

NURSING EDUCATION IN A COLLEGE OF
APPLIED ARTS AND TECHNOLOGY:

*The Development, Implementation,
And Evaluation of a Nursing Diploma
Program at Humber College of Applied
Arts and Technology*

NURSING EDUCATION

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COLLEGE OF APPLIED ARTS AND TECHNOLOGY:

THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION

of a

NURSING DIPLOMA PROGRAM

at

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

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February, 1975

FOREWORD

In 1969, Humber College of Applied Arts and Technology became the first Ontario College of Applied Arts and Technology to offer an integrated nursing diploma program within its setting. It seemed valid and essential to the Humber College Administration that this first program should be reviewed by our College, its faculty, its graduates and employers in light of the program's stated objectives and a follow-up of its graduates. The experience gained in planning, developing, implementing and evaluating the program and the respective input and comments of faculty, graduates and employers could then be utilized as a basis for further development of the program. With the move of nursing education formally into the college system in September 1973, it was also felt that our College's experience might prove to be of interest and use to other Colleges and nurse educators.

We feel fortunate that Mrs. Marilyn Barras, Reg. N., the first Director of our Nursing Diploma Program from 1969 to 1971, was able to undertake the historical documentation of the initiation of this program as well as to follow our first class of graduates into their respective ward settings. Many people, among them employers, our nursing graduates, nursing colleagues, teachers and others, have lent their invaluable support and assistance to this study which could not have been completed without their efforts.

The nursing diploma program at the North Campus is now an important part of the Health Sciences Division's programs at Humber College. Since the initiation of this program many changes have been introduced which have been based upon the findings of our study, employers' input and our experience in teaching nursing in the college setting. A career ladder concept was introduced in 1972 which offers a common core curriculum for the nursing assistant and the nursing diploma students and leads to career mobility where appropriate. The nursing diploma program student now takes common health core subjects with other allied health students. Programs are also available for registered nurses who wish to continue their learning in clinical nursing.

As a result of the nursing school transfer, our three nursing diploma programs are now working toward the development for September, 1975, of a common nursing curriculum which will allow for two methodological

approaches: the first to be geared exclusively to the adult nurse learner in a peer-oriented setting, and the second to be focused upon the needs of a wide range of nurse learners from various age groups and backgrounds. The new common curriculum will build upon the findings of this study, the experience gained by Humber College and the Osler and Quo Vadis Schools of Nursing as well as recent educational developments in nursing education. This is basic nursing education 1975 at Humber College. We hope that you will find that sharing in our nursing program history will be interesting and useful.

Lucille C. Peszat
Dean, Health Sciences Division
Humber College of Applied Arts and Technology
Toronto, Ontario

February, 1975

ACKNOWLEDGMENTS

There are many persons who must be acknowledged for their invaluable contributions to the completion of this study.

Firstly, a special tribute must be given to D. E. Light, formerly Vice-President, Academic at Humber College, who lent his support to the need for a follow-up study of the first graduate nurses of Humber College, and provided the initial means by which the study could be begun, and to J. L. Davison, the present Vice-President, Academic, who allowed the study to be completed.

Secondly, the author is grateful to Lucille C. Peszat, Dean, Health Sciences Division, Humber College of Applied Arts and Technology, not only for continuing to support the plans for the follow-up study, but for her patience, suggestions, and over-all assistance in seeing the project through to its conclusion.

I am grateful also to Anne Bender, Senior Program Co-ordinator of the Nursing Diploma Program at the North Campus and Sister Janet, Executive Director, St. Joseph's Hospital, Toronto, Ontario for helping me recall the historical beginnings of the Nursing Diploma Program at Humber College.

The students in the 1969 nursing diploma class must be acknowledged for the seriousness with which they undertook their role in providing input for the continuing evaluation of the educational program. The author is especially grateful to those first graduates of the nursing program who took time to complete a long and detailed questionnaire on their nursing activities since graduation.

The nursing teachers in the first two years of the nursing diploma program contributed greatly by their own assessments of the results of the nursing diploma program.

I was gratified by the response of the employers, head nurses and inservice personnel who not only took time to answer the questionnaires but took time to meet with me, and expand upon their comments. I was impressed with their honest efforts to provide a comprehensive and objective evaluation.

A very special note of appreciation must be accorded to Colin Woodrow, Director of Research at Humber College, without whose assistance in compiling and interpreting statistical data, I would have been greatly handicapped.

I would also like to express my appreciation to the secretarial staff who managed to struggle through the interpretation and re-typing of the draft material.

My warm thanks to you all.

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Marilyn Barras

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INTRODUCTION

The development of the Humber College nursing diploma program was not set up originally as a research study or a formal pilot project. It was not long after the program was announced in 1969, however, that the participants in this undertaking realized that the program had become the focus of attention by many groups with vested interests in the results. Among those interested were the Ontario Departments of Education and Health, the College of Nurses of Ontario, and the Registered Nurses' Association of Ontario. It also became apparent, as the Director of Nursing at Humber College attended meetings pertaining to nursing education, conferences, etc., that not all nurses shared the confidence of the Humber College participants in the advantages to be accrued by the movement of nursing education into the colleges of applied arts and technology.

Along with the realization that the Humber College nursing diploma program was receiving considerable attention came the realization by the faculty of nursing that it had a responsibility to make available the results of this experience to those who had a right to be concerned and interested in the project. The realization prompted the Director of Nursing to approach in 1970, the Vice-President for approval to conduct a study of the graduates of the program in the work setting, and to document the development of the program and results of the study.

No educational experience can be justified or condemned in totality on the basis of a two year experience. The documentation has not aimed, therefore, to justify the program's existence, but rather to relate an experience, to relate approaches, problems, attempted solutions, satisfactions and dissatisfactions. On the basis of the experience, however, can come predictions as to final outcomes. It is hoped that the documentation of this experience will predict a sound future for nursing education in colleges of applied arts and technology in Ontario.

D.M.A. Barras

I

THE DEVELOPMENT OF A NURSING DIPLOMA PROGRAMAT HUMBER COLLEGE:FROM RECOMMENDATION TO REALITY

In 1967, at the Annual Meeting of the Registered Nurses' Association of Ontario, the nurses of Ontario adopted the following resolutions:

"That the R.N.A.O. make every effort to discourage the establishment of new regional schools of nursing; and

That the R.N.A.O. urge that the present regional schools of nursing be integrated into the Colleges of Applied Arts and Technology; and

That the R.N.A.O. encourage and support the establishment of new diploma programs in nursing in the Colleges of Applied Arts and Technology."¹

With these resolutions in mind, and with the belief that if changes were to be made, the nurses themselves must take action, a series of meetings occurred which would lead eventually to the existence of a nursing diploma program at Humber College. The purpose of this section is to outline the steps taken by St. Joseph's School of Nursing, Toronto, and Humber College of Applied Arts and Technology, that would lead to the reality of the first nursing diploma program in Ontario in a College of Applied Arts and Technology.

As early as November 1967, a Nursing Advisory Committee had been formed at Humber College with the hope that nursing education would become eventually an integral part of the College. With planning underway for a new hospital within walking distance of Humber College of Applied Arts and Technology that would provide some space for clinical practice, with the belief that nursing education

¹ R.N.A.O. News Bulletin, 24:7, May-June 1968.

could be incorporated within the scope of the objectives of the College of Applied Arts and Technology, and with the general opinion held at that time that there was a need for more nurses, the Board of Governors of Humber College initiated in May 1968, a study the primary purpose of which was to assess the feasibility of establishing a nursing diploma program at Humber College. The findings of the study were as follows:

- "1. The regulations under Bill 153 make it possible to establish a nursing program at Humber College.
2. The environment and beliefs of the administration at Humber College would be conducive to meeting the regulations under the Nurses' Act, 1961-62.
3. The administration at Humber College would participate in the planning and implementing of a nursing program
4. There is an advisory committee for the nursing course.
5. There would be a well prepared faculty.
6. The administration at Humber College accepts the fact that a higher student-faculty ratio may be necessary in the clinical areas.
7. The admission requirements of Humber College would meet the admission requirements under the Nurses' Act, 1961-62.
8. It would appear that the potential student enrolment would be sufficient to warrant the development of a nursing program. Should an existing school of nursing amalgamate with Humber College the potential student enrolment would be even higher.
9. The teaching facilities at Humber College are adequate.
10. There are sufficient clinical facilities.
11. Humber College is an educational institution which has more resources to offer the student nurse than other diploma programs in nursing.

CONCLUSIONS:

An analysis of the data indicates that it is feasible to initiate a diploma program in nursing at the Humber College of Applied Arts and Technology.¹

¹ M.E. Sowery, A Feasibility Study to Determine the Possibility of Developing a Diploma Program in Nursing at the Humber College of Applied Arts and Technology, May 1968.

