Health Service.[20]

1937 The certificate course in public health nursing was accredited by the National Organization for Public Health Nursing (NOPHN).[21]

1939 E. Louise Grant was appointed dean of the Medical College of Virginia School of Nursing as well as director of St. Philip School and of nursing services.[22]

1942 A curriculum leading to the degree of bachelor of science in nursing for students who had completed two years of selected liberal arts courses in an approved college or university prior to admission to the Medical College of Virginia School of Nursing was initiated in addition to the diploma program.[23]

1943 The Medical College of Virginia and Saint Philip School of Nursing diploma programs were granted accreditation by the National League for Nursing Education.

The schools participated in the U.S. Cadet Nurse Corps that was created on July 1.[24]

1944 Sybil MacLean was selected to fill the new position of associate dean.

A public health nursing course at Medical College of Virginia School of Nursing was offered to white graduate nurses because the program at the Richmond Professional Institute, College of William and Mary, closed.

The first B.S. degree in nursing was awarded from the five-year program.

1946 The director of nursing service position for the college hospitals was created and the dean of the school of nursing no longer functioned in the dual role.

1947 Sybil MacLean was appointed dean of the school and director of Saint Philip School. She had been acting dean since 1946.

1951 The public health nursing program of both schools were combined and was administered by the Medical College of Virginia School.

1952 The Board of Visitors approved the termination of the Medical College of Virginia School diploma and five-year degree program in favor of the proposed four-year degree program.

Additional classrooms and dormitory rooms were provided with the opening of Randolph-Minor Hall. The building was named for Agnes Dillon Randolph and Namie Jacquelin Minor, former graduates and nursing leaders in public health in the state.[25]

1953 The first freshmen were admitted to the new basic baccalaureate degree program.

1954 The first black students entered the Medical College of Virginia basic program.[26]

1956 The public health nursing program was discontinued.

1957 The first class in the four-year curriculum leading to the B.S. degree in nursing graduated.

1958 Dr. Doris B. Yingling was hired as dean.

The nursing school established a two-year program leading to an associate in science degree in nursing. The first class entered in the fall.

The school of nursing was honored when Colonel Ruby F. Bryan, Chief Army Nurse Corp, Europe, gave the college, along with Johns Hopkins School of Nursing and the national nursing organizations, a set of photographs depicting rare scenes from the life of Florence Nightingale.[27]

1959 The college was admitted to membership in the Southern Association of Colleges and Secondary Schools and became the first institution of its kind in the south to achieve this recognition. Accreditation by this body was necessary for the school of nursing to be eligible for accreditation by the National League for Nursing.

The first class in the associate degree program graduated.

1960 The first black student graduated from the Medical College of Virginia basic degree program.

The baccalaureate degree program, including the public health nursing component, received accreditation by the National League for Nursing.

The associate degree program received accreditation.

1962 The Saint Philip School of Nursing for black students and the associate degree program were discontinued.

Registered nurse students were accepted into the baccalaureate basic nursing program.

1963 The school received its first federal grant when the National Institute of Mental Health supplied funds for a full-time faculty person to integrate mental concepts throughout the curriculum.[28]

1964 The plan to admit registered nurses from diploma and associate degree programs into the basic baccalaureate program was accredited by the National League for Nursing.

1965 The last class in the associate degree program was graduated.

1966 The Medical College of Virginia School of Nursing began Virginia's first full-time department for continuing education for nurses.

1967 An alumni and school of nursing committee accepted the date of 1893 when the first nursing program was initiated in conjunction with the

University College of Medicine, as the founding date of the Medical College of Virginia School of Nursing.

The first registered nurse student graduated from the baccalaureate program.

The school's proposal to initiate Virginia's first master's degree program in nursing was approved by the State Council of Higher Education in Virginia.

The first annual nursing lectureship established and funded by the nursing section of the Alumni Association was inaugurated.

A high-rise residence hall for women was opened. Nursing students were housed in this facility. The Cabaniss Hall name was transferred to this dormitory and old Cabaniss Hall was renamed the Nursing Education Building and renovated for offices and classrooms.

1968 The school celebrated its 75th anniversary.

The first students were admitted to the master's program in one major.

The General Assembly of Virginia by act of law established Virginia Commonwealth University on July 1, with the Medical College of Virginia, the Health Sciences Division, and Richmond Professional Institute, the General Academic Division, as its component parts.

1969 The school of nursing for registered nurses at the Academic Division and the Medical College of Virginia School of Nursing had to be consolidated.[29]

Virginia Henderson, a nursing leader, was the first Visiting Nurse Scholar in Residence.

The first National Conference for Continuing Education in Nursing was initiated by the school and held in Williamsburg.

The new two-year upper division major in nursing was implemented in the undergraduate curriculum.

1971 For the first time, new students were admitted to the junior year.

1972 The first full-time state supported position of director of nursing research was established.

The school accepted male students for the first time in its history.[30]

1973 A family nurse practitioner certificate program was approved.

1974 The first class was admitted into the family nurse practitioner program and federal grant funds were obtained.

The school of nursing conceived and sponsored the first Eastern Conference on Nursing Research in Williamsburg.

1975 The obstetric and gynecology nurse practitioner certificate program was implemented.

The first program in Virginia to prepare family nurse practitioners at the master's level was initiated.

1976 The pediatric nurse practitioner program was opened.

A federal grant was obtained for a Cooperative Master's Outreach Program with the University of Virginia.

1977 The Gamma Omega Chapter of Sigma Theta Tau, National Nursing Honor Society, was begun with the induction of eighty-six charter members.

1981 Dr. Joan Farrell Brownie became dean effective in December.

Notes

[1]First 125 Years, p. 8.

[2]See "Historical Background of MCV School of Nursing," Box 84/June/34 Historical Information-General (typewritten); and W. T. Sanger, President, to Leonora Meffly, 22 October 1929.

[3]"Historical Background of MCV School of Nursing."

[4]Frances H. Zeigler, "Nursing at the Medical College of Virginia," Johns Hopkins Hospital Nurses Alumnae Magazine (March 1938).

[5]Virginia Nurses Association, p. 3.

[6]Medical College of Virginia, Minutes of Board of Visitors 1854-1906, meeting of 21 April 1898, p. 227 (typewritten).

[7]Questionnaires, fol. Schools of Nursing-Historical, Early 1900s.

[8]Centennial Celebration, p. 4.

[9]"Nineteen Graduate from Training School," Richmond Newsleader, 1909, Box 82/June/34, #1, Archives Tompkins-McCaw Library, Richmond, Virginia.

[10]School of Nursing, MCV 75 Years.

[11]"Nurses Training School," Old Dominion Journal 19 (October 1914): 152-153.

[12]"School of Nursing," Bulletin Medical College of Virginia, Announcements for 1931-1932 28 (May 1931).

[13]Virginia Graduate Nurse Examiners, Minutes of Board 1903-1917, meeting of 20 April 1917, p. 234 (typewritten).

[14]A Historical Bulletin of the Saint Philip School of Nursing and Alumnae. (Richmond, Va.: Saint Philip Alumnae Association, 1978) p. 7.

[15]Bulletin 1931-1932, p. 103.

[16]School of Nursing MCV, 75 Years.

[17]Ibid.

[18]School of Nursing," Bulletin Medical College of Virginia, Announcement for 1928-1929 25 (May 1928): 142.

[19]A Historical Bulletin of the Saint Philip Hospital, p. 8.

[20]"President's Report," Bulletin Medical College of Virginia, 1935-1936 33 (March 1936).

[21]Ibid, p. 14.

[22]School of Nursing MCV, 75 Years.

[23]"School of Nursing," Bulletin Medical College of Virginia, Announcement for 1942-1943, 1943-1944 39 (May 1942): 102.

[24]Louise Grant, "Nursing, Today's Challenge," Bulletin Medical College of Virginia 40 (May 1943): 5.

[25]School of Nursing MCV, 75 Years.

[26]"MCV School of Nursing Annual Report, 1953-1954," Dean Sybil MacLean to President Sanger, p. 1 (typewritten).

[27]"Annual Report," Bulletin Medical College of Virginia 26 (January 1959); 17.

[28]"Triennial Report July 1, 1962-July 1, 1965," Bulletin Medical College of Virginia 63 (Spring 1966): 21.

[29]"The Self-Evaluation Report," (1969).

[30]Medicovan 25 (June 1972): 9.

APPENDIX B

SUPERINTENDENTS, DIRECTRESSES AND DEANS
MEDICAL COLLEGE OF VIRGINIA
SCHOOL OF NURSING

SUPERINTENDENTS, DIRECTRESSES AND DEANS

OLD DOMINION HOSPITAL TRAINING SCHOOL FOR NURSES

MEDICAL COLLEGE OF VIRGINIA

Miss Sadie Heath Cabaniss, R.N. ..... Superintendent, 1895-1901
Miss Charlie Austin, R.N. ..... Superintendent, 1902-1903

MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES

MEDICAL COLLEGE OF VIRGINIA

Miss Rose Z. VanVort, R.N. ..... Superintendent, 1903-1904, 1906-1912
Miss ..... Berman, R.N. ..... Superintendent, 1905
Miss Agnes Dillon Randolph, R.N. ..... Superintendent, 1913

VIRGINIA HOSPITAL (CITY) TRAINING SCHOOL FOR NURSES

MEDICAL COLLEGE OF VIRGINIA

Miss Ethel Cummings, R.N. ..... Superintendent, 1914-1916
Miss Ruby Parrish, R.N. ..... Superintendent, 1917
Miss Hallie Taliaferro, R.N. ..... Superintendent, 1918-1920
Miss Bessie Terrell, R.N. ..... Superintendent, 1921-1922

VIRGINIA HOSPITAL TRAINING SCHOOL FOR NURSES

UNIVERSITY COLLEGE OF MEDICINE

Miss W. R. Yeaman ..... Head Nurse, 1893-1899
Miss Agnes Dillon Randolph ..... Superintendent, 1900, 1903
Miss A. Johnston ..... Superintendent, 1901
Miss .....Harlan .....
Miss .....Underhill ..... Superintendent, 1902
Miss .....Southall .....

Miss .....Blake ..... Superintendent, 1904
Miss .....Cross .....
Miss Agnes Dillon Randolph, R.N. ..... Superintendent, 1905, 1909, 1911-1913
Miss .....Craft, R.N. ..... Superintendent, 1906
Miss Edith Eaton, R.N. ..... Superintendent, 1907
Miss Anna E. Clay, R.N. ..... Superintendent, 1908
Miss N. A. Simmons, R.N. ..... Superintendent, 1910

MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING

Miss Agnes Dillon Randolph, R.N. ..... Superintendent, 1914
Miss .....Bowers, R.N. ..... Superintendent, 1915
Miss .....Thayer, R.N. ..... Superintendent, 1916
Miss Elizabeth Myers, R.N. ..... Directress, 1917-1918
Miss Frances Praught, R.N. ..... Directress, 1919
Miss Jennie Jones, R.N. ..... Directress, 1920
Miss Josephine Kimerer, R.N. ..... Directress, 1921
Miss Elizabeth C. Reitz, R.N. ..... Director, 1922-1925
Dean, 1925-1929
Miss Frances Helen Zeigler, R.N., B.S. ..... Dean, 1929-1938
Miss E. Louise Grant, R.N., B.A., M.A. ..... Dean, 1939-1946
Miss Sybil MacLean, R.N., A.B., M.A. ..... Dean, 1947-1957
Miss Doris B. Yingling, R.N., B.S., M.A., Ed.D. ..... Dean, 1958-1981
Mrs. Joan Farrell, R.N., B.S., M.S., Ph.D. ..... Dean, 1981-

Sources: Centennial Celebration MCV (1838-1938); and School of Nursing, MCV 75 Years, 1893-1968 (Richmond: MCV, 1969).

APPENDIX C

COMMITTEE ON EDUCATION CURRICULUM FOR SCHOOLS OF NURSING (1927)

GENERAL SCHEME OF CLASS INSTRUCTION (1927)

OUTLINE OF SUBJECTS

First Year

First Term: Fifteen Weeks	Hours	Credits
Anatomy and Physiology	90	4
Bacteriology	45	2
General and Applied Chemistry	45	2
Personal Hygiene	15	1
Physical Training	15	0
Elementary Materia Medica	15	1
Principles and Practices of Nursing (Elementary)	90	4
History and Ethics of Nursing	30	2
	345	16

Weekly Schedule for Term	
Class and Laboratory Work	22
Practical Work in Wards and Other Departments	16
Study	22

Second Term: Fifteen Weeks		
Elements of Pathology	15	1
Dietetics	60	3
Materia Medica and Therapeutics	30	2
Principles and Practice of Nursing (Advanced)	30	2
Psychology (including Mental Hygiene and Teaching Methods)	30	2
The Case Study Method (Applied to Nursing)	15	1
	180	11

Weekly Schedule for Term	
Class and Laboratory Work	12
Practical Work in Wards, Diet Kitchen, etc.	36
Study	12

OUTLINE OF SUBJECTS

Second Year: Thirty Weeks	Hours	Credits
Nursing in General Medical Diseases[1]	30	2
Nursing in Medical Specialties: Communicable Diseases and Skin	30	2
Nursing in General Surgical Diseases[1]	30	2
Nursing in Surgical Specialties: Orthopedics, Gynecology, Urology, and Operating Room Technique	30	2
Pediatric Nursing and Infant Feeding	30	2
Modern Social and Health Movements	30	2
	180	12
Weekly Schedule for Year		
Lectures, Classes and Clinics	6	
Practical Work	48	
Study	6	
Third Year: Fifteen or Thirty Weeks		
Obstetrical Nursing	30	2
Psychiatric Nursing	30	2
Nursing in Diseases of Eye, Ear, Nose and Throat	15	1
Emergency Nursing and First Aid	15	1
Survey of Nursing Field and Related Professional Problems	30	2
	120	8
Weekly Schedule for Term or Year		
Classes, Lectures and Clinics	6	
Practical Work	48	
Study	6	
Total number of hours for the three years	825	
Recommended Supplementary Courses		
Elements of Sanitary Science	15	
Physiotherapy	15	
Occupational Therapy and Recreation	15	
Elements of Social Science	15	

[1]For the 28 month schools, one of these subjects would need to be included in the first year in order to bring up some of the third year subjects, leaving not more than 90 hours for the last year which would be 4 months only.