The recommendations were that:

- "1. A diploma program in nursing be developed at the Humber College of Applied Arts and Technology.
2. A director of nursing be appointed approximately one year before admitting students to the nursing program. Should Humber College amalgamate with St. Joseph's School of Nursing, a director of the nursing program should be appointed by October 1, 1968.
3. Full-time nurse-teachers be appointed by November 1, 1969; the number of nurse-teachers to be decided by the director of the nursing program.
4. The director and nurse-teachers develop a diploma program in nursing.
5. The program in nursing be developed according to the general policies for courses at the Humber College of Applied Arts and Technology.
6. The enrolment for the first class to be determined by the nursing department.
7. A letter of intent be sent to the institutions and agencies that expressed an interest in participating in a nursing program at the Humber College of Applied Arts and Technology.¹

Meanwhile, at St. Joseph's School of Nursing, Toronto, the possibility of nursing education being provided in a community college was carefully being considered. Finally, on May 31st, 1968, the Director and Assistant Director of St. Joseph's School of Nursing approached the Director of the College of Nurses to discuss the feasibility of St. Joseph's School having some association with a community college. Although the idea was received with favour, further investigation was indicated. The following steps of the investigation undertaken by St. Joseph's School of Nursing are outlined in the Report to the Nursing Education Management Committee of St. Joseph's School of Nursing, Concerning the Possibility of an Association of St. Joseph's School of Nursing, Toronto, with Humber College.²

¹ M.E. Sowery, A Feasibility Study to Determine the Possibility of Developing a Diploma Program in Nursing at the Humber College of Applied Arts and Technology, May 1968.

² St. Joseph's School of Nursing, Toronto, Report to the Nursing Education Management Committee of St. Joseph's School of Nursing, Concerning the Possibility of an Association of St. Joseph's School of Nursing, Toronto, with Humber College, August 9, 1968.

Informal discussions were held by St. Joseph's School of Nursing with a member of the Board of Governors at Humber College as to positive and less positive aspects of St. Joseph's School of Nursing associating with Humber College. Although Humber College serves the municipalities of York and Etobicoke, St. Joseph's (just outside the boundary of Etobicoke) believed that an association with a west Toronto college would be more logical than with a central college.

On June 7th, 1968, two meetings were taking place concurrently, one at Humber College between the President of the College and the members of the Board of Governors and the other at St. Joseph's School of Nursing between the Director of the School and the Chairman of the Nursing Education Management Committee.

On June 12th, the Director of St. Joseph's School of Nursing and the Chairman of the Nursing Education Management Committee met with the President of Humber College and a member of the Board of Governors. At these meetings, a favourable tone had been present.

On June 17th, 1968, the idea of associating with Humber College was presented to the Nursing Education Management Committee at St. Joseph's. A sub-committee was formed to undertake further investigations. The sub-committee consisted of three (3) members of the Management Committee, the Director, Assistant Director and two (2) co-ordinators of the St. Joseph's School of Nursing and a prominent nursing educator. The first meeting of the sub-committee was held June 27th, 1968.

On July 4th, 1968, the Director of St. Joseph's School of Nursing, the Chairman of the Nursing Education Management Committee Sub-committee, representatives of the Order of the Sisters of St. Joseph, the President of Humber College and Miss Sowery met to review facilities, philosophy, finances and faculty for the proposed association between the St. Joseph's School of Nursing and Humber College.

Approval in principle was given on July 5th, 1968, by the Superior General of the Congregation of the Sisters of St. Joseph, Toronto to proceed with plans concerning the proposed association.

On July 8th, 1968, the Chairman of the St. Joseph's Sub-committee met with the Director, Assistant Director and one Co-ordinator at St. Joseph's School of Nursing to discuss the implications of the information gathered to that date. As a result of this meeting, an open forum was held with the faculty of the School on July 15th, 1968. Included in the discussion were:

1. the patterns of development by which a nursing school could become part of a community college,
2. the implications to the positions of current faculty members in an association is developed between the nursing school and the community college,

3. the influences that a community college might have on present curriculum developments and/or implementations,
4. The preparedness of St. Joseph's School of Nursing and the Sisters of St. Joseph for the School of Nursing to lose its identity as St. Joseph's in an autonomous association with the college,
5. the future of nursing education as seen by our provincial and national organizations, i.e., the College of Nurses, the R.N.A.O., and the C.N.A.,
6. the advantages of an association with a community college for a student nurse,
7. the present relationship between community colleges and universities, e.g., do universities in Ontario currently recognize the credits obtained by a student in a community college program,
8. whether residence accommodation is currently provided for students at Humber College,
9. the mechanics involved in establishing an association between a community college and a school of nursing whether it be a co-operative, integrated or an autonomous program. (i.e. still adhere to the College of Nurses' regulations, i.e. fulfill their required protocol of seeking permission to develop or asking approval of modifications in the curriculum that might be necessitated by the proposed establishment of any one association),
10. the implications of the community college entrance requirements with regard to the current entrance requirements of St. Joseph's School of Nursing.
11. the advantages to be gained by Faculty members becoming members of a community college staff, e.g., the greater opportunities provided for individual advancement of qualifications.

The faculty displayed general favour to the idea of an association with Humber College and raised valid questions for further exploration.

On July 7th, 1968, clarification was made, with the Director of the College of Nurses that, if Humber College developed a nursing diploma program of its own, St. Joseph's School of Nursing would not be able to enter Humber College as a second school of nursing. Because of this information, the Sub-committee favoured an eventual autonomous association with Humber College. The completed set of recommendations made by the Sub-committee of the Nursing Education Management Committee are included in Appendix A.

On November 1st, 1968, the Council of the Congregation of the Sisters of St. Joseph of Toronto met and approved the idea of a possible autonomous program between St. Joseph's School of Nursing and Humber College.

The recommendations of the Sub-committee were reviewed by the Nursing Education Management Committee at a November 11th, 1968 meeting. At that meeting, the motion was passed that the "sub-committee continue to negotiate with Humber College, the College of Nurses and with the O.H.S.C. and to keep the Board informed of the progress in this regard."¹

Subsequent to the meeting of November 11th, discussion within the faculty of St. Joseph's School of Nursing brought forth adaptations and expansion of the thinking of the Sub-committee of the Nursing Education Management Committee. Based upon certain assumptions by the faculty (Appendix B) proposals and considerations for the proposed amalgamation with Humber College were made. These proposals were that:

1. The Director of St. Joseph's School of Nursing be appointed Director of Nursing at Humber College in January 1969.*
2. A class of 30 students be enrolled in Humber College in September, 1969, in a program of studies which is essentially the curriculum of St. Joseph's School of Nursing.
3. Three teachers from St. Joseph's School of Nursing be selected to teach at Humber College in September 1969. These teachers would be selected according to their background of experience and their responsible past performance. The three teachers would represent experience in:
 - (a) Nursing of Children
 - (b) Nursing of Adults
 - (c) Nursing of the Mother and Infant.
4. The Director*, First Year Co-ordinator of St. Joseph's School of Nursing and the three teachers who would become the faculty of Humber College in September 1969, begin, in January (as present commitments permitted) the adaptation of the present curriculum of St. Joseph's School of Nursing to the framework of the Humber program.
5. The First Year Co-ordinator work with the Humber project until the general structure and first year of the program is mapped out.

¹ Minutes of the Meeting of the Nursing Education Management Committee, St. Joseph's School of Nursing, Toronto, November 11, 1968.

* Because the Director of St. Joseph's School of Nursing decided to undertake further education this proposal did not become effected.

6. St. Joseph's Hospital be the main affiliating agency for the Humber College students, as well as Etobicoke General Hospital when it is completed.
7. A class of 90 students be enrolled at St. Joseph's School of Nursing in the present curriculum under the remaining administrative personnel.
8. All first year students from St. Joseph's School of Nursing be enrolled at Humber College in September, 1970 (if the present plan is successful in terms of enrolment and curriculum quality).
9. All first year teachers transfer to Humber College in September, 1970.
10. The students enrolled in 1969 at St. Joseph's School of Nursing complete their second year at this school under the present administration.
11. Total amalgamation take place in September, 1971.
12. An attempt be made to map out the general framework, as well as Term I of the Humber Curriculum by March 10, 1969.
13. The Humber Team report its findings and plans to the Curriculum Committee of St. Joseph's School of Nursing for:
 - (a) assistance with the plans
 - (b) ensuring the continuity of the St. Joseph's program.

The considerations that were raised are included in Appendix C.

In December 1968, the Board of Governors of Humber College of Applied Arts and Technology gave approval to proceed with the establishment of a nursing diploma program at Humber College.

On December 18th, 1968, the College of Nurses approved in principle to the establishment of a nursing diploma program at Humber College.

On January 13th, 1969, the Nursing Education Management Committee gave approval for:

- (1) a faculty member of St. Joseph's School of Nursing, Miss Marilyn Buttle, to be released from her appointment to accept the position as interim Director of a new Nursing program at Humber College of Applied Arts and Technology;
- (2) a Nursing Program be developed for a Community College

setting in co-operation with members of the Faculty of St. Joseph's School of Nursing, and recommended

- (3) a close working relationship with the Nursing Education Consultant, Miss K. Arpin at the College of Nurses and Miss Iola Smith, Inspector from the College of Nurses in developing such a program.¹

The Executive Director of St. Joseph's Hospital and the Director of St. Joseph's School of Nursing met with representatives of the O.H.S.C. on January 26th, 1969. Approval was given by the O.H.S.C. for a one year decrease in the student enrolment at St. Joseph's School of Nursing to permit students from Humber College to share the hospital facilities. The project was to be reassessed in one year's time.