Source: Committee on Education of NLNE, A Curriculum for Schools of Nursing, 6th ed. (New York: NLNE, 1927): pp. 58-42.

APPENDIX D

COMMITTEE ON EDUCATION CURRICULUM FOR SCHOOLS NURSING (1932)

GENERAL SCHEME OF CLASS INSTRUCTION (1932)

OUTLINE OF SUBJECTS

First year

First Term: Fifteen Weeks	Hours	Credits
Anatomy and Physiology	90	4
Bacteriology	45	2
General and Applied Chemistry	45	2
Personal Hygiene	15	1
Physical Training	15	0
Elementary Materia Medica	15	1
Principles and Practice of Nursing (General)[1]	90	4
History and Ethics of Nursing	30	2
	345	16

Weekly Schedule for Term

Class and Laboratory Work	22
Practical Work in Wards and Other Departments	16
Study	22

Second Term: Fifteen Weeks

Elements of Pathology	15	1
Dietetics	60	3
Materia Medica and Therapeutics	30	2
Principles and Practice of Nursing (Continued)[1]	30	2
Elementary Psychology (including Mental Hygiene and Teaching Methods)	30	2
The Case Study Method as Applied to Nursing	15	1
	180	11

Weekly Schedule for Term

Class and Laboratory Work	12
Practical Work in Wards, Diet Kitchen, etc.	36
Study	12

[1] Since this schedule was adopted in 1927, a number of schools have reported that they find it impossible to cover the ground adequately in the time assigned. The Committee therefore recommends that some of the content outlined for the first term should be transferred to second term, and that 30 hours should be added here, making 60 hours instead of 30.

OUTLINE OF SUBJECTS

Second Year: Thirty Weeks	Hours	Credits
Nursing in General Medical Diseases[2]	30	2
Nursing in Medical Specialties: Communicable Diseases and Skin	30	2
Nursing in General Surgical Diseases[2]	30	2
Nursing in Surgical Specialties: Orthopedics, Gynecology, Urology, and Operating Room Technique	30	2
Pediatric Nursing and Infant Feeding	30	2
Modern Social and Health Movements	30	2
	180	12
Weekly Schedule for Year		
Lectures, Classes and Clinics	6	
Practical Work	42	
Study	6	
Third Year: Fifteen or Thirty Weeks		
Obstetrical Nursing	30	2
Psychiatric Nursing	30	2
Nursing in Diseases of the Eye, Ear, Nose and Throat	15	1
Emergency Nursing and First Aid	15	1
Survey of Nursing Field and Related Professional Problems	30	2
	120	8
Weekly Schedule for Term or Year		
Classes, Lectures and Clinics	6	
Practical Work	42	
Study	6	
Total number of hours for the three years	825	
Recommended Supplementary Courses		
Elements of Sanitary Science	15	
Physiotherapy	15	
Occupational Therapy and Recreation	15	
Elements of Social Science	15	

[2]For the 28-month schools, one of these subjects would need to be included in the first year in order to bring up some of the third-year subjects, leaving not more than 90 hours for the last year which would be 4 months only.

Source: Committee on Education of NLNE, A Curriculum for Schools of Nursing, 7th ed. (New York: NLNE, 1932) pp. 61-62.

APPENDIX E

1968 OUTCOMES OF GRADUATES OF BACCALAUREATE PROGRAMS

OUTCOMES OF GRADUATES OF BACCALAUREATE PROGRAMS, 1968

Given appropriate opportunity to develop their potential, they can:

1. Give effective nursing care to people of all ages, in varying circumstances, and in a variety of settings.

2. Interpret and demonstrate such care to patients and their families, to associated personnel, and to members of other professions.

3. Identify the nursing care needs of patients and make critical judgments in planning, directing, and evaluating the care that is given by themselves and others working with them.

4. Assist individuals and families to identify their health needs and collaborate with patients, families, and others in meeting these needs.

5. Identify underlying principles from the social and natural sciences and utilize them in assessing various factors in the nursing situation and in adapting to, or initiating changes in relation to, these factors.

6. Recognize the various forces affecting the community's social, health, and welfare programs and participate in planning and carrying out community health programs.

7. Progress without further formal education to positions requiring beginning administrative skills.

8. Recognize the need for continuing personal and professional development.

APPENDIX F

GENERAL PLAN OF INSTRUCTION, COURSE DESCRIPTIONS AND DAILY SCHEDULE
1925-1926
MCV

GENERAL PLAN OF INSTRUCTION, COURSE DESCRIPTIONS AND DAILY SCHEDULE, 1925-1926

The Preliminary Term-Four Months

This is not only a period of intensive study but a time of adjustment. During these months the probationers find out whether or not they possess the qualifications suitable for nursing. Before this period closes they are examined by the physician in charge of the student body in order that any organic defect if present may be discovered.

During the first two months of the preliminary course the daily average of time allotted to Theory is two hours. Two to four hours are spent in demonstrations and recitations in Hospital Economics and Nursing Technic.

At the completion of the preliminary course the probationers are examined in the subjects covered and their professional fitness is passed upon.

Freshman Term-Eight Months

The students are assigned to full time duty on the wards of memorial and Dooley Hospitals, and the diet kitchen. They receive experience in the nursing care of medical and surgical cases among men, women, and children. The first night duty term is included in this period.

The course of instruction as outlined in the descriptive plan gives the students an opportunity to study the ethiology, symptoms, treatment and nursing care of the various diseases found in the wards to which they are assigned. Psychological aspects of disease are also presented at this time and the course concludes with a study of nutrition and massage.

The Junior Year-Twelve Months

The assignments during this year are to general medical and surgical wards at memorial and Dooley Hospitals to the private pavilions, to the emergency room, and the delivery rooms. The theoretical work includes a study of the communicable diseases, the nursing of sick children, nursing in Surgical, Gynecology and Obstetrical cases, and a preparation for operating room duty by an instructor in the study of the technic employed there.

The Senior Year-Twelve Months

The assignments to duty in the final year include the operating rooms at Memorial and Dooley Hospitals, the various clinics at the Out-Patient Department and special duty in the hospital. During this year an effort is made to give to each student who demonstrates ability, experience in some one branch of nursing, such as executive work, assisting in the duties of teaching or Hospital Social Service.

The Theoretical course includes a study of the diseases of the special senses, the occupational diseases, a study of nursing in mental cases, and an introduction to Dental Hygiene. The course concludes with a series of lectures on the Essentials of Medicine. The attention of the nurses is directed in the closing weeks of the term to the opportunities afforded to graduates in the various fields of nursing activity.

COURSE DESCRIPTIONS

The Preliminary Term-Four Months

Anatomy and Physiology (60 hours)

The object of this course is to give the pupil a practical working knowledge of the structure and function of the normal human body as the essential basis for the study of hygiene, dietetics, materia medica and all pathological condition, as well as for the safe and intelligent practice of nursing measures in the wards.

Bacteriology and Pathology (20 hours)

This course includes an outline of the development of the science of Bacteriology and the importance of its principals to medicine and surgery. The study of this course aids pupils to understand the characteristics and habits of micro organisms so that they might be better able to protect themselves, their patients and the public from infection.

Nursing-Elements of (60 hours)
Bandaging (12 hours)

During the study of this subject the student is given a clear understanding of the fundamental principles which underline good nursing. She learns to develop habits of observation and system and to establish a uniform technic in nursing procedure. This course more than any other tries out the aptitude of the probationer and makes possible a selection of those best fitted for the profession.

History of Nursing and Ethics (24 hours)

Early in training the pupil is taught something of the long and splendid history of nursing, and something of the great leaders who have established the traditions and ideals of nursing. The object of this course is to arouse interest in nursing and to create enthusiasm for it. The course in ethics is a series of talks concerning the underlying principles of ethical conduct particularly as applied to nurses.

Hospital Housekeeping (8 hours)

The object of this practical subject is to enable the student to understand the principles of good housekeeping and their relation to nursing. It also encourages intelligence and economy in the proper use and care of hospital equipment.

Hygiene and Sanitation (24 hours)

This course gives the student some knowledge of the methods that are being used to protect the health of individuals and communities.

Materia Medica-Drugs and Solutions (20 hours)

This course includes a study of the Apothecaries and metric system, the correct preparation and use of solutions commonly found on the wards; obtaining fractional doses, common terms and symbols; methods of administering drugs and classifications of important drugs which she may be called upon to administer.

The Freshman Term-Eight Months

Dietetics (50 hours)

This course teaches the principles and methods of cookery and nutrition as applied to the dietary treatment of the common diseases. It also familiarizes the student with the intelligent administration of hospital special diets.

Massage-Elementary (10 hours)

This course instructs the student in the general principles and fundamental procedure employed in local and general massage.

Medical Diseases-Nursing in (36 hours)

The object of this course is to give the nurse a practical understanding of the causes, symptoms, prevention and treatment of the more common medical diseases in order that she may intelligently care for her patients and give skilled assistance to the physician. This course is comprised of lectures, bedside clinics and classes.

The general medical diseases are grouped under diseases of blood, heart and circulatory system, diseases of the respiratory system, diseases of the gasto intestinal tract, diseases of urinary tract and constitutional diseases.

Psychology in Disease-Elementary (10 hours)

In this course an effort is made to install the foundation principles underlying human conduct and to develop in the student an ability to deal wisely and sympathetically with those whom she meets in the round of daily duty on the wards.

The Junior Year-First Period of Instruction-Four Months

Anatomy of the Special Senses and Nerves (16 hours)

The subject deals with the Anatomical study of the nervous system, and the organs of Special Senses. It is a preparation for the study of diseases of the Eye, Ear, Nose and Throat, as given in the Senior Year.

Communicable Disease (20 hours)

The nursing in these diseases is considered a very important part of the treatment and the student must be thoroughly informed on the nature of these diseases in order that she may give intelligent nursing care and work toward the prevention of disease in others.

Orthopedic Nursing (8 hours)

This subject deals with the study of deformities and their correction particularly among children.

Pediatric Nursing and Infant Feeding (28 hours)

The instruction on these subjects includes an interpretation of the principal diseases which affect children, their special manifestations and the best methods for adapting nursing measures to meet the needs of sick children. The importance of the proper preparation and administration of infant feedings is also emphasized.

A third object of this course is to enable the students to realize the medical and social aspects of infant mortality and to arouse their interest and cooperation in the conservation of child life.

The Junior Year-Second Period of Instruction-Four Months

Obstetrical Nursing (20 hours)

The object of this course is to render the nurses competent in the care of normal and abnormal obstetrical cases; to teach prenatal and post-partum care and to establish a definite connection between surgical technic and obstetrics.

Operating Room Technic (10 hours)

In operating room technic the students are taught a good scientific basis for the surgical technic of the operating room. They are introduced to the various methods and procedures used in operative work, both in and out of the hospitals.

Gynecological Nursing (10 hours)

This course also includes lectures and bedside clinics. Its object is to teach the student the proper nursing care in the diseases of women.

Surgical Nursing (10 hours)

This course is comprised of lectures, classes and bedside clinics. Under general surgical conditions are listed wounds, wound infections, surgical emergencies, surgical procedures and major surgical operations.

The Senior Year-Final Period of Instruction-Four Months

Chemistry (35 hours)

This course is intended to give such students as have not previously studied this subject, a few of the important principles of chemistry which will serve as a basis for a better understanding of physiology, dietetics, materia medica and other nursing subjects.

Dental Hygiene (8 hours)

This subject serves as an introduction to the study of hygiene and preventive work in the care of the teeth. The students supplement this course with a brief period at the clinic in the Dental Infirmary.

Eye, Ear, Nose and Throat-Nursing In (10 hours)

The object of this course is three-fold: to give the nurses an understanding of the care and treatment of the eye, ear, nose and throat in normal and abnormal conditions; to enable them safely and efficiently to care for patients with affections of these organs and to arouse an interest in this branch of nursing which will lead nurses into the field equipped with a basis for further specialization in preventive and educational work.

Medicine, Essentials of (10 hours)

A more advanced study of the Medical Diseases suited to the students in their Senior Year.

Mental and Nervous Diseases-Nursing in (16 hours)

The points covered in this course of lectures relate to the social and economic and educational aspects of mental diseases.

Nursing-Its Problems and Opportunities

The objects of this course is to anticipate some of the problems which will confront the pupils when they are graduated, and to help them to meet their difficulties in a rational, high minded and effective way. It awakens their interest in professional organizations, and secures their enthusiastic cooperation in advancing the mutual interest of the public and their own profession. To the nurse it introduces all the varied branches of nursing work and enables her to find the field in which she will be most successful.

Social Service (6 hours)

The aim of these lectures is to interpret to the nurses the nationalities of the patients in the hospital; the conditions under which they live and work, and the relationship of these factors to the social treatment and care of the patients after discharge. A brief outline of the development of social work in hospitals and the opportunities for nurses in the field of public health and social work is given.

Skin and Venereal Diseases-Occupational Nursing in (10 hours)

This course familiarizes the nurse with the outstanding features of the diseases in question, so that she may be able to care for such cases intelligently and skillfully and assist in preventive work. It helps her to understand the social significance of these diseases and to secure her interest and cooperation in removing the social and economic causes which contribute so largely to their development.

Tuberculosis, Nursing in (6 hours)

This subject has been dealt with earlier in the period of training under the heading "Nursing in Medical Diseases." The six-hour period occurring in the third year is intended to direct the attention of the students to the social and economic aspects of tuberculosis and to arouse in them a lively interest in the campaign for the prevention of the spread of this disease.

DAILY SCHEDULE

Preliminary Term

HOUR	Monday | Tuesday | Wednesday | Thursday | Friday	Saturday
6:00 A.M.	RISING	
6:30 A.M.	BREAKFAST	
6:55 A.M.	INSP'N OF PERSONAL APPEARANCE	
7:00 to 9:00 A.M.	CLASS ROOM DEMONSTRATION	
9:00 to 10:00 A.M.	MAKING HOSPITAL DRESSINGS	
10:00 to 11:00 A.M.	HOSPITAL DUTY	
11:00 to 12:00 A.M.	STUDY HOUR	
12:00 to 12:30 Noon	DINNER	
12:30 to 3:30 P.M.	OFF DUTY	OFF DUTY
3:30 to 4:30 P.M.	LECTURES	
4:30 to 5:30 P.M.	LABORATORY DEMONSTRATIONS	
5:30 to 6:00 P.M.	SUPPER	
6:00 to 7:00 P.M.	HOSPITAL DUTY	

DAILY SCHEDULE

Freshman Term

HOUR	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 A.M.	RISING					
6:30 A.M.	BREAKFAST					
6:55 A.M.	INSP'N OF PERSONAL APPEARANCE					
7:00 to 9:00 A.M.	HOSPITAL DUTY					
9:00 to 10:00 A.M.	CLASS ROOM RECITATION					
10:00 to 1:00 P.M.	OFF DUTY AND DINNER					
1:00 to 2:00 P.M.	CLASS ROOM RECITATION					
2:00 to 4:00 P.M.	HOSPITAL DUTY					
4:00 to 5:00 P.M.	Class Room Recitation		LECTURES			HOSPITAL DUTY
5:00 to 5:30 P.M.	SUPPER					
5:30 to 6:00 P.M.	HOSPITAL DUTY					
6:00 to 7:00 P.M.	CLASS ROOM RECITATION					HOSPITAL DUTY

DAILY SCHEDULE

Junior Year

HOUR	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 A.M.	RISING					
6:30 A.M.	BREAKFAST					
6:55 A.M.	INSP'N OF PERSONAL APPEARANCE					
7:00 to 10:00 A.M.	HOSPITAL DUTY					
10:00 to 11:00 A.M.	CLASS ROOM RECITATION					
11:00 to 12:00 Noon	HOSPITAL DUTY					
12:00 to 12:30 Noon	DINNER					
12:30 to 3:00 P.M.	HOSPITAL DUTY					
3:00 to 4:00 P.M.	LECTURE	CLASS ROOM RECITATION				HOSPITAL DUTY
4:00 to 5:00 P.M.	HOSPITAL DUTY					
5:00 to 6:00 P.M.	LECTURE	CLASS ROOM RECITATION				HOSPITAL DUTY
6:00 to 6:30 P.M.	SUPPER					
6:30 to 7:00 P.M.	HOSPITAL DUTY					

DAILY SCHEDULE

Senior Year

HOUR	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 A.M.	RISING					
6:30 A.M.	BREAKFAST					
6:55 A.M.	INSP'N OF PERSONAL APPEARANCE					
7:00 to 8:00 A.M.	HOSPITAL DUTY					
8:00 to 9:00 A.M.	CLASS ROOM RECITATION					
9:00 to 12:30 Noon	HOSPITAL DUTY					
12:30 to 1:00 P.M.	DINNER					
1:00 to 4:00 P.M.	HOSPITAL DUTY					
4:00 to 5:00 P.M.	LECTURE	CLASS ROOM RECITATION				HOSPITAL DUTY
5:00 to 5:30 P.M.	SUPPER					
5:30 to 7:00 P.M.	HOSPITAL DUTY					

Source: Bulletin Medical College of Virginia, Announcements for 1925-26 22 (June 1925): 14-23.

APPENDIX G

COURSE OF STUDY
1927-1928

1927-1928

COURSE OF STUDY

Preliminary Period

Anatomy and Physiology (75 hours)

A study of the structures and functions of the human body. Lectures, recitations and laboratory work covering essentials; illustrated by models, slides, and gross specimens.

Bacteriology (30 hours)

Lectures on the fundamentals of bacteriology with special emphasis on practical methods of disinfection, factors of infection and immunity, and on the special bacteriology of the important infectious diseases.

The laboratory work which includes a brief study of the more important pathogenic bacteria introduces sufficient laboratory technic, to make the student appreciate the necessity for surgical asepsis and learn to apply the same careful methods in her nursing procedure.

Drugs and Solutions (20 hours)

Arithmetical principles and their application to solutions; uses of the metric and apothecaries system of weights and measures.

Elementary Chemistry (45 hours)

The course covers the fundamental principles of chemistry, including a study of the more important elements and compounds.

Materia Medica (30 hours)

In this course, drugs and remedial agents are grouped according to their chief physiological action. Specific facts in connection with single drugs are taken up only as they have a direct bearing upon the practical work of the nurse.

Nursing Ethics (12 hours)

Informal conferences with students intended to be helpful to them in making proper adjustments to their new environments. The course aims further to give the students motives for proper self conduct in the profession of nursing.

Personal Hygiene (10 hours)

A course to acquaint the student with the factors and conditions governing health and to help her to make personal application of this knowledge. The importance of health for physical and mental efficiency is emphasized.

Principles of Nursing (90 hours)

Recitations, demonstrations, and practice. This course is intended to develop an understanding of practical nursing procedures. Continued through the first year.

Psychology (30 hours)

Lectures and class discussion of the fundamental principles underlying human conduct.

Freshman Term

Elementary History of Nursing (15 hours)

An elementary course designed to give the student an idea of the origin and development of nursing.

Communicable Diseases (30 hours)

Lectures and clinics dealing with communicable diseases including those in the venereal group. Special emphasis is placed on mode of transmission, general symptoms and convalescence in these diseases. The lectures are followed by a series of recitations in the nursing care of communicable diseases.

Ethics (15 hours)

A follow-up course on the work of the first term. It allows for a fuller discussion of the principles of behavior and is intended to help students toward the development of thoughtfulness and conscientiousness in their everyday life.

Nutrition and Cookery (24 hours)

The source, composition, caloric value and cooking of foods is taken up in this course of lectures and laboratory work. Part-time duty for a period of four weeks is spent in the diet kitchen. Lectures and laboratory.

Oral Hygiene (12 hours)

The subject serves as an introduction to the study of hygiene and preventive work in the care of teeth. The student supplements this course with a brief period at the clinic in the dental infirmary.

Junior Year

Diet in Disease (8 hours)

A study of the underlying principles of dietary measures in the treatment of diseases.

Nursing in General Medical Diseases Including Diseases of the Skin (30 hours)

A course designed to acquaint the student with the more common conditions that are treated on the medical wards. Nursing measures in relation to skin diseases are emphasized. Lectures and clinics are followed up by recitation periods in the nursing care of medical diseases.

Obstetrical Nursing (30 hours)

Pre-natal care, care during puerperium, and the care of the new-born. Normal and abnormal labor, surgical delivery, postpartum complications. Follow-up recitation periods relating to nursing care; lectures and clinics.

Pediatrics, Including Infant Feeding and Orthopedics (30 hours)

A study of the diseases of infancy and childhood including instruction relating to the feeding of infants and children. The treatment and care of orthopedic conditions. Part-time duty for two weeks in the milk laboratory; lectures and clinics.

Operating Room Technic (8 hours)

The course familiarizes the student with method and procedures in use in operating rooms.

Surgical and Gynecological Nursing (30 hours)

Lectures and clinics relating to cause, symptoms, prevention and treatment of surgical conditions. Pre-operative and post-operative care in gynecological cases, follow-up recitations.

Senior Year

Diseases of the Eye, Ear, Nose and Throat (10 hours)

A review of the anatomy and physiology of these organs with a study of their diseases, including medical and surgical treatment.

Emergency Nursing and First Aid (10 hours)

The course is intended to teach the student practical methods for adapting her hospital teaching to situations commonly met after graduation.

Preventive Medicine (15 hours)

A course dealing with modern public health movements, including such topics as control of food, milk, and water supplies, the disposal of waste, school and industrial hygiene, vital statistics.

Psychiatry (15 hours)

Lectures, recitations, and clinics in which are discussed and demonstrated the various types of mental diseases and the principles of psychology and mental hygiene.

Social Service (8 hours)

Study of social problems arising from disease, poverty, and unemployment.

Survey of the Nursing Field and Professional Problems (15 hours)

A survey of the field open to graduate nurses. Lectures given by experts in special branches of nursing. Discussion of current problems.

Source: Bulletin Medical College of Virginia, Announcements for 1927-28 24 (May 1927): 132-134.

APPENDIX H

SCHEDULE OF INSTRUCTION
1930
MCV

1930

SCHEDULE OF INSTRUCTION

First Year-First Term (Preliminary)

Name of Course	Total Hours Instruction	Lecture Class	Lab. Demon-strations Review and Examinations	Semester Hours
Anatomy-Physiology	90	60	30	4
Bacteriology	45	15	30	2
Chemistry	60	15	45	2
Physical Education	15	--	15	1/2
Personal Hygiene	15	15	----	1
Community Hygiene	15	10	5	1
Drugs and Solutions	30	22	8	2
History of Nursing	30	30	----	2
Ethics	8	8	----	1/2
Psychology	15	10	5	1
Elementary Principles .... of Nursing	90	30	60	4
Total	417	215	198	20
Ward Practice-hours ..... weekly	20			

First Year-Second Term (Freshman)

Advanced Principles ..... of Nursing	30	15	15	2
Materia Medica	30	30	----	2
Nutrition and Cookery ...	45	15	30	2
Case Study Methods	15	8	7	1
Total	120	68	52	7
Ward Practice-hours ..... weekly	56			

1930
SCHEDULE OF INSTRUCTION

Second Year-First Term (Junior)

Name of Course	Total Hours Instruction	Lecture Class	Lab. Demonstrations Review and Examinations	Semester Hours
General Medicine	30	15	15	2
Tuberculosis	4	4	----	1/4
General Surgery	30	15	15	2
Orthopedics	8	8	----	1/2
Gynecology	8	8	----	1/2
Urology	4	4	----	1/4
Eye, Ear, Nose and and Throat	15	15	----	1
Operating Room Technic	8	4	4	1/2
Massage	8	---	8	1/2
Diet and Disease	15	15	----	1
Total	130	88	42	8-1/2
Ward Practice-hours weekly	56			

Second Year-Second Term (Junior)

Pathology	15	--	----	1
Pediatrics	30	15	15	2
Obstetrics	30	15	15	2
Communicable Diseases	15	15	----	1
Venereal and Skin Diseases	8	8	----	1/2
Total	98	53	30	6-1/2
Ward Practice-hours weekly	56			

1930

SCHEDULE OF INSTRUCTION

Third Year-First Term (Senior)

Name of Course	Total Hours Instruction	Lecture Class	Lab. Demonstrations Review and Examinations	Semester Hours
Psychiatry	15	15	----	1
Survey of Nursing ..... Field I	15	15	----	1
Special Therapeutics ..	8	4	4	1/2
Total	38	34	4	2-1/2
Ward Practice-hours .. weekly	56			

Third Year-Second Term (Senior)

Survey of Nursing ..... Field II	15	15	----	1
Total	15	15		1
Ward Practice-hours ... weekly	56			

Source: Bulletin Medical College of Virginia, Announcements for 1930-31 27 (May 1930): 112-113.

APPENDIX I

SCHEDULE OF INSTRUCTION
1932
MCV

1932

SCHEDULE OF INSTRUCTION

First Year-First Semester (Preliminary)

Name of Course	Total Hours Instruction	Lecture	Lab. Demon-strations Classes	Semester Hours
Anatomy-Physiology	90	30	60	4
Bacteriology	45	15	30	2
Chemistry	45	15	30	2
Physical Education	15	--	15	-
Personal Hygiene	15	12	3	1
Community Hygiene	15	12	3	1
Drugs and Solutions	30	15	15	1-1/2
History of Nursing	15	15	--	1
Ethics	8	8	--	1/2
Psychology.....	15	10	5	1
Elementary Principles .. of Nursing	90	45	45	4
Total	383	207	176	18
Ward Practice-hours..... weekly	16			

First Year-Second Semester (Freshman)

Advanced Principles ..... of Nursing	30	15	15	1-1/2
Materia Medica	30	30	--	2
Nutrition and Cookery ..	45	15	30	2
Case Study Methods	15	10	5	1
Pathology	15	15	--	1
Total	135	85	50	7-1/2
Ward Practice-hours..... weekly	56			

1932

SCHEDULE OF INSTRUCTION

Second Year-First Semester (Junior)

Name of Course	Total Hours Instruction	Lecture	Lab. Demon-strations Classes	Semester Hours
General Medicine	30	15	15	2
General Surgery	30	15	15	2
Orthopedics	19	8	11	1
Gynecology	8	6	2	1/2
Operating Room ..... Technic	8	4	4	1/2
Massage	8	3	5	1/2
Diet in Disease	15	15	--	1
Eye, Ear, Nose and ..... Throat	15	12	3	1
Total	133	78	55	8-1/2
Ward Practice-hours..... weekly	56			

Second Year-Second Semester (Junior)

Pediatrics	30	15	15	2
Obstetrics	30	15	15	2
Communicable ..... Diseases	15	12	3	1
Urological, Venereal ..... and Skin Diseases	8	7	1	1/2
Total.....	83	49	34	5-1/2
Ward Practice-hours .... weekly	56			

1932
SCHEDULE OF INSTRUCTION

Third Year-First Semester (Senior)

Name of Course	Total Hours Instruction	Lecture	Lab. Demon-strations Classes	Semester Hours
Psychiatry	15	13	2	1
Survey of Nursing ..... Field I	15	15	--	1
Total	30	28	2	2
Ward Practice-hours ..... weekly	56			

Third Year-Second Semester (Senior)

Survey of Nursing ..... Field II	15	15	--	1
Total	15	15	--	1
Ward Practice-hours ..... weekly	56			

Source: Bulletin Medical College of Virginia, Announcements for 1932-33 29 (May 1932): 112-113.