In anticipation of approval from the involved organizations, the co-ordinator of the first year nursing program at St. Joseph's School of Nursing and two of the first year faculty members were released from St. Joseph's School of Nursing in January, 1969, to commence the work of adapting the St. Joseph's curriculum for the Humber College program. A meeting was held on January 27th, 1969 with the President of Humber College, Director of St. Joseph's School of Nursing, Consultant of the College of Nurses of Ontario and the involved nursing faculty of Humber College to review progress made on the curriculum.

On February 28th, 1969 Humber College presented a final proposal to the Department of Education for approval to offer a nursing diploma program in September 1969.

The proposed curriculum was submitted for approval March 26th, 1969 to the College of Nurses of Ontario. The contents of the submission are outlined in the letter to Miss Iola Smith which accompanied the submission (Appendix D).

Approval was granted by the College of Nurses to Humber College on April 18th, 1969 to admit students in September 1969.

In April, 1969, an official agreement was reached between the Board of Governors of Humber College and the Sisters of St. Joseph for the Diocese of Toronto in Upper Canada wherein the relationships and responsibilities of the two institutions relevant to the nursing diploma program were unfolded. (See Appendix E).

¹ Letter from Sister Mary Herbert, included in Request by Humber College to the Department of Education for approval of the Diploma Course in Nursing at Humber College of Applied Arts and Technology, January 30th, 1969.

II

THE NURSING DIPLOMA PROGRAM:CURRICULUM, PHILOSOPHY AND OBJECTIVES

Although the basis of the Nursing Diploma Program curriculum was to be primarily that of the St. Joseph's School of Nursing curriculum, every facet of that curriculum was examined in the light of its suitability within the framework of the community college system, and specifically Humber College of Applied Arts and Technology. Before re-examining the philosophy and objectives, the nursing faculty members outlined the assumptions that would guide them in their deliberations. The assumptions are recorded in Table I.

TABLE I BASIC ASSUMPTIONS OF THE NURSING FACULTYHUMBER COLLEGE

1. Every student should have the opportunity to enjoy the rights of the same educational, social and cultural services.
2. If education is a part of life, a co-educational setting should facilitate this education.
3. The learning of the skill of nursing is only one facet in the education of the individual.
4. The student will enter nursing with ideals for herself.
5. The age of the students who enter the nursing program may vary widely.
6. The majority of students will come from the geographical area of the Community College.
7. The student who enters the nursing program may bring a diversified educational background.

8. All students should be given the opportunity to build upon their past experiences to accomplish goals which are within the scope of ability.
9. The nursing program has a responsibility for assisting the student in the development of sound personal goals.
10. Nursing is essentially assisting people in meeting their needs.
11. Nursing is not only involved with restoring health, but is also concerned with improving health.
12. The graduate nurse must have the ability to apply principles in facing unknown situations in an endeavour to keep pace with the rapid advances in science and technology.
13. The greater the involvement, the greater the learning.
14. Learning is enhanced by the use of the proper teaching method.
15. Self-evaluation is essential for self-improvement.
16. Providing the individual with opportunities for increasing self-direction prepares him for assuming responsibility.
17. Good library facilities are essential for self-directed learning.
18. A nursing program must have a responsible faculty, good nursing practices in the areas selected for hospital-laboratory practice, and suitable classroom facilities.
19. Learning of nursing skills is enhanced by providing practice in the class laboratory where there are fewer stimuli impinging upon the learner to interfere with the learning task at hand.
20. Continuous evaluation is essential for curriculum quality.
21. Well-stated objectives are necessary for curriculum building and improvement.
22. Curriculum goals are better achieved through co-operation between faculty and students.
23. Faculty co-operation will promote a better curriculum.
24. An interdisciplinary setting will provide more opportunity for teachers to develop personally and professionally.

25. Since nursing education must prepare the student for nursing in the present and future, contact must be maintained with persons in the nursing service field.
26. The graduate nurse will need a period of time following graduation to gain speed and dexterity in technical skills.
27. Graduation from the nursing program is only one step in a nurse's education.

Following perusal of the Humber College philosophy, the faculty maintained that the essence of the philosophy of the St. Joseph's School of Nursing was consistent with that of Humber College, and that the St. Joseph's School of Nursing philosophy still reflected the faculty's own beliefs. The faculty felt however that the religious terminology in the St. Joseph's philosophy was not consistent with the secular community college, and restated the philosophy to express the beliefs in terminology more appropriate to the institution in which the program would now be housed.

TABLE II PHILOSOPHY AND OBJECTIVES OF THE
HUMBER COLLEGE NURSING DIPLOMA PROGRAM

PHILOSOPHY

The faculty of the nursing program believe that each person has intrinsic value, and as such, a right to the love of his fellow man. For this reason, the nursing education program seeks to develop within the student attitudes, knowledge, skills and judgement which will assist him/her to develop and to demonstrate this love personally and professionally.

Education provides the means by which students adjust to the society in which they find themselves and make the necessary adaptations in the environment so that the most enduring satisfactions may be secured for the individual and for society.

The nursing faculty believes that learning is a voluntary act and that optimal learning takes place in a permissive, although organized environment. In learning, persistent changes in motivation and behaviour occur through experience.

Nursing is an art and a progressive science dedicated to the betterment of human welfare through co-operation with other health and social disciplines.

"Health is the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."¹

The unique function of the nurse is to "assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And, to do this in such a way as to help him gain independence as rapidly as possible."²

OBJECTIVES

The objectives of the nursing program are to prepare a nurse who will:

1. understand the scientific basis of nursing care.
2. be capable of carrying out the responsibilities of a nurse in a first level position in nursing.
3. contribute to the preservation, promotion and restoration of health.
4. respect the personal dignity of man.
5. be self-directive in developing sound personal goals as a nurse and citizen.
6. be eligible for registration in the Province of Ontario.

¹ "World Health Organization" Charter, J.A.M.A. 131:1431, (Aug.), 1946.

² Harmer, B. and Henderson, V., Textbook of Principles and Practice of Nursing, 5th ed., The MacMillan Co. New York, 1955, P.4.

CURRICULUM CONTENT

NURSING INSTRUCTION

The nursing content of the nursing diploma curriculum at St. Joseph's School of Nursing was re-examined by the Humber College nursing faculty in terms of the suitability of the content to meet the objectives of the program, and, the sequence and organization to best promote learning within the limitations imposed by the college calendar framework.

The faculty wished to proceed in content development from:

normal to abnormal
simple to complex
familiar to unfamiliar
part to whole;

and to develop three (3) primary themes:

1. that nursing is essentially assisting patients to meet their needs.
2. the role of the nurse
3. the personal dignity of man.

At the same time, because of the nature of nursing and society at that time, the faculty believed that five (5) areas other than the primary themes required constant emphasis throughout the program. These areas were:

1. growth and development
2. problem-solving
3. legal aspects
4. mental health principles
5. health teaching

Probably the greatest challenge for the faculty lay in its attempt to prescribe the number of hours required for learning specific aspects of the content, and to ensure that the sequence and organization allowed for the prescribed time to be allotted.

The framework of the curriculum at St. Joseph's School of Nursing seemed suitable for use at Humber College. Accordingly, the Humber College nursing curriculum was based upon seven primary human needs:

1. PERCEPTION AND COMMUNICATION

- (a) Perception - the process whereby we become aware of objects in our environment and assign to them a meaning and significance.

- (b) Communication - the interchange of thoughts or knowledge between persons to attain mutual understanding.
2. PROTECTION - guarding against injury or danger.
 3. OPTIMAL ACTIVITY - the most suitable qualitative and quantitative movement including both physical and mental aspects.
 4. NUTRITION - the supply of food to the cells.
 5. ELIMINATION - the process of excretion.
 6. OXYGEN - a chemical element vital to all living cells.
 7. REPRODUCTION - the natural process by which new individuals are generated. (Although the faculty realized that every individual does not need to reproduce, man himself must reproduce to maintain his species.)

In building upon the primary human need framework, the following working definitions guided the faculty:

"a 'need' is anything the individual requires to maintain or sustain himself comfortably or capably in his situation."¹

"the 'need-for-help' is any measure or action required and/or desired by the individual and which has potential for restoring or extending his ability to cope with demands implicit in his situation."²

a primary need is one "where the object of the need is basic to the survival of the individual."³

an acquired need is one "where the object of the need is not basic to the survival of the individual, but through the process of learning, acquires certain characteristics of primary needs."⁴

¹ E. Weidenbach, Clinical Nursing - A Helping Art, Springer Publishing Co. Inc., New York, 1964, p. 117.

² Ibid; p. 117.

³ F. Abdellah, A. Martin, I. Beland, R. Matheney, Patient-Centered Approaches to Nursing, The MacMillan Co., New York, 1960, p. 54.

⁴ Ibid; p. 54.

Once the nursing component of the curriculum had been tentatively mapped out, discussions were undertaken with appropriate divisions of Humber College to secure courses which were necessary to the understanding of the nursing content at various stages of the curriculum.