APPENDIX J

SCHEDULE OF INSTRUCTION
1937
MCV

1937

SCHEDULE OF INSTRUCTION

First Year-First Semester (Preliminary-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demonstrations Classes	Semester Hours
Anatomy-Physiology	90	30	60	4
Bacteriology	45	15	30	2
Chemistry	45	15	30	2
Community Hygiene	15	12	3	1
Drugs and Solutions	30	15	15	1-1/2
Elementary Nursing	120	60	60	6
Ethics	15	13	2	1
History of Nursing	15	13	2	1
Personal Hygiene	15	12	3	1
Physical Education	15	--	15	-
Psychology	30	25	5	2
Total	435	240	195	21-1/2
Ward Practice-hours ..... weekly	16			

First Year-Second Semester (Freshman-February through May)

Advanced Nursing	60	30	30	3
Materia Medica	30	25	5	2
Nutrition and Cookery ..	45	15	30	2
Pathology	15	8	7	1
Sex Education	8	7	1	1/2
Social Problems	45	15	30	2
Total	203	96	106	10-1/2
Ward Practice-hours .... weekly	52			

1937

SCHEDULE OF INSTRUCTION

Second Year-First Semester (Junior-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demon-strations Classes	Semester Hours
Communicable Diseases	15	12	3	1
Diet in Disease	15	13	2	1
Gynecology	8	6	2	1/2
General Medicine	30	15	15	2
General Surgery	30	15	15	2
Operating Room Technic	8	4	4	1/2
Orthopedics	15	13	2	1
Tuberculosis	8	6	2	1/2
Total	129	84	45	8-1/2
Ward Practice-hours weekly	52			

Second Year-Second Semester (Junior-February through May)

Eye, Ear, Nose and Throat	15	12	3	1
Obstetrics	30	15	15	2
Pediatrics	30	15	15	2
Urological, Venereal and Skin Diseases	12	11	1	3/4
Total	87	53	34	5-3/4
Ward Practice-hours weekly	52			

1937
SCHEDULE OF INSTRUCTION

Third Year-First Semester (Senior-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demonstrations Classes	Semester Hours
Psychiatry	30	15	15	2
Survey of Nursing ..... Field I	15	15	--	1
Total	45	30	15	3
Ward Practice-hours ..... weekly	52			

Third Year-Second Semester (Senior-February through May)

Survey of Nursing ..... Field II	15	15	--	1
Total	15	15	--	1
Ward Practice-hours ..... weekly	52			
GRAND TOTAL	914	622	392	50-1/4

Source: Bulletin Medical College of Virginia, Announcements for 1937-38 34 (June 1937): 67-68.

APPENDIX K

CURRICULUM BY YEARS
1940
MCV

1940

CURRICULUM BY YEARS

First Year-First Semester (Preclinical-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demonstrations Classes	Semester Hours
Anatomy-Physiology	110	35	75	5
Bacteriology	45	15	30	2
Chemistry	45	15	30	2
Community Hygiene	15	12	3	1
Drugs and Solutions	30	15	15	1-1/2
Nursing Arts I (includes Personal Hygiene)	175	75	100	8
Professional Adjustment Ia	15	13	2	1
History of Nursing	15	13	2	1
Physical Education	15	--	15	-
Psychology	30	25	5	2
Total	495	218	277	27-1/2
Ward Practice-hours weekly	16			

First Year-Second Semester (Preclinical-February through March 15)

Materia Medica	30	25	5	2
Medical and Surgical Nursing	60	30	30	4
Nursing Arts II	60	30	30	3
Nutrition and Cookery	45	15	30	2
Pathology	15	8	7	1
Professional Adjustment Ib	15	13	2	1
Social Problems	45	15	30	2
Total	270	136	134	15
Ward Practice-hours weekly	48			

1940
CURRICULUM BY YEARS

Second Year-First Semester (Junior-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demonstrations Classes	Semester Hours
Communicable Diseases	15	12	3	1
Diet in Disease	15	13	2	1
Gynecology	8	6	2	1/2
Operating Room Technic...	8	4	4	1/2
Orthopedics	15	13	2	1
Psychiatry I	15	14	1	1
Tuberculosis	8	6	2	1/2
Total	84	68	16	5-1/2
Ward Practice-hours ..... weekly	48			

Second Year-Second Semester (Junior-February through May)

Eye, Ear, Nose and ..... Throat	15	12	3	1
Obstetrics	30	15	15	2
Pediatrics	30	15	15	2
Psychiatry II	15	13	2	1
Urological, Venereal and ... Skin Diseases	15	14	1	1
Total	105	69	36	7
Ward Practice-hours ..... weekly	48			

1940

CURRICULUM BY YEARS

Third Year-First Semester (Senior-September through January)

Name of Course	Total Hours Instruction	Lecture	Lab. Demonstrations Classes	Semester Hours
Nursing and Health Service in the Family I	15	14	1	1
Professional Adjustments II	15	15	-	1
Total	30	29	1	2
Ward Practice-hours weekly	48			

Third Year-Second Semester (Senior-February through May)

Nursing Arts III	15	13	2	1
Nursing and Health Service in the Family II	15	14	1	1
Professional Adjustments III	15	15	-	1
Total	45	42	3	3
Ward Practice-hours weekly	48			
TOTAL HOURS OF INSTRUCTION	969	557	412	54

DIVISION OF SERVICE

	Months		Months
Diet Kitchen	2	Outpatient Department	2
Elective	2-1/4	Pediatrics (including 6 wks. at Crippled Children's Hospital and 1 wk. part-time Milk Laboratory)	3-1/2
Emergency Room	1	Preclinical Course	6
Medical	5	Social Service Department	1/4
Obstetrics (including 2 wks. Delivery Room assisting with a minimum of 15 deliveries and 2 wks. Nursery)	3	Surgical	5
		Vacation	3
Operating Room (including senior experience in Emergency Room and 1 wk. in Surgical Supply Room)	3		

Source: Bulletin Medical College of Virginia Announcements for 1940-41 37 (May 15 1940): 96-97.

APPENDIX L

CURRICULUM BY YEARS
1942
MCV

1942

CURRICULUM BY YEARS

First Year-First Semester (Preclinical-September through January)

Name of Course	Total Hours Instruction	Lectures and Classes	Lab. and Demonstrations	Semester Hours
Anatomy-Physiology	105	35	70	5
Microbiology	50	18	32	2
Chemistry	60	30	30	3
Introduction to Pharmacology	20	10	10	1
Introduction to Nursing Arts	135	45	90	6
Professional Adjustments Ia	15	15	--	1
History of Nursing	30	30	--	2
Psychology	30	30	--	2
Total	445	213	232	22
Ward Practice-hours weekly	12			

First Year-Second Semester (Freshman-March 15 through May)

Pharmacology and Therapeutics	40	40	--	2-1/2
General Medical and Surgical Nursing	120	90	30	7
Nutrition and Cookery	60	30	30	3
Introduction to Medical Science	40	30	10	2-1/2
Professional Adjustments Ib	15	15	--	1
Sociology	30	30	--	2
Total	305	235	70	18
Ward Practice-hours weekly	30			

1942

CURRICULUM BY YEAR

Second Year-First Semester (Junior-September through January)

Name of Course	Total Hours Instruction	Lectures and Classes	Lab. and Demon-strations	Semester Hours
Communicable Diseases	18	18	--	1
Diet Therapy	30	20	10	1-1/2
Gynecology	15	10	5	1
Operating Room Technic ..	10	6	4	1/2
Orthopedics	20	15	5	1
Obstetric Nursing	40	30	10	2-1/2
Social Problems	15	15	--	1
Total	148	114	34	8-1/2
Ward Practice-hours ..... weekly	48			

Second Year-Second Semester (Junior-February through May)

Eye, Ear, Nose and ..... Throat	15	12	3	1
Nursing of Children	50	40	10	3
Psychiatric Nursing	30	20	10	2
Urological, Venereal ..... and Skin Diseases	15	12	3	1
Tuberculosis	12	10	2	1
Total	122	94	28	8
Ward Practice-hours ..... weekly	48			

1942
CURRICULUM BY YEAR

Third Year-First Semester (Senior-September through January)

Name of Course	Total Hours Instruction	Lectures and Classes	Lab. and Demonstrations	Semester Hours
Nursing and Health Service in the Family I	15	15	--	1
Professional Adjustments IIa	15	15	--	1
Emergency and First Aid Nursing	15	10	5	1
Total	45	40	5	3
Ward Practice-hours weekly	48			

Third Year-Second Semester (Senior-February through May)

Advanced Nursing and Electives	15	15	--	1
Nursing and Health Service in the Family II	15	15	--	1
Professional Adjustments IIb	15	15	--	1
Total	45	45	--	3
Ward Practice-hours weekly	48			
TOTAL HOURS OF INSTRUCTION	1,110	741	369	62-1/2

Source: Bulletin Medical College of Virginia, Announcements for 1942-43 39
(May 1942): 102-103.

APPENDIX M

PUBLIC HEALTH NURSING REQUIREMENTS
1945
MCV

1945

PUBLIC HEALTH NURSING REQUIREMENTS

Subject of Courses	Total Hours Instruction	Semester Hours
Introduction to Public Health Nursing	45	3
Public Health Nursing Services I	30	2
Public Health Services II	30	2
Methods of Learning Health	30	2
Public Health Administration and Communicable Disease Control	45	3
Nutrition	30	2
Psychology	30	2
Sociology	30	2
Field of Professional Social Work	15	1
English	45	3
Field Experience	4 months	12
Total		34

In addition to the above major, candidates for the degree of Bachelor of Science in Nursing Education are required to complete a general program of study which must include the following:

English Composition	6 semester hours
English Literature	" " "
History	" " "
Psychology	" " "
Sociology	" " "
Science	" " "

Source: Bulletin Medical College of Virginia, Announcements for 1945-46 and 1946-47 42 (June 1945): 135.

APPENDIX N

CURRICULUM AND DIVISION OF CLINICAL EXPERIENCE
1948
MCV

1948
CURRICULUM

FIRST YEAR-FIRST SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Integrated Science Course:				
Anatomy & Physiology	110	35	75	5
Chemistry	60	30	30	3
Microbiology	45	15	30	2
Physics	10	6	4	0-1/2
English Composition	45	45	0	3
Professional Adjustments I	15	15	0	1
Psychology	30	30	0	2
Sociology	30	30	0	2
Nursing Arts, Introduction to	135	90	45	7-1/2
Nutrition and Cookery	50	30	20	2-1/2
Pharmacology, Introduction to	30	20	10	1-1/2
Total	560	346	214	30
Ward Practice, hours weekly	6 to 8 after first 12 weeks.			

FIRST YEAR-SECOND SEMESTER

Diet Therapy	30	30	0	2
General Medicine and Surgical Nursing	225	195	30	14
Medical Science, Introduction to	30	30	0	2
Pharmacology and Therapeutics	45	45	0	3
Total	330	300	30	21
Ward Practice, hours weekly	22 during first 16 weeks.			

1948
CURRICULUM

SECOND YEAR-FIRST SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Nursing of Children, including 15 hours Communicable Disease Nursing	60	60	0	4
Obstetrical Nursing	45	45	0	3
Total	105	105	0	7

Ward Practice, hours weekly... 37 during first 16 weeks.

SECOND YEAR-SECOND SEMESTER

Emergency and First Aid Nursing	15	15	0	1
Orthopedic Nursing	15	15	0	1
Psychiatric Nursing	30	30	0	2
Social Problems	15	15	0	1
History of Nursing	30	30	0	2
Total	105	105	0	7

Ward Practice, hours weekly 43 during first 16 weeks.

1948
CURRICULUM

THIRD YEAR-THIRD SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Advanced Nursing	15	15	0	1
Nursing and Health Service in the Family	30	30	0	2
Professional Adjustments II	30	30	0	2
Total	75	75	0	5
Ward Practice, hours weekly....	43 during first 16 weeks.			
TOTAL HOURS	1.175	931	244	70

DIVISION OF CLINICAL EXPERIENCE

	High School Graduates	College Graduates
Preclinical Period	24 wks. (includes 1 wk. vacation)	24 wks. (includes 1 wk. vacation)
Clinical Period:		
General Medicine	16 wks.	14 wks.
Diet Kitchen	6 wks.	6 wks.
General Surgery	19-20 wks.	12 wks.
Emergency Room	3-4 wks.	3-4 wks.
Operating Room	8 wks.	8 wks.
Central Supply Room	1 wk.	1 wk.
Obstetrical Nursing	12 wks.	12 wks.
Pediatric Nursing	12 wks.	12 wks.
Psychiatric Nursing	12 wks.	12 wks.
Outpatient Clinic	4,5,6 wks.	4 wks.
Tuberculosis Outpatient Clinic, I.V.N.A., Medicine, Surgery or Obstetrics	11,12,13 wks.	6-7 wks.
Vacation	9 wks.	7 wks.

The approximate remaining period of the 1095 days is utilized for elective experience for students. An appropriate two-week vacation is included.

Source: Bulletin Medical College of Virginia, Announcements for 1948-50, 45 (May 1945): 136-137.

APPENDIX O

CURRICULUM AND DIVISION OF CLINICAL EXPERIENCE
1949-1950
MCV

1949-1950
CURRICULUM

FIRST YEAR-FIRST SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Integrated Science Course:				
Anatomy	110	35	75	5
Chemistry	60	30	30	3
Microbiology	50	20	30	2
Physics	10	6	4	1/2
English Composition	45	45	0	3
Professional Adjustments I	15	15	0	1
Psychology	30	30	0	2
Sociology	30	30	0	2
Nursing Arts, Introduction to	135	90	45	7-1/2
Nutrition and Cookery	60	40	20	3
Pharmacology, Introduction to	30	20	10	1-1/2
Total	575	361	214	30-1/2
Ward Practice, hours weekly	6 to 8 after first 12 weeks.			

FIRST YEAR-SECOND SEMESTER

Diet Therapy	30	30	0	2
General Medical and Surgical Nursing	225	195	30	14
Medical Science, Introduction to	40	40	0	2
Pharmacology and Therapeutics	45	45	0	3
Total	340	310	30	21
Ward Practice, hours weekly	22 during first 16 weeks.			

1949-1950
CURRICULUM

SECOND YEAR-FIRST SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Nursing of Children, including 15 hours Communicable Disease Nursing	65	65	0	4
Obstetrical Nursing	45	45	0	3
Total	110	110	0	7

Ward Practice, hours weekly ..... 37 during first 16 weeks.

SECOND YEAR-SECOND SEMESTER

Emergency and First Aid Nursing	15	15	0	1
Orthopedic Nursing	15	15	0	1
Psychiatric Nursing	30	30	0	2
Social Problems	15	15	0	1
History of Nursing	30	30	0	2
Total	105	105	0	7

Ward Practice, hours weekly ... 43 during first 16 weeks.

1949-1950
CURRICULUM

THIRD YEAR-FIRST SEMESTER

Name of Course	Total Hours Instruction	Classroom Instruction	Lab.	Sem. Hrs.
Advanced Nursing	30	25	5	1-1/2
Nursing and Health Service in the Family	30	30	0	2
Professional Adjustments II	30	30	0	2
Total	90	85	5	5-1/2
Ward Practice, hours weekly	43 during first 16 weeks.			
TOTAL HOURS	1,220	971	249	71

DIVISION OF CLINICAL EXPERIENCE

	High School Graduates	College Graduates
Preclinical Period	24 wks. (includes 2 wks. vacation)	24 wks. (includes 2 wks. vacation)
Clinical Period:		
General Medicine	16 wks.	14 wks.
Diet Kitchen	6 wks.	6 wks.
General Surgery	19-20 wks.	12 wks.
Emergency Room	3-4 wks.	3-4 wks.
Operating Room	8 wks.	8 wks.
Central Supply Room	1 wk.	1 wk.
Obstetrical Nursing	12 wks.	12 wks.
Pediatric Nursing	12 wks.	12 wks.
Psychiatric Nursing	12 wks.	12 wks.
Outpatient Clinic	4,5,6 wks.	4 wks.
Tuberculosis, Outpatient Clinic, Public Health, Medicine, Surgery or Obstetrics	11,12,13 wks.	6-7 wks.
Vacation	10 wks.	8 wks.

The approximate remaining period of the 1095 days is utilized for elective experience for students. An appropriate two-week vacation is included.

Source: Bulletin Medical College of Virginia, Announcements for 1950-51, 47 (Spring 1950): 139-140.

APPENDIX P

PLAN FOR FOUR YEAR CURRICULUM
1953
MCV

1953

PLAN FOR FOUR YEAR CURRICULUM

FIRST YEAR	Classroom Hours	Laboratory Hours	Clock Hours	Credit Hours	Clinical Experience
First Year-Fall Quarter					
English I (Composition)	33		33	3	
History I (Survey of Western Civilization)	33		33	3	
Biology I (General)	33	44	77	5	
Chemistry I (Inorganic)	33	44	77	5	
Orientation to Nursing I	11		11	1	
Health and Physical Education I			11	1 (18)	
First Year-Winter Quarter					
English II (Composition)	33		33	3	
History II (Survey of Western Civilization)	33		33	3	
Biology II (General)	33	44	77	5	
Chemistry II (Inorganic)	33	44	77	5	
Orientation to Nursing II	11		11	1	
Health and Physical Education II			11	1 (18)	
First Year-Spring Quarter					
English III (Composition)	33		33	3	
Chemistry III (Organic)	33	44	77	5	
Sociology I (Introduction)	45		45	4	
Psychology I (Introduction)	45		45	4	
Orientation to Nursing III	11		11	1	
Health and Physical Education III			11	1 (18)	
First Year-Summer Quarter					
Sociology II (Introduction)	45		45	4	Observation and orientation in hospital wards and outpatient department clinics-12 hrs.
Nutrition I (Foods and Food Preparation)	22	33	55	1-1/2	
Orientation to Nursing IV	16	12	28	2	
Basic Nursing I (Introduction to Pharmacology)	22		22	1 (8½)	

1953

PLAN FOR FOUR YEAR CURRICULUM

SECOND YEAR	Classroom Hours	Laboratory Hours	Clock Hours	Credit Hours	Clinical Experience
Second Year-Fall Quarter					
Basic Nursing II (Nursing Arts)	44	44	88	6	
Biology III (Anatomy and Physiology)	44	44	88	6	Medical and surgical wards (elementary nursing procedures-83 hrs.)
Microbiology	22	44	66	4	
Anthropology	45		45	4 (20)	
Second Year-Winter Quarter					
Basic Nursing III (Nursing Arts)	44	44	88	6	
Biology IV (Anatomy and Physiology)	44	44	88	6	Medical and surgical wards (elementary nursing procedures-83 hrs.)
General Medical and Surgical Nursing I	88		88	8	
Physics	16	12	28	2 (22)	
Second Year-Spring Quarter					
General Medical and Surgical Nursing II	66		66	6	Medical and surgical wards and private floors-220 hrs.
Psychology II (Psychology of Human Development)	45		45	4	
Sociology III (Marriage and the Family)	33		33	3 (13)	
Second Year-Summer Quarter					
General Medical and Surgical Nursing III	22		22	2	Operating Room 8 wks. Central Supply Room 1 wk. Vacation-4 wks.
History III (Social and Cultural History of America)	33		33	3	
English IV (American Literature or Public Speaking)	33		33	3 (8)	

1953

PLAN FOR FOUR YEAR CURRICULUM

THIRD YEAR	Classroom Hours	Laboratory Hours	Clock Hours	Credit Hours	Clinical Experience
Third Year-Fall Quarter					
Medical and Surgical Nursing Specialties I	55		55	5	Surgical Ward - 8 wks. Medical Ward-3 wks.
Psychology III (Mental Health)	45		45	4	
Obstetric Nursing	55		55	5 (14)	
Third Year-Winter Quarter					
Medical and Surgical Nursing Specialties II	26		26	2	Medical Ward-5 wks., Obstetric Ward-6 wks.
Psychology IV (Educational)	45		45	4	
History IV (Government or History of Religion)	33		33	3	
Psychiatric Nursing	66		66	6 (15)	
Third Year-Spring Quarter					
Introduction to Public Health Nursing	45		45	4	Obstetric Ward-6 wks., Diet Department - 4 wks., Outpatient Department-1 wk.
Pediatric Nursing	66		66	6 (10)	
Third Year-Summer Quarter					
Nutrition II (Survey of Nutritional Problems)	33		33	3	Outpatient Department-3 wks., Emergency Room-4 wks. Medical and Surgi-Specialties (Burn, Cancer, Alcoholic Ward-2 wks. Vacation-4 wks.
English V (English Literature)	33		33	3 (6)	

1953

PLAN FOR FOUR YEAR CURRICULUM

FOURTH YEAR	Classroom Hours	Laboratory Hours	Clock Hours	Credit Hours	Clinical Experience
Fourth Year-Fall Quarter					
Senior Conference I (Trends in Nursing)	33		33	3	Psychiatric Ward-11 wks.
Elective (Music Appreciation)	33		33	3 (6)	
Fourth Year-Winter Quarter					
Senior Conference II (Team Leadership)	33		33	3	Psychiatric Ward-1 wk. Pediatric Ward-10 wks.
Elective (Introduction to Philosophy)	33		33	3 (6)	
Fourth Year-Spring Quarter	No formal classes				Pediatric Ward-3 wks, Public Health Field Experience-8 wks.

Source: Bulletin Medical College of Virginia, Announcements for 1953, 54, 1954-55 50 (Summer 1953): 159-161.

APPENDIX Q

CURRICULUM PLAN
BACHELOR OF SCIENCE IN NURSING
(FOUR-YEAR COURSE)
1957
MCV

1957

CURRICULUM PLAN - BACHELOR OF SCIENCE IN NURSING
(Four-Year Course)

FRESHMAN YEAR

Catalog Number	Course Title	Quarter Hours First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total Credit
N101, 102, 103	Principles of Biology	5	5	5	--	15
N104	Pharmacology	--	--	--	2	2
N111, 112	General Chemistry	5	5	--	--	10
N113	Biochemistry	--	--	4	--	4
N121, 122, 123	English Composition and Grammar	3	3	3	--	9
N131, 132	History of Western Civilization	3	3	--	--	6
N133	Introduction to Psychology	--	--	4	--	4
N134	General Sociology	--	--	--	4	4
N144	Marriage and the Family	--	--	--	3	3
N151, 152, 153, 154	Orientation to Nursing	1	1	1	3	6
	Health and Physical Education	1	1	1	--	3
		18	18	18	12	66

SOPHOMORE YEAR

N201, 202	Anatomy and Physiology	4-1/2	4-1/2	--	--	9
N203	American History	--	--	3	--	3
N204	English Literature	--	--	--	3	3
N211	Anthropology	4	--	--	--	4
N213	Psychology of Human Development	--	--	4	--	4
N221, 222	Fundamentals of Nursing	6	6	4	--	16
N223	Physics	--	--	2	--	2
N224	Microbiology	--	5	--	--	5
N231	Pharmacology and Therapeutics	4	--	--	--	4
N232, 233, 234	General Medical Nursing	--	3	3	1	7
N242, 243, 244	General Surgical Nursing	--	4	4	2	10
N251	Foods and Food Preparation	--	4	--	--	4
N252	Diet Therapy	--	--	3	--	3
		18-1/2	26-1/2	23	6	74

1957

CURRICULUM PLAN - BACHELOR OF SCIENCE IN NURSING
(Four-Year Course)

JUNIOR YEAR

Catalog Nursing	Course Title	Quarter Hours: First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total Credit
N302	Comparative Religion	--	3	--	--	3
N303	American Literature	--	--	3	--	3
N311	Obstetric Nursing	5	--	--	--	5
N313	Pediatric Nursing	--	--	6	--	6
N321	Mental Hygiene	4	--	--	--	4
N322	Educational Psychology	--	4	--	--	4
N333	Survey of Nutrition Problems	--	--	3	--	3
N341	Psychiatric Nursing	--	4	--	--	4
		9	11	12	--	32

SENIOR YEAR

N401, 402	Senior Conference	3	4	--	--	7
N403	Art Appreciation	--	--	3	--	3
N421	Introduction to Public Health Nursing	6	--	--	--	6
		9	4	3	--	16

Source: Bulletin Medical College of Virginia, School of Nursing Issue 55 (October 1957): 13-14.

APPENDIX R

CURRICULUM PLAN
ASSOCIATE IN SCIENCE
(TWO-YEAR COURSE)
1957
MCV

1957
CURRICULUM PLAN
ASSOCIATE IN SCIENCE
(Two-Year Course)

FRESHMAN YEAR

Fall-Winter-Spring	**Quarter Hours**		
English	3	3	3
Anatomy and Physiology	3	3	3
Chemistry; Nutrition; Microbiology	3	3	3
General, Child, Social Psychology	2	2	2
Fundamentals of Nursing	6	-	-
Medical and Surgical Nursing	-	6	6
Health and Physical Education	-	-	-
	17	17	17
Summer			
Medical and Surgical Nursing	-	-	-
Psychiatric Nursing	-	-	-

SOPHOMORE YEAR

Fall-Winter-Spring			
History of Western Civilization	3	3	-
Comparative Religion or Mental Hygiene	-	-	3
Sociology and Community Problems	2	2	2
Medical and Surgical Nursing	12	-	-
Maternal and Child Care	-	12	12
Health and Physical Education	-	-	-
	17	17	17
Summer			
Maternal and Child Care	-	-	-
Medical and Surgical Nursing	-	-	-

Source: Bulletin Medical College of Virginia, School of Nursing Issue 55 (October 1957): 13-14.