SUPPORT COURSES

The Technology Division of Humber College had been responsible for the Physical Sciences prior to the arrival of the nursing program. The Chairman of this Division was approached by the Director of the Nursing Program and the head of the Applied Arts Division to offer a course in Biological Science for the nursing students. Although the aim of the nursing faculty was to have the nursing students share any appropriate courses with other students at the College, no course in Biological Science of sufficient depth and breadth was required by other students in the College at that time. The request by the nursing faculty resulted in the hiring of a teacher with a background suitable to meet the needs of the nursing students for Biological Science.

The Applied and Liberal Arts Division was responsible for all other courses that were considered essential for the nursing students. Discussions took place between the head of the Social Sciences and Humanities section of the Applied Arts Division and the Director of the Nursing Program.

Included in the discussions were:

- (a) the type of course required; general components of course;
- (b) why the course was required by the nursing students at that time;
- (c) the number of hours required;
- (d) whether a suitable course was already being given at the College; and if so, if nursing students could share this course with other students.

Sociology was an example of a course which currently was being offered and which was suitable for the nursing students in the first semester of the program. Timetabling presented difficulties, however, for the arrangement of shared courses, since students other than nursing students who required these courses, e.g. students in the Early Childhood Education Program, were out of the College on field practice on different days from the nursing students.

Arrangement for English electives and other general electives in subsequent semesters, which the faculty believed would of necessity lead to shared courses with other students also proved difficult because of timetabling. The College was on a horizontal

timetabling system with electives being four (4) hours a week, e.g. one elective might be Period 1, Monday to Friday four days a week. The day in which the elective was not offered might vary for each course. Because nursing students had two (2) days a week of clinical practice, attendance at four classes a week was impossible. Three options were presented to the nursing faculty for consideration:

1. to have the nursing class choose one subject which they would study together;
2. to find another group who would like to have electives offered at the same time, and 2 or 3 choices of electives would be offered; or,
3. to have the same choice of electives as other students, but, make up work for the missed hour.

The choices were presented to the nursing students. A decision was made to have free choice of electives, and to make up the extra work.

On the basis of all the previous thinking and investigations, the curriculum format was mapped out - See Table III (page 18).

How did the faculty hope to maintain and develop the three main themes outlined earlier, as well as emphasize those areas which it considered of utmost importance in the curriculum? In the following pages are each of the main themes and points of emphasis, and the way the faculty saw their development.

THEME I NURSING IS ESSENTIALLY ASSISTING PATIENTS
TO MEET THEIR NEEDS

In Nursing I, Year I, 1st semester, the student would be introduced to the concept that nursing is essentially assisting the patient to meet his needs. The student would study the needs, their influences on behaviour and the factors that influence the needs.

Each unit in Semester I would be the study of one of the primary human needs. The unit would show why this need was necessary for health; what factors influenced this need and how man normally meets his needs. The student would learn that hospitalization alters the way man meets his needs, irrespective of the illness involved, and that there are normal or usual ways to assist the patient while he is in hospital.

In Nursing I, the learning experiences were thought to be simple

TABLE III ORIGINAL CURRICULUM DESIGN FOR NURSING DIPLOMA PROGRAM - HUMBER COLLEGE

<u>F I R S T Y E A R</u>			<u>S E C O N D Y E A R</u>		
<u>FIRST SEMESTER (15 weeks)</u>			<u>FIRST SEMESTER (15 weeks)</u>		
<u>SUBJECT</u>	<u>HRS/WK</u>	<u>CR. SUBJECT</u>	<u>SUBJECT</u>	<u>HRS/WK</u>	<u>CR. SUBJECT</u>
Biological Science	4	4	Nursing IV	6	6
Bio. Sc. Lab	2	1	Nursing Lab IV	16	8
Developmental Psychology	3	3	General Ethics	4	4
Sociology	3	3	Elective	4	4
Nursing I	7	7		<u>30</u>	<u>22</u>
Nursing Lab I	8	4			
	<u>27</u>	<u>26</u>			
<u>SECOND SEMESTER (15 weeks)</u>			<u>SECOND SEMESTER (15 weeks)</u>		
Philosophy	4	4	Nursing V	6	6
Nursing II	8	8	Nursing Lab V	20	10
Nursing Lab II	14	7	Elective	4	4
Elective *	4	4		<u>30</u>	<u>20</u>
	<u>30</u>	<u>23</u>			
<u>THIRD SEMESTER (6 weeks summer session)</u>			<u>THIRD SEMESTER (8 weeks summer session)</u>		
Nursing III	5	5	Nursing Lab VI	30	17
Nursing Lab III	25	13	Nursing VI	2	1
	<u>30</u>	<u>18</u>		<u>32</u>	<u>18</u>

* Must be Physics if not taken previously.

Course Descriptions are included in Appendix F. Course descriptions relevant to the Support Courses were somewhat different each year, according to previous results and the instructor. These are presented as examples.

rather than complex in that the student is most familiar with the role of a nurse in a hospital; she would study the normal which she could relate better to her own experiences than the abnormal; she would study each need before she studied all of the individual's needs. The patient selected for the student's care would have the needs-for-help currently under study in the classroom; the motor skills demanded at that time would demand the use of large rather than fine movements.

To assist her with planning the nursing care, the student would be studying Biological Science concurrently with Nursing I. This study would assist the student to determine man's physical needs. The student would also be studying Sociology which would show the influence of culture on man's needs. Developmental Psychology would demonstrate the influence of heredity and environment on man's needs.

In Nursing II, Semester II, the student would move from the study of normal to abnormal. Here she would learn the general types, causes and effects of interferences with a particular need and the subsequent nursing care.

The content being studied would be still relatively simple in that each need would be studied still as a separate unit. The patient selected for study would have an interference with the need being presented in the classroom; the student would not have total responsibility for the nursing care of the patient.

The material in Nursing II, would be more complex, however, in that the student would be required to apply material from Nursing I to solve the problems created by the interferences; and the material would be less familiar to the student. The motor skills required in her nursing care would demand more manual dexterity than Nursing I.

The student would study Philosophy of Man concurrently with Nursing II. Philosophy would provide a better understanding of the importance of respecting Man's needs and methods of meeting his needs.

In Nursing III, Summer Semester, 1st Year, the need for reproduction would be studied from both the normal and abnormal points of view. General interferences with this need would be considered, rather than specific disease entities. Nursing care would be studied according to the six other needs. Both male and female patients would be considered.

In Nursing IV and V, 2nd Year, the understandings would become increasingly complex.

Each need would be still discussed as a separate unit. In each unit specific disease entities in which there was primarily an interference with that need would be discussed. These diseases would be representative of the types of disease processes which occur in man. As each disease was discussed, however, consideration would be given to the ways in which that disease may interfere with other needs. The needs of the patient's family would receive emphasis. The main world health problems affecting man's needs would be considered. The student would be expected to apply all previous knowledge to the problems of the patient.

A course in General Ethics would be studied concurrently with Nursing IV. Medical ethics would be discussed throughout Nursing IV and V in the appropriate unit, and the student would be expected to incorporate ethical principles in her nursing care.

Nursing VI, Summer Semester, 2nd Year, would be the most complex area of the curriculum, in that the student would study one area of interest to her in more depth. Although the content would vary somewhat, according to the needs and interests of the students, the needs of the patient would be still the focus of any topic.

THEME II THE ROLE OF THE NURSE

"The role of the nurse" theme would develop from the familiar aspects of the role of the nurse, i.e. a nurse in hospital to the less familiar, i.e. a nurse with world health. The student would become familiar first with the role of a student nurse, and gradually assume more of the responsibilities of the diploma nurse graduate. She would learn that the role of the nurse encompasses the "sick and well" and concentrate first on nursing of the "well" individual, i.e. assisting individuals in maintaining and improving health. Courses in Psychology and Sociology would assist the student in developing insight into her own behaviour to assist her in adjusting to the role of student nurse.

In Nursing II and III, the student would increase the understanding of her role in meeting the patient's needs in hospital. She would play also a more active part as a member of the health team in that she would learn to work co-operatively with other health team members to plan and assist in the total care of the patient. At this time the student also would study in greater depth the legal responsibilities in Nursing.

Nursing III would focus in more detail on the role of the nurse with the family. This role would be expanded further in Nursing IV and V where not only the individual and his family in this society would be considered, but where world health problems affecting the individual and his family would be studied.

In Nursing IV and V current nursing trends were to be threaded throughout the content, providing the basis for greater understanding of the importance of co-operation between members of the health team, nursing as a profession and the resulting responsibilities to society, as well as the legal aspects of Nursing.

Nursing VI would provide the student with the opportunity to develop the breadth of her role in preparation for graduation. She would gain a greater understanding of her role as a responsible and co-operative member of a nursing team by studying the requirements for high standards of nursing care in a hospital unit. The student would have the opportunity to increase her organizational abilities in order to better meet the needs of her patients. In addition, an opportunity would be given to the student to understand and carry out the role of the nurse in a specific area of nursing.

In each Semester of the total program, the student was to have the opportunity to study English or some other elective. This choice of elective would allow the student to develop personally, and in so doing indirectly assist her to better fulfill the nursing role.