APPENDIX S

BACHELOR OF SCIENCE IN NURSING
CURRICULUM PLANS I AND II (REVISED)
1961-1962
MCV

1961-1962

BACHELOR OF SCIENCE IN NURSING

CURRICULUM PLAN I (REVISED)

FIRST YEAR

		Credit
First Quarter		
101	General Biology	(5)
111	General Chemistry	(6)
121	English	3
131	History of Western Civilization	3
N151	Orientation to Nursing	1
	Physical Education	nc
Second Quarter		
102	General Biology	(5)
112	General Chemistry	(6)
122	English	3
132	History of Western Civilization	3
N152-153	Orientation to Nursing	2
	Physical Education	nc
Third Quarter		
103	General Biology	15
113	Biochemistry	16
123	English	3
133	Introduction to Psychology	4
	Physical Education	nc
203	History of Western Civilization	3
Fourth Quarter		
201	Anatomy and Physiology	(4)
104	Pharmaceutical Calculations	2
134	General Sociology	4
N154	Orientation to Nursing	3
	Total	65

SECOND YEAR

		Credit
First Quarter		
202	Anatomy and Physiology	9
211	Anthropology	4
N221	Fundamentals of Nursing	6
N241	Nutrition	4
Second Quarter		
N222	Medical-Surgical Nursing	(6)
N231	Pharmacology and Therapeutics	(2)
232	Microbiology	4
233	Physics	2
Third Quarter		
N223	Medical-Surgical Nursing	(9)
N231	Pharmacology and Therapeutics	4
213	Psychology of Human Development	4
Fourth Quarter		
N224	Medical-Surgical Nursing	24
204	English Literature	3
	Total	64

1961–1962

BACHELOR OF SCIENCE IN NURSING

CURRICULUM PLAN I (REVISED)

THIRD YEAR

		Credit
First Quarter		
302	Religion	3
413	Art Appreciation	3
N312	Operating Room	2
Second Quarter		
322	Educational Psychology	4
303	American Literature	3
N311	Obstetric Nursing	5
Third Quarter		
321	Mental Health	4
N313	Child in Nursing	6
N333	Survey of Nutrition Problems	3
Fourth Quarter		
N314	Psychiatric Nursing	5
	Total	38

FOURTH YEAR

		Credit
First Quarter		
N420	Introduction to Public Health	2
N421	Public Health Nursing	4
Second Quarter		
N402	Principles of Administration	3
Third Quarter		
N401	Senior Conference	3
N403	Disaster and Emergency Nursing	2
	Total	14

1961-1962

BACHELOR OF SCIENCE IN NURSING

CURRICULUM PLAN II (REVISED)

FIRST YEAR

		Credit
First Quarter		
121	English	3
101	General Biology	(5)
111	General Chemistry	(5)
N151	Introduction to a Profession	2
	Physical Education	nc
Second Quarter		
122	English	3
102	General Biology	10
112	General Chemistry	(5)
132	General Psychology	4
N152	Introduction to Nursing	(1)
	Physical Education	nc
Third Quarter		
123	English	3
113	Biochemistry	15
133	General Psychology	4
143	General Sociology	4
N153	Introduction to Nursing	4
	Physical Education	nc
	Total	52

SECOND YEAR

		Credit
First Quarter		
201	Anatomy and Physiology	(5)
N241	Nutrition	4
N231	Pharmaceutical Calculations	2
N221	Fundamentals of Nursing	7
Second Quarter		
202	Anatomy and Physiology	10
242	Microbiology	4-1/2
N232	Pharmacology	(2)
N222	Medical-Surgical Nursing	(6-1/2)
Third Quarter		
203	Genetics	4-1/2
N233	Pharmacology	5
N223	Medical-Surgical Nursing	(10-1/2)
Fourth Quarter		
244	Psychology of Human Adjustment	4
N224	Medical-Surgical Nursing	27
	Total	68

1961-1962

BACHELOR OF SCIENCE IN NURSING

CURRICULUM PLAN II (REVISED)

THIRD YEAR

		Credit
First Quarter		
301	History	3
321	English Literature	4
N312	Operating Room Nursing	6
Second Quarter		
302	History	3
N311	Obstetric Nursing	8
Third Quarter		
303	History	3
N313	Pediatric Nursing	9
Fourth Quarter		
304	Sociology	4
N314	Psychiatric Nursing	8
	Total	48

FOURTH YEAR

		Credit
First Quarter		
N420	Public Health	2
N421	Public Health Nursing	8
Second Quarter		
	Elective in General Education	4
N402	Principles of Administration	5-1/2
N432	Advanced Nursing I	3-1/2
Third Quarter		
N443	History and Trends in Nursing	4
N403	Disaster and Emergency Nursing	3
N433	Advanced Nursing II	4
	Total	34

Source: Bulletin Medical College of Virginia, Announcements for 1961-62, 1962-63 58 (Summer 1961): 163-165.

APPENDIX T

ASSOCIATE IN SCIENCE CURRICULUM AND COURSES OF STUDY, 1961
MCV

1961

ASSOCIATE IN SCIENCE CURRICULUM AND COURSES OF STUDY

First Year	Quarters and Credits First	Second	Third	Fourth
English 121, 122, 123	3	3	3	-
Sociology AD140, 141, 142	3	3	3	-
Sociology AD243	-	-	-	3
Nursing AD150	6	-	-	-
Nursing AD151, 152	-	6	6	-
Basic Science AD160, 161, 162	7	7	7	-
Nursing AD253 ..... Group I)				
Nursing AD272 ..... Group II)				
Nursing AD281 ..... Group III)				10
Nursing AD285 ..... Group IV)				
	19	19	19	13
Second Year				
Psychology AD240, 241, 242	3	3	3	-
Religion AD280, 281, 282	3	3	3	-
Nursing AD290, 291, 292	1	1	1	-
Nursing AD253				
Nursing AD272 ..... The four groups)				
Nursing AD281 ..... above rotate)	10	10	10	-
Nursing AD285 ..... each quarter)				Total
	17	17	17	121

COURSES OF STUDY

Numbering of Courses - Courses numbered in the one hundred series are open to freshmen while those numbered in the two hundred series are open to sophomores. The letters AD preceding numbers of courses indicate that those courses are taught only in the associate degree program.

Credit for Courses - One hour of lecture weekly yields one quarter hour credit. Three hours weekly of science laboratory or clinical laboratory yield one quarter hour credit. Quarters are eleven weeks in length with ten weeks of classes and one week for examinations.

BASIC SCIENCE

AD160, 161, 162. Basic Science - This course consists of a basic introduction to the laws of physics together with laboratory experiments to facilitate understanding of the principle of physics; an introduction to inorganic, organic and biochemistry; an exploration of anatomy and physiology of the body, and microbiology and its importance as a nursing science.

Lecture: fifteen quarter hour credits.
Laboratory: six quarter hour credits.

ENGLISH

121, 122, 123. English Composition, Grammar and Literature - Includes vocabulary building, application of principles of good grammar and composition, introduction to descriptive recording, preparation of simple research reports, and reading of selected poems, essays, dramas, and fiction.

Lecture: nine quarter hour credits.

PSYCHOLOGY

AD240, 241, 242. Psychology - A study of the developmental history of the normal individual from pre-natal life through the first two years, early childhood, middle childhood, adolescence, adulthood, and the second half of life with special emphasis on the physical and psychological aspects of personality, the social and emotional characteristics of behavior, intelligence, learning abilities, and skills.

Lecture: nine quarter hours credits.

NURSING

AD150. Fundamentals of Nursing - This course is designed to assist the student in developing an understanding of the broad concepts of nursing and to learn the basic principles which serve as guides in planning and giving individualized nursing care. Experience is provided to develop basic bedside nursing skills.

Lecture: four quarter hour credits.
Laboratory: two quarter hour credits.

AD151. Medical-Surgical Nursing I - This course provides a general klnowledge of the basic scientific principles and techniques of nursing in planning and rendering patient-centered nursing care. Includes the basic concepts and principles related to the occurrence, symptoms, treatments, preventions, and control of medical-surgical disease conditions. Areas included: administration of medicines and fluids, pre-operative and post-

operative care, inhalation therapy, diagnostic tests, and the circulatory system. Provides for selected and guided clinical practice in these areas.

Lecture: four quarter hour credits.
Laboratory: two quarter hour credits.

AD152. Medical-Surgical Nursing II - This course is a continuation of AD151 with special emphasis on the application of scientific principles and techniques to new situations and to specific patient needs. Provides for a broader understanding of the inter-relationships of the many aspects of patient care with other members of the health team. Includes the broader nursing concepts in medical-surgical disease conditions of the respiratory, digestive, and genito-urinary systems.

Lecture: four quarter hour credits.
Laboratory: two quarter hour credits.

AD253. Medical-Surgical Nursing III - This course includes a study of the nursing care of patients with the more complex medical and surgical conditions. These include neurological, ear, eye, endocrinological, skin, orthopedic, and blood disorders. Diet therapy and drug therapy are integrated throughout. Emphasis is placed upon the nursing needs of the individual in relation to his medical problem.

Lecture: 4 quarter hour credits.
Laboratory: six quarter hour credits.

AD285. Nursing of Children - The study of growth and development of children, the common diseases of infancy and childhood, and the effects of these conditions on the growing child. Supervised practice is provided in the nursing of infants and children, observation in nursery school and day nursery, play therapy, pediatric outpatient department and observation in selected social agencies concerned with the welfare of children.

Lecture: four quarter hour credits.
Laboratory: six quarter hour credits.

AD280. Nursing of Mothers and Infants - A study of the care of mothers and infants during the pre-natal, delivery and post-natal periods with special consideration given to emotional aspects and total family responsibilities during the childbearing cycle. Gynecologic diseases, the menstrual and the menopausal cycles are discussed. Clinical practice is provided concurrently in all areas of nursing care.

Lecture: four quarter hour credits.
Laboratory: six quarter hour credits.

AD272. Care of the Psychiatric Patient - A study of the inter-personal relationships between the nurse and the patient. Experiences are provided involving the means of increasing the student's understanding of human behavior in health and illness with special emphasis on increasing her awareness of self.

Lecture: four quarter hour credits.
Laboratory: six quarter hour credits.

AD290, 291, 292. Nursing and Society - The historical development of nursing is presented within the framework of world history giving the student an opportunity for developing an understanding of the immediate past and current changes in the nursing profession. Emphasis is placed upon the individual's responsibility for participating in and contributing to the improvement of patient care within the hospital and community through her professional organizations and community activities.

Lecture: three quarter hour credits.

RELIGION

AD280, 281, 282. Philosophy of Religion - This course is a study of the historical foundations of the more common religions with emphasis upon the role played by religion in the life of the individual today as he participates in our society.

Lecture: three quarter hour credits.

SOCIOLOGY

AD140, 141, 142. Sociology and Social Problems - An introduction to the study of society and its cultural development with emphasis upon the problems resulting from the complex social structure. Some consideration is given the methods and approaches used in the scientific analysis and criticism of this area of study.

Lecture: nine quarter hour credits.

AD243. Marriage and the Family - A beginning study of the structure of the family unit and the institution of marriage. It includes an analysis of courtship, marriage, and family relations with an integration of the social sciences, biology, psychology and religion, along with literature and the arts as they each contribute to the understanding of current marital and financial problems.

Lecture: three quarter hour credit.

Source: Bulletin Medical College of Virginia, Announcements 1961-62, 1962-1963 58 (Summer 1961): 176-179.

APPENDIX U

BACHELOR OF SCIENCE IN NURSING
CURRICULUM PLAN AND COURSE OF STUDY
1963
MCV

1963

BACHELOR OF SCIENCE IN NURSING
CURRICULUM PLAN AND COURSE OF STUDY

First Year

	Courses	Quarter Hour Credits
101-102	General Biology	10
111-112-113	General Chemistry	13-1/2
121-122,123	English Composition and Literature	9
132, 133	General Psychology	8
143	General Sociology	4
151	Introduction to a Profession	2
N152, 153	Introduction to Nursing	4
	Physical Education	nc
		50-1/2

Second Year

201-202	Anatomy and Physiology	10
203	Genetics	5
N221-222	Medical-Surgical Nursing I	11
N223-224	Medical-Surgical Nursing II	15
N231-232-233	Pharmacology	7
241	Nutrition	4
242	Microbiology	4
244	Psychology of Human Adjustment	4
		60*

(*includes 12 credits in summer quarter)

Third Year

301, 302, 303	History of Western Civilization	9
304	Cultural Anthropology	4
N311	Nursing in the Operating Room and Allied Areas	6
N312-313	Maternal-Child Nursing	16
N314	Psychiatric Nursing	8
321	English Literature	4
		47*

(*includes 12-14 credits in summer quarter)

Fourth Year

	Courses	Quarter Hour Credits
N402	Patient Care Management	4-1/2
N403	Disaster and Emergency Nursing	3-1/2
N420	Introduction to Public Health Science	3
N421	Public Health Nursing	6
N432	Advanced Nursing	7
N443	History and Present Trends in Nursing	4
	Electives	4
		32
412	The Citizen and Contemporary Issues - 4 credits	
413	Art Appreciation - 4 credits	
453	Survey of Religion - 4 credits	
	Total	189-1/2

COURSES OF STUDY

Credit for Courses - Quarters are eleven weeks in length with ten weeks of classes and one week for examinations. One hour of lecture weekly yields one quarter hour credit; two hours of science laboratory weekly yield one quarter hour credit; eight hours of clinical laboratory weekly yield one quarter hour credit.

Hypenated course numbers indicate that credit and quality points are assigned upon completion of the entire course. Credit and quality points are assigned at the end of each quarter for those courses with catalog numbers separated by commas.

The letter N preceding the course number indicates the course is a part of the nursing major.

ANATOMY

201-202 Anatomy and Physiology - Lectures and laboratory work illustrated by the use of models, charts, slides and dissection of gross specimens are designed to give the student a working knowledge of the normal structure and functions of the human body.

Credit: ten quarter hours.

BIOLOGY AND GENETICS

101-102. Principles of Biology - A study of the basic biological principles in both plants and animals. Emphasis is placed on physiology, ecology, morphology, anatomy, reproduction, development, and evolution as illustrated by selected forms and groups.

Credit: ten quarter hours.

203. Principles of Genetics - A study of heredity and environment with special reference to man.

Credit: five quarter hours.

CHEMISTRY

111-112-113. General Chemistry - An introduction to the electronic structure and chemical reactivity of the elements. Solution equlibria, gas laws, radioactivity, and biochemistry are also studied.

Credit: thirteen and one-half quarter hours.

ENGLISH

121-122, 123. English Composition - In the first and second quarter, the objective is to develop the student's ability to write clear and effective expository prose by the study of rhetorical principles, practice in writing, and various parallel reading. An introduction to the fundamentals of public speaking is included. In the third quarter, emphasis is placed on the study of literary genres and readings in American literature. Practice in expository writing is continued.

Credit: six quarter hours.

321. Introduction to English Literature - Characteristic writings of Chaucer, Shakespeare, and selected major authors are studied. The primary aim is understanding and appreciation.

Credit: four quarter hours.

HISTORY

301, 302, 303. History of Western Civilization - A survey of the history of western civilization, including that of the United States. Emphasis is placed on the events of the nineteenth and twentieth centuries.

Credit: nine quarter hours.

MICROBIOLOGY

242. Microbiology - This course includes lectures in the fundamentals of microbiology with special emphasis on practical methods in disinfection, factors of infection and immunity, and the special microbiology of important infectious diseases. The laboratory work, which includes a brief study of the more important pathogenic bacteria, introduces sufficient laboratory technique to help the student appreciate the necessity for surgical asepsis and learn to apply the same critical methods in nursing practice.

Credit: four quarter hours.

NURSING

151. Introduction to a Profession - An introduction to some of the philosophic and pragmatic foundations of professionalism in general, as a means of enriching and enhancing the students' ability to think and perform on a professional level.

Credit: two quarter hours.

N152, N153. Introduction to Nursing - The first quarter of this course is designed to acquaint the student with the meaning of nursing and its different aspects. The principles studied in 151, Introduction to a Profession, are applied to nursing. In the second quarter, the student is introduced to the hospital setting and has beginning learning experiences in the provision of simple nursing care.

Credit: four quarter hours.

N221-222. Medical-Surgical Nursing I - This is the first clinical nursing course in the nursing program. It, together with Medical-Surgical Nursing II, provides a foundation for other clinical courses. It includes physical and physiological changes that occur during adulthood. Selected health problems for which the nursing care is relatively simple are studied. Nursing procedures, modifications of diet for therapeutic purposes, and concepts of care pertaining to rehabilitation, public health, psychosocial, and cultural factors are incorporated. During laboratory periods, the student plans and provides nursing care for selected patients.

Credit: eleven quarter hours.

N223-224. Medical-Surgical Nursing II - This course is a continuation of N221-222. These two courses are designed to teach the fundamentals of medical-surgical nursing that the student may assume professional responsibilities in the observation and care of adult patients. Selected health problems for which the nursing care is increasingly complex are studied. Nursing procedures, modifications of diet for therapeutic purposes, and concepts of care pertaining to rehabilitative, public health, psychosocial, and cultural factors are incorporated. During laboratory periods, the student plans and provides nursing care for selected patients. N221-222 is a prerequisite for this course.

Credit: fifteen quarter hours.

N231-232-233. Pharmacology - This course is designed to teach the basic concepts of drug therapy that the student may assume professional responsibilities in the administrations of drugs and the observation of patients who receive them. The course includes the common systems of measurement, types of drugs and drug actions, symptoms of toxicity, and general concepts concerning drug therapy. Emphasis is placed upon the nurse's responsibilities. This course is correlated with N221-222 and N223.

Credit: seven quarter hours.

N311. Nursing in the Operating Room and Allied Areas - This course is designed to teach the fundamentals of operating room nursing with special emphasis on helping the student to understand and appreciate the patient's experience in the operating room, and to become increasingly aware of the need for conscientious and individualized pre-operative and post-operative patient care. Included also are learning experiences in the recovery room and the burn surgery unit.

Credit: six quarter hours.

N312-313. Maternal-Child Nursing - This course is a family-centered experience designed to prepare the student as a practitioner of professional nursing with beginning ability to plan and give care and guidance to the family unit. It encompasses the normal and important abnormal aspects of the maternity cycle from the period of preparation for marriage and parenthood, through the birth process, and the subsequent growth and development of the child from birth through adolescence.

Credit: sixteen quarter hours.

N314. Psychiatric Nursing - This course is planned to help the student gain an understanding of mental illness and acquire beginning skills in caring for the mentally ill person. A problem-solving approach is used to study the behavior of both the patient and the student to increase her understanding of the dynamics of human behavior and of interpersonal processes.

Credit: eight quarter hours.

N402. Patient Care Management - This course is designed to give the student an understanding of patient care management and the principles involved. Guided learning experiences are provided in the clinical situation for the application of these principles in the management of care for a group of patients. Concepts of team nursing are incorporated.

Credit: four and one-half quarter hours.

N403. Disaster and Emergeny Nursing - This course is designed to give an increased understanding of the responsibility of the nurse in emergency situations and increased skill in meeting these responsibilities. Also, the course offers information concerning local, state, and national civil defense programs with emphasis on the role of the nurse in these programs. Instruction and practice in first aid are included. The student has laboratory experience in the hospital emergency room.

Credit: three and one-half quarter hours.

N420. Introduction to Public Health Science - This course is designed to show how the biological and social sciences contribute to modern public health practice. The history and philosophy of public health introduces the students to the ecology of health and disease in urban and rural settings both in the United States and abroad. The application of principles of demography, epidemiology, environmental health control, statistics, and public health administration are demonstrated in group discussions of specific disease entities.

Credit: three quarter hours.

N421. Public Health Nursing - The course is designed to develop in the student an understanding of and beginning skill in the practice of public health nursing. This is accomplished through (a) study of the nursing process as applied to the family and community and (2) supervised clinical practice in an official or combination health agency that provides opportunity for the student to apply nursing and public health concepts while working with families toward identification and solution of their health problems.

Credit: six quarter hours.

N432. Advanced Nursing - This course is designed to teach the nursing care of patients who present complex nursing problems. In the classroom and laboratory, the student learns how to identify nursing problems common to patients who have different medical diagnoses and to plan and provide nursing care for them, utilizing the problem-solving approach. The course includes preparation for participation in the planning and evaluation of total patient care. Emphasis is given to providing direct nursing care for individual patients and small groups of patients.

Credit: seven quarter hours.

N443. History of Nursing and Present Trends - A survey of the development of nursing and of current trends. Consideration is given to vocational opportunities, professional organizations, legal aspects of nursing, and responsibilities of the professional nurse.

Credit: four quarter hours.

NUTRITION

241. Foods and Nutrition - This course is a study of the fundamental principles of the science of nutrition as vital factors in individual, community, and world health. Major objectives include developing a knowledge and understanding of specific nutrients, their contribution to health and the foods most commonly used to supply these nutrients, and factors that determine human energy requirements. Economic, sociological, psychological, and physiological factors are considered as they relate to the science of nutrition.

Credit: four quarter hours.

PSYCHOLOGY

132, 133. General Psychology - This two-quarter course introduces the student to general principles and facts of human behavior with particular emphasis on personality development, motivation, emotion, learning, and perception. Consideration of pertinent physiological and social determinants of behavior, psychological measurements, individual differences, and relevant animal studies is included. Demonstrations and audio-visual aids are used as well as didactic lectures.

Credit: eight quarter hours.

244. Psychology of Adjustment - This course takes an eclectic approach to the study of human adjustment, blending dynamic and experimental approaches. The role of conflict, frustration, and mechanisms of defense in adjustment is explored. An introduction to abnormal behavior in its various manifestations is presented. Lectures, audio-visual aids, and small group projects leading to panel reports are utilized.

Credit: four quarter hours.

PHYSICAL EDUCATION

Physical Education - The principles of personal hygiene, good posture, and positive health are emphasized. Opportunity for participation in games and sports is provided.

One hour weekly, no credit.

ELECTIVE COURSES

ART

413. Art Appreciation - This course is designed to introduce the individual to an appreciation of the art forms--including sculpture, architecture, and painting of several European countries and the United States.

Credit: four quarter hours.

SOCIOLOGY

412. The Citizen and Contemporary Issues - This course consists of a study of selected social, economic and/or philosophical issues of our time. Such topics as automation, church-state relations, morality and sexular man, population problems, rural-urban conflict, poverty and wealth, the economics of war, education in the space age, intergroup relations, crime, and other topics will be studied in alternating years through lectures, films, speakers, readings, and field visits.

Credit: four quarter hours.

453. Survey of Religion - This course includes a study of the functions of religious beliefs and institutions; the chief doctrines and rites of the world's major religions; and a brief view of the religious spectrum in the United States.

Credit: four quarter hours.

Source: Bulletin Medical College of Virginia, Announcements for 1963-64, 1964-65 60 (Winter 1963): 177-184.

APPENDIX V

CURRICULUM PLAN BEGINNING 1965-1966
MCV

CURRICULUM PLAN BEGINNING 1965-1966

	Quarter Hour Credits			
FIRST YEAR	Fall	Winter	Spring	Summer
General Biology	5	5	-	-
General Chemistry	4-1/2	4-1/2	4	-
English Composition	3	3	3	-
General Psychology	-	4	4	-
Introduction to a Profession	2	-	-	-
Anatomy and Physiology	-	-	4-1/2	-
Physical Education	nc	nc	nc	
	14-1/2	16-1/2	15-1/2	-
SECOND YEAR				
Anatomy and Physiology	4-1/2	-	-	-
Nursing Skills	3	-	-	-
Medical-Surgical Nursing	-	7 or	7 or	7
Medical-Surgical Nursing	-	7 or	7 or	7
Medical-Surgical Nursing	-	7 or	7 or	7
General Sociology	3	3	-	-
Pharmacology	3	2	-	-
Nutrition	-	4	-	-
Microbiology	-	-	4	-
Psychology of Human Adjustment	-	-	-	4
The Novel	-	-	4	-
	13-1/2	16	15	11
THIRD YEAR*				
History of Western Civilization	3	3	3	-
History of Nursing	-	1	1	-
Anthropology	-	4	-	4
Maternal-Child Nursing	8	8 or	8	8
Genetics	5	-	5	-
or				
Operating Room Nursing	5 or	5	5 or	5
Psychiatric Nursing	9 or	9 or	9 or	9
English Literature	4	4	4	4
	12-16	13-17	13-17	9-13
FOURTH YEAR				
Patient Care Management	8 or	8 or	8	-
Introduction to Public Health Science	3	-	-	-
Public Health Nursing	8 or	8 or	8	-
Advanced Nursing	8 or	8 or	8	-
Senior Seminar	1	1	1	-
Liberal Arts Courses	-	4	4	-
	12	13	13	-

*Bracketed courses are taken concurrently, e.g., Genetics and Anthropology are taken with Maternal-Child Nursing. (Nov. 1965)

Source: Addendum to Catalog, 1964-1965 (mimeographed)

APPENDIX W

BACCALAUREATE DEGREE PROGRAM
CURRICULUM PLAN, CLASS ENTERING 1967
MCV

BACCALAUREATE DEGREE PROGRAM
CURRICULUM PLAN

CLASS ENTERING 1967

The program is four academic years and two summer sessions in length.

FIRST YEAR

Courses		Quarter Hours Credits
101-102	*Principles of Biology	9
111-112-113	*General Chemistry	13
121-122, 123	*English Composition	9
132, 133	*General Psychology	8
151	*Introduction to a Profession	2
163	*Anatomy and Physiology	4-1/2
	*Physical Education	nc
	Minimum requirement for promotion: 45-1/2 credits, 41 quality points.	45-1/2

SECOND YEAR

201	*Anatomy and Physiology	4-1/2
N220	*Introduction to Nursing I	3
N221	**Introduction to Nursing II	7
N222	*Medical-Surgical Nursing I	7
N223	**Medical-Surgical Nursing II	7
251, 252	*General Sociology	6
N231-232	*Pharmacology	5
241	*Nutrition	4
242	*Microbiology	4
244	*Psychology of Adjustment	4
253	*Contemporary British Novel	3
	(includes 11 credits in summer quarter) Minimum requirement for promotion: 96 credits, 95-1/2 quality points.	54-1/2

THIRD YEAR

Courses		Quarter Hours Credits
301, 302, 303	*History of Western Civilization	9
304	*Anthropology	4
N310	Independent Study	2
N312-313	**Maternal-Child Nursing	16
N314	*Psychiatric Nursing	9
321, 322	*English Literature	6
323	*Human Genetics	4-1/2
332-333	*History of Nursing	2
		52-1/2
N342-343-344	Nursing of Adults and Children[1]	15

(includes 8 to 12 credits in summer quarter)
Minimum requirement for promotion:
148-1/2 credits, 148 quality points.

FOURTH YEAR

N402	Patient Care Management	8
N420	Introduction to Public Health Science	3
N421	Community Nursing	8
N432	Advanced Clinical Nursing	8
N450	Senior Symposia in Nursing Trends	3
	Liberal Arts courses	8
		38

*Credit for these courses may be established through transfer from another college or proficiency examinations.

**Partial credit may be earned for these courses through proficiency examinations

[1]This course for registered nurse students only.

Source: Bulletin Medical College of Virginia, Announcements for 1967-68, 1968-69 64 (Spring 1967): 170-171.