THEME III PERSONAL DIGNITY OF MAN

In Semester 1, Year 1, Sociology, Developmental Psychology and Nursing I, all would contribute to the understanding of the concept "the personal dignity of Man".

Sociology would demonstrate the social and cultural influences on man's actions and the dignity of every person as a social being. Psychology would show the student how man increases in complexity as he develops and what factors affect man's behaviour at various stages of development.

In Nursing I, the student was to be given an opportunity to demonstrate in her nursing actions the love to which every individual has a right because of his intrinsic value. Philosophy of Human Nature in Semester II, Year I, would discuss various views on the nature of man, providing a basis for a discussion of General Ethics in Second Year, Semester I. Here the student would learn how man's action is guided by his basic beliefs on the nature of man. In Nursing IV and V, students would discuss the ethics related specifically to nursing care and utilize these ethics in a responsible way in caring for the individual and his family. Ethical considerations would be discussed in relation to many world health problems.

POINTS OF EMPHASIS

1. GROWTH AND DEVELOPMENT

Psychology in Semester I was to introduce this topic by presenting to the students, the various stages of growth and development from birth to senescence. Nursing I would utilize this topic concurrently as a process which affects the needs, the way man meets his needs, and the nursing care required.

The importance of growth and development was to be emphasized again in Nursing II when interferences of need satisfaction would be introduced. Here, physiological and psychological differences according to age would be discussed in relation to causes, types, etc. of interferences with needs. The modifications in nursing care, according to age would be presented also at this time.

In Nursing III, the growth and development of the fetus, and the introduction of the newborn into the family would receive emphasis.

In Nursing IV and V, when specific diseases were to be discussed, consideration was to be given to the relationship of stages of growth and development to the need interferences.

Throughout the entire program, students would have an opportunity to nurse patients of various ages, and apply their knowledge of growth and development.

In the Laboratory experience, students were to identify the age factors which influence the patient's care and modifications. Students participating in pre- and post-conferences were to have the opportunity to share their experiences in applying growth and development principles. In the second year, the students would also be expected to share their experiences in applying growth and development principles, not only to meet the needs of the patient, but also to meet the needs of the family.

2. PROBLEM-SOLVING

Problem-solving was to be presented in Nursing I as a method to be used in meeting patient's needs. At this time, the steps in problem-solving would be studied and used to solve problems arising from the patient's confinement in hospital or resulting from poor health practices. The student would be required to plan and effect her care utilizing the problem-solving method. Problem-solving would be presented to the students as a means of

improving her own performance. The units based upon the needs would be organized in a problem-solving approach. Problem-solving would be used also in Interaction assignments. In Nursing I, the student was to begin using a simplified Interaction to analyze nurse-patient Interactions. The more detailed Interactions would be used in the remaining parts of the program.

In Nursing II and III, this method was to be utilized again in planning nursing care. However, the problems would become more difficult because the student must identify factors which indicate an interference in need satisfaction and be able to apply scientific principles in caring for the patient.

Problem-solving in Nursing IV and V would be applied in planning nursing care and in the preparation for classes. Here the number of variables that the student must manipulate would increase because she would consider all the needs of the patient and his family.

In Nursing VI, it was hoped that the student would have acquired sufficient practice in problem-solving to be able to plan and carry out nursing measures to meet the needs of patients by more extensive problem-solving. The problems presented in Nursing VI would be of greater difficulty in both meeting the needs of the patient and family, and organizational problems.

3. LEGAL ASPECTS

The general legal responsibilities of a nursing student were to be introduced in Nursing I. The student would begin to study the legal responsibilities she had as a citizen as she gained more knowledge in nursing. Specific legal aspects of nursing related to patient care would be discussed throughout the program, when their application was necessary and important; e.g. in the unit "the Need for Protection", laws governing drugs would be discussed.

In Nursing II and III, the emphasis was to be placed on the nurse's legal responsibilities in hospital. She would begin to be responsible for simple practices such as obtaining consents for operations.

In Nursing IV and V, medical ethics would be discussed concurrently with nursing theory, and show the relationship of current law and medical ethics. As current nursing trends were discussed in Nursing IV and V, the student would see how professional organizations may influence the laws governing nursing practice. She would also see the legal implications in current nursing trends.

Experience in Nursing VI would give the student an opportunity to apply fully her knowledge of legal implications prior to graduation from the School.

4. MENTAL HEALTH PRINCIPLES

In Year I, Semester I, Psychology would provide the students with the factors influencing man's behaviour at various stages of development. Nursing I would show more directly how satisfaction of man's needs helps him maintain his mental health. This knowledge would prepare the student for nursing her patients as well as assisting her in adjusting to her new role.

In Nursing II and III, the student was to learn how interferences with need satisfaction may interfere directly or indirectly with mental health and how to support the patients when an interference occurs. Experience in nursing patients with mental illness was to be provided in the need for perception and communication.

In Nursing IV and V, the student would see how the patient's need interference affects his mental health and how she may assist him. She also would see the effect of the patient's illness on the family and how this could affect him and his family. The student would learn that mental as well as physical health is a world problem. During Nursing IV and V, further experience would be provided in nursing of patients with mental illness, during the need for Perception and Communication.

In Nursing VI, students who were interested in pursuing this area of nursing might elect to study mental health and illness in detail.

5. HEALTH TEACHING

The student was to be introduced to the role of the nurse as health teacher early in Nursing I. Although this concept was not to be fully developed at the time, she would learn the importance of preventing disease and improving health. She would study simple methods of formal health teaching in assisting individuals with daily health practices and how one teaches by example. Background information was to be included during Nursing I and in the Developmental Psychology in the learning process.

In Nursing II and III, the importance of health teaching in assisting the patient who has an interference with need satisfaction was to be stressed as a significant part of the total plan of care. At this time she would begin to utilize other health team members in her plan of health teaching for the

patient. She would also learn how interferences might have been prevented if, in some instances, proper information had been made available.

When studying specific diseases and total patient care in Nursing IV and V, the emphasis was to be on carrying out health teaching. Nursing IV and V would deal with the problems of a particular individual with whose needs are interfered by a specific disease. Nursing IV and V would consider also, problems of the family as a whole. Restoration of health, continuity of care and rehabilitation would be the aspects in which health teaching would be most emphasized.

The importance of education and the nurse's role in this education would receive appropriate consideration when world health problems were to be discussed.

In Nursing VI, health teaching would receive added emphasis in any area the student elected to study.

PLANNED HOURS OF INSTRUCTION AND PRACTICE

Based upon a planned 14 week teaching semester, a 3 day Pre-Semester I Orientation, and six and eight week summer sessions, the Humber College Nursing Diploma Program resembled the chart in Table IV, on page 27, when compared to Schedules 2 and 3 of The Nurses' Act. The total hours of instruction were 203 hours above the required hours of Schedule 2 (750 hours); the total hours of experience were 298 hours below the required hours of Regulation 23, (1500) and 40 hours below the required hours of Maternity Nursing as stated in Schedule 3.

The faculty believed, however, that although the hours of experience were beneath the total required 1500 hours, there was sufficient practice provided for students to achieve the stated objectives of the program. In achieving these objectives, the student would be eligible for nursing registration, and employment as a nurse in a first level nursing position.

Every attempt was made to identify the behaviours expected at various levels of the program. For each level, necessary theory and related practice were provided to allow the student the opportunity to realize the objectives. Courses other than nursing were selected carefully and placed to enhance understandings in the nursing courses. Classroom laboratories were arranged to permit students to practice as many skills as possible before going to the hospital setting. In this less stressful situation, students could experiment more freely, decreasing, the faculty believed, the hours required for actual skill learning.

The Maternity Nursing, although 40 hours short of the prescribed 200 hours offered ample opportunity for learning of the skills required in this area. Some of the skills in Nursing of Children were similar, if not the same as in Maternity Nursing. The faculty believed, therefore, that particularly in that area of Maternity Nursing called Newborn or Infant Nursing, less time was required. In addition, if a student wished to work following graduation as a Maternity Nurse, she would have the opportunity to study this area in more depth in the nursing elective of Nursing VI.

In summary, the nursing faculty, who at the time had a minimum of 8 years of teaching experience each, and experience in developing a two-year program, believed that the proposed nursing program for Humber College was a program with continuity, sequence, and correlation of learning experiences that would permit a student to achieve the program's objectives in the time outlined in Table IV.

The nursing faculty requested therefore, that the College of Nurses of Ontario consider granting approval to the proposed curriculum for Humber College of Applied Arts and Technology. Permission was given, April 18, 1969.