APPENDIX X

TYPICAL CURRICULUM
UPPER DIVISION AND COURSES OF STUDY, 1971
MCV

1971
TYPICAL CURRICULUM
UPPER DIVISION AND COURSES OF STUDY

Typical Curriculum - Upper Division

Junior Year

First Semester		Credit Hours	Class	Lab
361	Health Science I	7	6	1
365	Infection and Immunity	3	2	1
Psy 304	Human Development	3	3	-
N 371	Nursing Core I	4	2	2
Second Semester				
362	Health Science II	3	3	-
N 372	Nursing Core II	3	3	-
N 382	Nursing of Adults and Children I	5	3	2
N 384	Maternity Nursing*	5	3	2

Senior Year

Third Semester				
463	Health Science II	3	3	-
N 473	Nursing Core III	3	3	-
N 483	Nursing of Adults and Children II	5	3	2
N 387	Psychiatric Nursing*	5	3	2
Fourth Semester				
N 474	Nursing Core IV	4	4	-
N 484	Advanced Clinical Nursing	5	3	2
N 486	Community Health Nursing	5	3	2

*Maternity Nursing and Psychiatric Nursing are interchangeable.

COURSES OF STUDY

Psychology 304. Human Development. Covers the years from birth throughout the life span. The effects of inheritance and environment on the normal maturation and development of mental, physical, and emotional characteristics of the individual are discussed.

Credit: theory, three semester hours.

361. Health Science I. Designed to provide a closely knit body of knowledge which draws primarily from the disciplines of human anatomy and physiology. Specific teachings from the related disciplines of biochemistry and nutritional science are incorporated where they are most relevant to the topics of anatomy and physiology. The laboratory includes dissection of a mammalian specimen, demonstrations, and films.

Credit: theory, six semester hours; laboratory, one semester hour.

362. Health Science II. An integrated course designed to correlate pathophysiology, pharmacology and therapeutics, pathogenetics, and nutrition. Areas of discussion include water and electrolyte balance, acid-base balance, shock, edema formation, fever and pain; renal, urinary tract, gastrointestinal, hepatic, gall bladder, respiratory, pancreatic, metabolic, and endocrine pathophysiology. Prerequisites: 361, 365.

Credit: theory, three semester hours.

365. Infection and Immunity. A study of infectious diseases of man with emphasis on the distribution, properties, and roles of pathogenic microorganisms and the various responses of the host. Principles of prevention, control, and chemotherapy of infectious diseases are major components of the study. Microbiological techniques and special topics as they relate to nursing practice evaluated in laboratory exercises and conferences.

Credit: theory, two semester hour credits; laboratory, one semester hour credit.

N371. Nursing Core I. Designed to enable the student to see himself as becoming a professional person through the introduction of concepts and skills basic to the practice of nursing. The major focus for the presentation of theoretical content is man's adaptation to stress throughout the life continuum. Supervised clinical practice is provided to enable the student to use theoretical material in the application of the nursing process to the needs of individuals in a variety of settings. Prerequisite or corequisite: 361, 365, Psychology 304.

Credit: theory, two semester hour credits; laboratory, two semester hour credits.

N372. Nursing Core II. Focuses on stress and adaptation within the family and in groups. Content includes the family as a system, communication within the system, crisis within the system, and the theory of groups. Supervised clinical application of theoretical material is provided in other nursing courses. Prerequisite: N371.

Credit: theory, three semester hour credits.

N382. Nursing of Adults and Children I. Focuses on the care of hospitalized individuals of all ages who are threatened with or who have pathophysiological conditions requiring medical-surgical nursing intervention encompassing preventive, therapeutic, and rehabilitative aspects. Prerequisite: N371. Prerequisite or corequisite: N372, 362.

Credit: theory, three semester hours; laboratory, two semester hours.

N384. Maternity Nursing. A family-centered experience to prepare the student as a practitioner of professional nursing with beginning ability to plan and give care and guidance to the family unit. Encompasses normal and important abnormal aspects of the maternity cycle from the period of preparation for parenthood through the birth process and subsequent growth and development of the newborn. Emphasis is placed on the family unit as it copes with child bearing. Prerequisite: N371. Prerequisite or corequisite: N372, 362.

Credit: theory, three semester hours; laboratory, two semester hours.

N387. Psychiatric Nursing. Planned to help the student gain an understanding of mental illness and acquire beginning skills in caring for the mentally ill person. A problem solving approach is utilized to study the behavior of both patient and student to increase his understanding of the dynamics of human behavior and interpersonal processes. Prerequisite: N371. Prerequisite or corequisite: N372, 362.

Credit: theory, three semester hours; laboratory, two semester hours.

459. Elective Study. Supervised study planned to meet the learning objectives of the student. Requires faculty approval.

Credit: one to five semester hours.

463. Health Science III. A continuation of Health Science II. Integration of pathophysiology, pharmacology and therapeutics, pathogenetics, and nutrition in discussion of autoimmune mechanisms, "collagen" diseases, allergy and infection, neoplasms; cardiovascular, hematopoietic, musculoskeletal, nervous system, pediatric and geriatric pathophysiology; metabolic and nutritional disease. Prerequisite: 362.

Credit: theory, three semester hours.

N473. Nursing Core III. Focus on stress and adaptation within the family and in groups continues from Nursing Core II. Content includes principles of the management process related to groups, the family within the community, and aspects of the nurse's roles as he defines his commitments within the professional community. Supervised application of theoretical material is provided in clinical nursing courses. Prerequisite: N372; Corequisite: a clinical nursing course.

Credit: theory, three semester hour credits.

N474. Nursing Core IV. Designed to give the student a comprehensive view of health and health-related factors in our society which influence the quality of life within the community. The major focus is on stress and adaptation in the community and builds upon content from previous Core courses. Emphasis is on trends, issues, and problems related to comprehensive health planning and on components of clinical inquiry. Clinical application is provided in other nursing courses. Prerequisite: N373; Corequisite: a clinical nursing course.

Credit: theory, four semester hours.

N483. Nursing of Adults and Children II. A continuation of Nursing of Adults and Children I. Prerequisite: N382. Prerequisite or corequisite: 463.

Credit: theory, three semester hours; laboratory, two semester hours.

N484. Advanced Clinical Nursing. Provides senior students opportunities for synthesis and practice in comprehensive nursing care. One weekly seminar concentrates on nursing problems which emerge from different clinical settings and relate to different age groups. The second weekly seminar, shared with Community Health Nursing, focuses on the patient care management problem encountered in both clinical areas. Clinical experience in a choice of clinical areas is provided in special care and general units. In addition, faculty from the various clinical areas serve as consultants for seminar discussions and clinical laboratory. Clinical practice includes care of both individuals and groups of patients. Home visits and follow-up in facilities other than the medical College of Virginia Hospitals are encouraged. Prerequisites: all courses of the first three semester. Prerequisite or corequisite: N474.

Credit: theory, three semester hours; laboratory, two semester hours.

N486. Community Health Nursing. Presents public health science concepts and is designed to give the student an opportunity to make application of theory presented in previous courses as related to the family and the community. Included is indepth study of selected multi-problem families, intensive analysis of a selected community, and experience in teaching groups of individuals within the community.

Source: Bulletin Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University 1969-1973 68 (Winter 1971): 13, 26-31.

APPENDIX Y

CURRICULUM PLAN, 1975
MCV

1975

CURRICULUM PLAN

JUNIOR YEAR

FIRST SEMESTER

		Semester Hours
BAS 361	Health Science I	7
MIC 365	Infection and Immunity	3
PSY 304	Human Development	3
NUR 359	Foundations for Nursing Practice	5

SECOND SEMESTER

BAS 362	Health Science II	3
NUR 372	Theory of Family and Group for Nursing Practice	2
** NUR 339	Nursing of Adults	7
**NUR 349	Psychiatric Nursing	6

SENIOR YEAR

THIRD SEMESTER

BAS 463	Health Science III	3
NUR 473	Managerial Theory for Nursing Practice	3
**NUR 469	Nursing of Children	6
**NUR 429	Maternity Nursing	6

FOURTH SEMESTER

NUR 474	Dimensions of Professional Nursing	2
NUR 479	Leadership and the Nursing Process	7
NUR 489	Community Health Nursing	6
PRM 488	Introduction to Public Health Nursing	2

** These courses may be taken interchangeably in the junior or senior years.

All courses listed for the first three semesters are prerequisite to the fourth semester.

Source: Bulletin Medical College of Virginia, Announcements for 1975-1976 72 (June 1975): 74.

APPENDIX Z

PREREQUISITES, FALL 1977
MCV

PREREQUISITES BEGINNING FALL 1977

	Semester Hours
COMMUNICATIONS	6-9
Required: English composition, 3 SH.	
Elective: Speech and/or literature, 3-6 SH	
HUMANITIES	12
Required: History, 6 SH.	
Elective: Philosophy, logic, literature, art, music, drama, religion or foreign language, 6 SH.	
SOCIAL SCIENCES	18
Required: General psychology, 3 SH. *Developmental psychology, 3 SH.	
Elective: General sociology, 3 SH. Anthropology, educational psychology, urban studies or political science, 9 SH	
NATURAL SCIENCES	13-16
Required: General chemistry, 8 SH. **Human anatomy and physiology, 5-8 SH.	
MATHEMATICS	3
Statistics preferred; algebra or other freshman mathematics course accepted.	
OTHER ELECTIVES	2-8
No more than three credits in an activity course accepted.	
Total semester hour credits	60

*Child or adolescent psychology acceptable.

**Students enrolled in a college that does not offer an appropriate course in human anatomy and physiology may take this in the VCU Summer Session between the freshman and sophomore years.

Source: Bulletin Medical College of Virginia, Announcements for 1975-76 72 (June 1975): 73-74.

APPENDIX AA

CURRICULUM PLAN FOR UPPER DIVISION BASIC PROGRAM AND RN'S

1981

MCV

1981

CURRICULUM PLAN FOR UPPER DIVISION BASIC PROGRAM AND RNS

A typical program in the upper division curriculum is as follows:

Junior Year, First Semester		Semester Hours
NUR 341	Human Nutrition	2
NUR 359	Foundations for Nursing Practice	8
MIC 365	Infection and Immunity	3
PMC 391	Integrated Pharmacology I	4
		17
Junior Year, Second Semester		
*NUR 349/ 449	Psychiatric-Mental Health Nursing	6
*NUR 339/ 439	Nursing of Adults	7
NUR 372	Theory of Family and Group for Nursing Practice	2
PMC 392	Integrated Pharmacology II	3
		18
Senior Year, First Semester		
*NUR 329/ 429	Maternity Nursing	6
*NUR 369/ 469	Nursing of Children	6
NUR 471	Managerial Theory for Nursing Practice	3
NUR 478	Introduction to Public Health Science	2
		17
Senior Year, Second Semester		
NUR 472	Dimensions of Professional Nursing	2
NUR 479	Leadership and the Nursing Process	5
NUR 492	Experiential Management Seminar	1
NUR 489	Community Health Nursing	5
	Elective	2-3
		15-16

* These courses may be taken interchangeably in the junior and senior years.

All courses listed for the first three semesters within the upper division are prerequisites to the fourth semester. Other prerequisites are shown in course descriptions.

In addition to the course requirements of the lower and upper divisions, it is expected that students complete a course in first aid and cardiopulmonary resuscitation prior to graduation. If the course can be completed before admission to the upper division major, it is desirable.

The School of Nursing reserves the right to restrict enrollment in clinical courses to matriculated nursing students seeking a Bachelor of Science degree. Enrollment in all clinical nursing courses is based on availability of space in these courses.

Following is a typical curriculum plan for the R.N. student who passes all proficiency examinations satisfactorily.

Summer Session		Semester Hours
NUR 319	Concepts for Nursing Practice	5
PMC 391	Health Science I	1
		6
Fall Semester		
NUR 470	Concepts Basic to Prof. Accountability Within the Health Care System	3
NUR 478	Introduction to Public Health Science	2
NUR 489	Community Health Nursing	5
		10
Spring Semester		
NUR 479	Leadership and the Nursing Process	5
NUR 492	Experiential Management Seminar	1
	Elective	2-3
		8-9

Source: Bulletin Virginia Commonwealth University, Medical College of Virginia 1981-82, 56 (August 1981): 84.

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Abstract

NURSING IN THE UNIVERSITY: AN HISTORICAL ANALYSIS OF NURSING EDUCATION AT THE VIRGINIA COMMONWEALTH UNIVERSITY/MEDICAL COLLEGE OF VIRGINIA SCHOOL OF NURSING

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Chairman: Professor James M. Yankovich

The purpose of this study was to trace the development of nursing education at Virginia Commonwealth University/Medical College of Virginia School of Nursing from its inception in 1893 through 1981. The primary focus was on the basic nursing programs which included the diploma, associate degree and baccalaureate programs. Other programs offered by the school were presented briefly in order to provide a more complete picture.

Major trends in selected elements of faculty qualifications, curriculum, admission and graduation requirements, accreditation, and relationships to local hospitals and higher education in nursing education at the school were identified and compared to national standards and trends that were divided into specific time frames. The national standards and trends were established from published reports and guidelines of the nursing organizations. Selected economic, political, and social issues that have affected nursing were discussed.

Methods used to collect data included review of related literature, interviews and correspondence, Faculty and Curriculum Committee minutes, and review of material relevant to the school housed in the archives of the university and Virginia State Library. Catalogs and other official publications of the school and university also were used.

The most significant finding was that VCU/MCV School of Nursing met or exceeded national trends in the selected elements from 1893 to 1981 but did not completely meet national standards until after 1960. The nursing school was a leader in Virginia, considered a pioneer in many areas, and obtained several firsts in nursing education in the state.