NURSING PRACTICE IN THE HUMBER COLLEGE CURRICULUM

The existence of the Humber College Nursing Diploma Program in September 1969 was due considerably, as was noted earlier, to the certainty of clinical facilities for practice at St. Joseph's Hospital, Toronto. The use of this 750 bed hospital for nursing practice by 120 students from two schools required early planning and co-operation. Prior to approaching the Nursing Service Department, the Directors of the two schools met to discuss each's requirements for clinical facilities in the next year. To provide as much freedom in choice of units as possible, each school selected for practice different days of the week for the first year students of each school, and similarly for the second year students. Because the clinical practice component was greater for the second year students, there was some overlapping of days for students in the second year. Another restriction that was present was in the use of specialty areas, where fewer students could be accommodated. Here, both schools co-operated by planning their programs so that specialty areas would be required by each school at different times of the year. When an over-all plan had been mapped out, the requests of each school were presented to the Nursing Service Department of St. Joseph's Hospital for discussion and approval. Overall communication was maintained with the nursing service area through a Nursing Service-Nursing Education Meeting held monthly. Membership consisted of representatives from St. Joseph's Hospital, St. Joseph's School of Nursing and Humber College.

TABLE IV

A

THE HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGYNURSING DIPLOMA PROGRAMAs compared with Schedules 2 and 3 of The Nurses' Act

<u>Hours of Instruction</u>			
<u>Item</u>	<u>Subject</u>	<u>Description</u>	<u>Time in Hours</u>
1.	The nurse as a member of the profession	a) Nursing I- Introduction	21
		b) Nursing IV and V ethical principles governing nursing practice	28
		c) Nursing IV and V- current nursing trends	28
		d) Nursing VI	<u>4</u>
			81
2.	The individual - his growth and development as a member of society	a) Biological Science	84
		b) Developmental Psychology	42
		c) Sociology	42
		d) Philosophy-The nature of man.	56
		e) General Ethics	56
		f) Electives	<u>168</u>
			448
3.	The nurse's role in promoting, maintaining and restoring health of the individual.	a) Nursing I	98
		b) Nursing II	112
		c) Nursing III	30
		d) Nursing IV	84
		e) Nursing V	84
		f) Nursing VI	<u>16</u>
			424
Total hours of instruction			953

TABLE IV (cont'd)

B

THE HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGYNURSING DIPLOMA PROGRAMAs compared with Schedules 2 and 3 of The Nurses' ActHours of Experience

<u>Item</u>	<u>Subject</u>	<u>Description</u>	<u>Time in Hours</u>
1.	Maternity	Nursing III	120
		Nursing V	40
			160
2.	Nursing of children	Nursing I	32
		Nursing II	56
		Nursing IV	36
		Nursing V	70
			194
3.	Nursing of Adults	Nursing I	80
		Nursing II	140
		Nursing III	30
		Nursing IV	188
		Nursing V	170
			608

+ Elective in Nursing 240 Hours

Total Practice = 1202 Hours

In trying to determine a feasible pattern of clinical experience for the Humber students, the faculty had to keep in mind the aims of the clinical practice for each semester, as well as the time-tabling restrictions and travelling required by the Humber students. The number of teachers available i.e. 3 for 32 students was also a variable for consideration.

The plan that was devised was to have two mornings a week practice in the first semester, where stress was given to learning the basics of patient care. To permit flexibility however, only nursing classes were scheduled on one of the two afternoons to permit the shifting of the daily schedule to include an afternoon or evening practice without disrupting other classes at the College. Practice was scheduled in the community, hospital or classroom laboratory.

The second semester had two days of practice a week, either in the hospital or classroom laboratory.

Because very few classes were held during the summer months, the faculty planned only nursing classes and practice during the six week summer session of nursing of mothers and infants. This pattern permitted more flexibility in planning, so that the theoretical component was given 5 hours a day for 6 days and the remaining time was spent in practice. With this plan, no busing of students was necessary, and students were not as conscious of the fact that most other students in the College were already on vacation.

The second year was planned with increasing practice, i.e. 2 1/2 days a week in the two second year semesters. Busing was provided back to the College by Humber College Transportation Service for students on half-day practice sessions. The trip was approximately one-half hour in length. Transportation to the clinical area was the responsibility of the student.

The final eight week session was divided into two 4 week sections which consisted of primarily clinical practice in hospitals. The first four weeks consisted of intensive practice in Medical-Surgical Nursing of adults on day and evening tours of duty; the second four weeks consisted of nursing in the area of the student's choice. Patient loads were increased considerably during the final summer session in preparation for work as a graduate nurse.

In the design of the program, the faculty believed that it could not meet the objectives of the program, and/or the requirements of the College of Nurses of Ontario strictly by having a two year program of two semesters a year. To have a three year College program would have added to the difficulties of attracting students to a program which was unknown and which would cost considerably more than most of the other schools in the Province. At the same time,

with increased expenses, the faculty believed that nursing students might need and/or wish to work during the first summer recess. Accordingly, the program plan was able to provide for a two and one half month summer period without seeming to endanger the outcome of the curriculum.

Although the use of St. Joseph's Hospital was essential to meeting the objectives of the Humber College curriculum, St. Joseph's alone did not meet all the requirements for clinical practice. Negotiations took place between Lakeshore Psychiatric Hospital, a number of rehabilitation hospitals, the Etobicoke Department of Public Health, St. Elizabeth's Visiting Nurses' Association, industrial nursing units and other social and health agencies to secure additional facilities to meet the objectives of various parts of the curriculum.

Formal agreements were secured between Lakeshore Psychiatric Hospital, Baycrest Hospital (rehabilitation units) and Bloorview Children's Hospital (a hospital for handicapped children) for use of their facilities. A general pattern for the contract is outlined in Appendix G. This pattern was adjusted to the needs of the particular agency. Initial discussions took place between the Director of the Humber College Nursing program and the Director of Nursing of the agency. All formal agreements were signed by the President of Humber College, and the Administrator of the Hospital. Community health experiences were also provided by the Etobicoke Department of Public Health, St. Elizabeth's Visiting Nurses' Association and two large industrial plants.

NURSING LABORATORY FACILITIES

Temporary Nursing Laboratory facilities were placed at the North Campus. A 4 bed unit was planned initially with demonstration tables, sinks, change rooms, storage cupboards, etc. The Laboratory increased in size by 2 units in September, 1970. A maximum of 8 units could be accommodated. Included in the assumptions of the nursing faculty was the belief that learning in the hospital area could be accomplished more quickly, and with less stress to the patient with the wise use of College Nursing Laboratory facilities. Before performing a nursing skill with a patient, the student received a demonstration and return practice period under the guidance of a teacher. The Laboratory was open for self-practice. The student was responsible for seeking out the teacher for further guidance or evaluation of her skill.

Supplies were sufficient for the needs of the program. The Department of Nursing was very fortunate to receive generous donations of supplies from the companies selling disposable products. The Department was indebted to St. Joseph's Hospital for providing a loan system, which allowed for demonstrations and practice on equipment which

would be utilized only once in the program, and would be costly to buy. Humber College Transportation Service made the pick-ups and deliveries.

AUDIOVISUAL AIDS

Audiovisual aids proved to be a great asset, not only in the classroom, but in insuring the best use of clinical facilities and clinical practice time.

During 1969-70, the Nursing Department purchased 23 film loops and 11 filmstrips. The nursing faculty made 3 videotapes in the Instructional Materials Centre at Humber College. A number of films were taped for the Nursing Department from the regular television network. During the second year, the number of film loops and filmstrips increased according to reasonable need.

St. Joseph's School of Nursing, Toronto, and the Department of Nursing at Humber College pooled their audiovisual supplies, so that each school might reap the benefits.

NURSING LABORATORY FACILITIES

Laboratory nursing facilities were placed at the Humber College campus. A 4-bed unit was provided initially with decontamination facilities, storage, and other equipment. The laboratory was equipped in 1970. A maximum of 12 units could be accommodated. Included in the acquisition of the nursing facility was the belief that learning in the hospital environment could be accelerated and that less stress in the patient with the use of college nursing laboratory facilities. Learning a nursing skill with a patient, the student received a demonstration and return practice period under the guidance of a teacher. The laboratory was open for self-instruction. The student was responsible for seeking out the teacher for further guidance or evaluation of his skill.

Supplies were distributed for the needs of the program. The laboratory was equipped with supplies for various practice activities. Supplies from the manufacturer selling disposable products. The supplies were ordered to St. Joseph's Hospital for processing a few years ago. The laboratory was equipped with an automatic defibrillator.

III

ADMISSION REQUIREMENTS

Since the nursing diploma program at Humber College was similar to the one at St. Joseph's School of Nursing, the faculty believed that the admission requirements in operation at St. Joseph's, and which seemed to be satisfactory for the students to be successful in that program, would also be suitable for the Humber College program, unless there was some contradiction with the policies of Humber College. Indeed, the admission requirements as stated in Table V, page 33, were very compatible with general admission policies of Humber College. What the faculty did not thoroughly understand was that, although the basic admission requirements were compatible, the selection process was not.

In order to be selected for the nursing diploma program, the applicant was required to meet the basic admission requirements, be mentally and physically healthy (as ascertained through a physician's certificate of health), obtain certain protective immunizations, and have an acceptable interview, conducted by Humber College's nursing faculty. All of these requirements established by the nursing faculty were acceptable to the administration of Humber College.

In the enactment of the selection process, however, certain procedural difficulties became apparent. The first complication arose when candidates were being considered for conditional acceptance, based upon Christmas and/or Easter term marks and the results of the interview. Selection was made by an Admissions Committee including the Registrar, Admissions Officer, the head of the appropriate division and a representative from the department concerned with the students under consideration, in this instance, the Director of the Nursing Program. At this time, the interpretation of the policy that candidates would be accepted on the basis of the order of application, if the requirements were met became clear, i.e. a candidate was acceptable if minimum requirements were met. The implications of this policy, once clarified were distressing to the

TABLE VADMISSION REQUIREMENTS FOR SCHOOL OF NURSINGSeptember 1969

- A. The Secondary School Graduation Diploma issued upon successful completion of Grade 12 of any branch of the Four or Five Year Program, including Chemistry and Physics and Grade 10 Mathematics.

OR

- B. Standing equivalent to that mentioned in "A" (as determined by the Minister of Education).

OR

- C. For an applicant who has reached her twenty-first birthday, successful completion of a four year course in a secondary school as determined by the Minister of Education.

faculty at first. The nursing faculty would have preferred to select candidates on academic and personal criteria which gave preference to those who seemed to have most potential. The problem was considered however, not to be as acute during the selection of the first applicants of the program as it might be in the future.

Advertising for the proposed program did not begin until February, 1969. Considering that applications were accepted by other schools of nursing in Ontario in January, 1969, the faculty of Humber College recognized that it was at a great disadvantage in obtaining applicants for a new program, which would cost considerably more than most schools of nursing, and for which advertising had commenced after most serious applicants for nursing would have already submitted their applications. In other words, the number of applications, prior to May 15th, 1969, although adequate, were not sufficient to use any discriminating selection process.

In the second year of operation of the program, the faculty, concerned about a first year attrition which saw 12 of 32 candidates either fail subjects, not permitting them to continue into second year nursing subjects, or leave the program voluntarily for academic and personal reasons, discussed with the Nursing Advisory Committee and the Registrar's Office the possibility of some revision in the selection process. The proposals by the faculty, which were eventually supported by the Advisory Committee and the Registrar's Office were that initial selection of a candidate until May 15th (the date for notification of the acceptability of the candidate) would be based upon a composite picture of the applicant as seen in his academic record, particularly his Grade XI and XII Science marks, a test of vocational and personal interests, and the interview. The science marks were considered by the faculty to be important because many of the unsuccessful students were having difficulty with Biological Science. The tests that were selected for initial use were the Kuder Preference Tests, which were already being used to counsel college students with program difficulties, and which were readily accessible to the College.

In selecting students for the second year of operation of the program, Physics and Mathematics (Grade X) were dropped as specific science requirements and Biology was accepted as an alternative to Physics. The rationale for setting Physics as a requirement during the first year was to provide a common base in the science area, upon which Biological Science could be imposed. Only 3 of the 32 applicants accepted for the first year of the program did not have Physics. A three week course in Physics was provided for these students prior to the commencement of the program. The results, compared with the expense to both the student and teachers in terms of time, did not seem to justify continuing such a procedure. With the exclusion of Physics as a requirement, the faculty decided to

consider the high school sciences only from the point of view of the student's ability to handle science rather than as a specific base of knowledge upon which to build. Mathematics was omitted from the requirements when the College of Nurses of Ontario changed their basic admission requirements. The faculty believed that even students with Grade X Mathematics had difficulty with elementary arithmetic required in calculating drug dosages. Provision was already being made for assistance to students with difficulty in mathematics.

An additional requirement made during the planning for the second year of the program was the administration by the Registrar's Office of a Mature Student's Test (already in use at Humber College) to applicants whose educational documents had qualified them for Mature Student's status. The Department of Nursing was advised by the Admissions Office on the basis of the results of the individual applicant's test results, of the probability of success for the mature applicant in the Nursing Diploma Program.

THE FIRST NURSING STUDENTS AT HUMBER COLLEGE

On October 1, 1969, 32 students were enrolled in the first year of the diploma nursing program. Total applications numbered 103. Considering some of the handicaps, the faculty were pleased with the initial enrolment. Students were primarily from the Etobicoke area although some came from other regions of Toronto, as well as distant cities such as Sudbury. The educational preparation of the 32 candidates was as follows:

- 24 students had Grade XII, 12 of these were from the 4 year program;
- 8 students had credits towards Grade XIII;
- 1 student had 1 year of university preparation.

There were 3 men enrolled in the class and 3 married candidates. Ages ranged from 18 years to 55 years.

IV

PROMOTION OF NURSING STUDENTS

Promotion of nursing students at Humber College was on the same basis as all students at Humber College. (See Table VI, page 37.)

The faculty gave considerable thought to the possibility of providing a separate grade for both nursing theory and practice (lab.). The faculty's previous belief had been that it was difficult to differentiate between more than a satisfactory or unsatisfactory level of performance in the clinical practice area. The concern that was expressed however, in planning for the program at Humber College was how one would justify, if necessary, the failing grade of a student who obtained a 4 in theory, but who was unsatisfactory in the clinical area (a situation which does arise) or, what grade a faculty member should give a student who obtains a 4 in theory but who just meets the criteria for practice. The decision was that the theory and practice marks would be separated to clarify areas of success or difficulty, and to give credit to students who did particularly well in one or the other area.

Both nursing theory and practice were considered by the faculty to be major subjects, and ones in which a clear grade of 2 should be obtained before being promoted to the next nursing subject. During the second year, a move was in progress at Humber College to delete the use of major and minor subjects and to consider all subjects equal. In planning for this change, to occur during the fourth year of operation of the program, the grade of "1" or deficient was deleted from the grading system for students who entered the program during the third year of operation. In this way, when major and minor subjects were deleted there would be no "1's" which would become retroactive passing grades for the students. The use of the grade of 1, when reinstated in the fourth year of operation of the nursing program, would have therefore a connotation of a safe, although minimum, level of theory or practice.

TABLE VI - PROMOTION POLICIES - HUMBER COLLEGE - SEPTEMBER, 1969.

1. The grade number system for evaluating a student's performance in each subject is:
 - 4 - EXCELLENT - Very high performance - excellent in every respect - far beyond the minimum - shows imagination and enthusiasm - considerable outside reading - attendance and attitude excellent.
 - 3 - PROFICIENT - Significantly above average performance - thorough knowledge of course and appreciation for subtleties - reading beyond minimum - shows good interest and insight - attendance and attitude entirely satisfactory.
 - 2 - SATISFACTORY - Satisfactory work - good basic knowledge of subject - little appreciation of subtleties - assignments completed but unimaginative - little evidence of outside reading - no great problem re. attendance and attitude - aims for the minimum.
 - 1 - DEFICIENT - Significantly below average - poor general knowledge - may have problems re. attendance and attitude - below the minimum but if grade point average is 2.0+ no reason to be held back in this subject.
 - 0 - FAILURE - Failure in every respect - few concepts mastered - attendance may be very poor - late and/or very poor assignments - regardless of other marks may not be permitted to study subject at a higher level.

2. The units of credit for each subject are determined by the hours per week scheduled on the timetable for that particular subject. One unit of credit for each hour timetabled, regardless of subject.

e.g. 4 hours of english per week = 4 credits
 7 hours of nursing per week = 7 credits
 7 hours of biological science per week = 7 credits

3. Satisfactory performance in any subject is a grade of 2 or better.

TABLE VI (cont'd)

4. Progression is on a subject basis with subjects being designated as major subjects or other subjects. Nursing theory and lab are major subjects. To progress, a student must:

- Obtain a grade of 2 in each major subject
- Obtain a grade of I in each other subject
- Not have more than the maximum number of grades of I as allowed for his program.

5. A student who has had the maximum number of grades of I and who gets further grades of I will not receive any credits for these subjects. In order to obtain credits he must repeat some subjects with a grade of I and improve his mark in these subjects to a grade of 2.

6. To graduate:

- a student must have earned enough credits for his program.
- a student must have no more than the maximum number of grades of I allowed.
- a student must average a 2.0 grade point average based on the single grade average of his last twelve subjects.
- to graduate with honours, a student must obtain a grade point average of 3.0 or better.

7. No subject can be repeated more than once without permission by the Administration Board.

DETERMINATION OF A GRADE FOR NURSING THEORY

Although the policy for determining the grades for subjects at Humber College varied from year to year and from Division to Division, there was a general attitude that a student should be graded on the progress of his work during the semester, rather than on the use of final examinations. At first, final examinations were permitted, provided that the Division determined in advance that it wished to utilize them and that students were forewarned at the beginning of the semester. The Applied and Liberal Arts Division ruled that it would offer no final examinations. Gradually, the policy for some Divisions became that final examinations would be offered only to students who wished to write them, the aim being presumably that students who were borderline might wish to utilize examinations to raise their grades.

The decision of the nursing faculty was to offer three major tests, two of which were multiple choice, and one essay.

There were to be several short unannounced quizzes and one major project based upon the general theme of that semester. Attendance and attitude were to be considered in determining the final grade, according to Humber College policy.

By using a variety of types of assessment tools, the faculty believed they were giving equal chance to all students. A specific percentage of the grade was determined in advance for each of the assessment tools. Students received notice of the basis for the grade at the beginning of the semester.

The use of announced, rather than unannounced quizzes was gradually adopted, as student tension from the unannounced quizzes created class dissension. Faculty had difficulty also in determining grades for students who missed the class in which the quiz was given.

DETERMINATION OF A GRADE FOR NURSING PRACTICE (LABORATORY)

Once the decision had been made to provide a grade for nursing practice, the faculty faced the difficult process of finding an objective way to determine that grade.

The faculty believed that determination of the grade in Nursing Laboratory should be based upon the extent to which the student had reached the objectives of each semester of the nursing program.

An anecdotal log was to be maintained on file. Each student was to be asked to maintain her own file of anecdotal notes, with an analysis of each note. In the analysis the student would assess her learning progress in relation to the objectives. These

anecdotes would be reviewed with the student at periodic intervals, as determined necessary by her teacher, or at the request of the student. Each teacher would place her anecdotes on the student's log, and list the objectives for which this anecdote had implications. At the completion of the semester, teachers who had contributed to the anecdotes of a particular student, would determine the mark a student would receive for each objective from the anecdotes. (The total marks for each objective would be determined at the beginning of the semester by the involved teachers.)

In addition to the marks assigned to objectives, each student would receive a practical test at the end of the semester on one of the skills that had been taught during that semester. These tests would be set up for a time period within Humber College's examination week. One of a variety of skills would be tested, with each student unaware of the specific test she would have.

The mark received on this test would be added to the marks received on objectives. The student's grade would be determined on the average out of four (4).

Each student was to be asked to maintain her own file of anecdotal notes with an analysis of each note.

In the analysis, the student would assess her learning progress in relation to the objectives. These anecdotes would be reviewed with the student at periodic intervals, as determined necessary by her teacher, or at the request of the student.

Although the faculty had some reservations about the original plan, it decided to use the plan for one year and to reassess how objective the procedure had been.

Before the first year had ended, small revisions had been already made. The teachers felt that the transfer of anecdotes to an anecdotal log was time consuming. Notations were then made instead on the original anecdotal card as to which objectives(s) the anecdote pertained, and whether strengths or weaknesses were apparent. The anecdotal cards were placed in the student's file. At least three times in the semester, the results of the anecdotes were summarized in the students' files, and the anecdotes and summaries discussed with and signed by the students.

At the end of the first year, teachers felt they were satisfied generally with the method of determining the laboratory grade. The testing of a nursing skill and the provision of marks for such were eventually dropped in favour of pretesting the majority of skills before the student was permitted to perform the skill in the hospital.

THE RIGHT OF APPEAL

Every student at Humber College was given a certain period of time in which to appeal his mark. There were two sources of appeal, a divisional and a college appeal.

The divisional appeal consisted of the student and teacher involved, as well as the department head, and on occasion, the divisional head. If no solution was found to the appeal that satisfied the student, he was free to request through the Registrar's Office that the College administration review the basis for his dissatisfaction over his grade.

Several divisional appeals were made by nursing students to nursing faculty. All faculty decisions were upheld. Interestingly, faculty members from other departments within the division provided the greatest support for the decisions that had been made, and often tended to view some nursing practice deficiencies in a more serious light than did the nursing faculty.

V

FACULTY ORGANIZATION

The Nursing Diploma Program entered Humber College as part of the Applied and Liberal Arts Division. Nursing faculty was organized under a Department of Nursing, with the understanding that if the Division became sufficiently large or if other Health Sciences programs entered Humber College, the Department of Nursing would either become a Division in itself or a department within a Health Sciences Division. Although Nursing was a component of the Applied and Liberal Arts Division, the financing of the Department of Nursing was separate, the budget being prepared and administered by the Director of Nursing, responsible to the Vice-President of Humber College. The Director of Nursing was originally a Supervisor within Humber College's organizational structure. As Humber College expanded, the title was eventually changed to Assistant Chairman.

The Director of Nursing was part of the "Operations Committee" of the Applied and Liberal Arts Division and assisted in setting policies and procedures for the Division.

Humber College policies were formulated by the Academic Advisory Committee, consisting primarily of division heads responsible to the President. During the second year of operation of the Nursing Diploma Program at Humber College, the Director of Nursing was appointed to the Academic Advisory Committee to represent the viewpoint of nursing and other Health Sciences programs that were thought to become eventually part of Humber College.

Each program at Humber College had an Advisory Committee whose function was to take information from the community to assist in the development of the program, and to give information back to the community about the program. The Nursing Advisory Committee was a more formal Committee than most of its counterparts, primarily because the composition and functions of the Committee had been outlined in the Agreement between the Sisters of St. Joseph, Toronto, and Humber College, (Appendix E).

The original committee members are outlined in Appendix G.

The functions of the Advisory Committee were to:

1. consider and make recommendations to Humber College in respect to the integration of the nursing program with other programs of the Applied and Liberal Arts Division of the College.
2. examine annually the budget and facilities of Humber College applicable to the nursing program.
3. interpret to the community the role of the nurse and the Nursing Program.

It is the policy of Humber College to have student representation on committees. The students elected one representative from both the first and second years of the program to provide contributions on behalf of the students. In the choice of Dr. Josephine Flaherty as Chairman of the Advisory Committee, the committee provided itself with capable leadership under a person who represented both education and nursing.

A minimum of three meetings a year were held during the operation of the first two years of the program.

THE TEACHING STAFF OF THE DEPARTMENT OF NURSING

As has been previously mentioned, the Director and two teaching staff members were hired originally in January, 1969, for the development of the nursing program. In September, 1969, one additional faculty member from St. Joseph's was hired, making a staff composed of one Director of Nursing Education and three full-time nursing teachers. All four faculty members had baccalaureate degrees and a minimum of eight years of nursing and/or teaching experience. Teaching responsibilities were divided into three main categories:

- a) Nursing related to Physical Health and Illness
- b) Nursing related to Mental Health and Illness
- c) Maternal-Child Nursing

The Director taught only indirectly in the nursing program, although she did teach two hours a week to students in the Residential Counsellor program. The average teaching load was 21 hours a week. This figure excluded other committed hours of nursing faculty members, such as trips to the hospital to make out patient assignments the day prior to clinical practice, individual conferences (with each student) related to clinical practice, etc.

For the 68 students enrolled in the program in the Fall, 1970, seven full-time nursing teachers as well as the Director constituted the nursing faculty. By the time that new staff was being considered, for the Fall of 1970, there was an understanding that St. Joseph's School of Nursing would no longer phase into Humber College as quickly as had generally been believed. Because eventual amalgamation was still thought likely, there was an informal agreement between the administration at Humber College and St. Joseph's that preference for Humber College teaching staff should be given to candidates from St. Joseph's if their qualifications were equal to other applicants. Thus, two of the three additional nursing teachers were from St. Joseph's School of Nursing. A third teacher was hired from outside St. Joseph's to meet an unfilled vacancy for a teacher with experience in paediatric nursing. Of the eight faculty members, seven had baccalaureate degrees, and one, a university diploma. The number of years of experience ranged from four to fourteen. The average number of years of experience was nine. In the hiring of new staff, a selection committee of three was utilized.

The organization of the Department of Nursing as projected in September, 1969, resembled that displayed in Appendix H. Because of the need to provide continuity, three co-ordinators of content areas were projected for a time when the department size would facilitate organizational expansion.

All teachers from other departments who provided courses for nursing students had a minimum preparation of a baccalaureate. Most teachers had a Master's degree or a Doctorate.

The assignment of teachers in the second year of operation was as follows:

First Year - 4 teachers

- 2 - Nursing related to Physical Health and Illness
- 1 - Nursing related to Mental Health and Illness
- 1 - Maternal-Child Nursing

Second Year - 3 teachers

- 1 - Nursing related to Physical Health and Illness
- 1 - Nursing related to Mental Health and Illness
- 1 - Maternal-Child Nursing

The Director taught Current Nursing Trends and Medical Ethics approximately 2 hours a week in the second year of the program.

One of the first year teachers provided 16 hours of First Aid and Health to Early Childhood Education students in Semester I.

Approval for a 1:10 ratio for 1970-71 was given on the basis of providing sufficient teachers to take responsibility for the main specialty areas of nursing in each year of the program. A permanent policy re: student-faculty ratio was not decided in the first two years of the program. College policy stated that student contact hours be from 16-27 hours, the average being 20 hours. First Year teachers had a timetabled student-contact load of 19 hours a week. Second Year teachers had a 24 hour a week load because of the higher proportion of clinical experience. Although the student-contact hours were reasonable, the number of student contacts was a problem. Humber College policy supported class sizes of 30 students and one teacher a class. In 1970-71, four nursing teachers had contact with 48 students in Year I; three nursing teachers had contact with 20 students in Year II.

The discrepancy which existed between acceptable student contact hours and an unacceptable number of student contacts, was the result of the use of Team Teaching*. Team Teaching was maintained by the nursing faculty at Humber College although its application varied each year in response to some of the difficulties encountered at Humber College. Because most of the specialty content was integrated throughout the program, the Team approach to teaching was seen as being preferable.

The participation in Humber College committees by nursing faculty was not extensive in the first year of operation, as might be expected. One of the teaching staff, participated in an ad hoc committee of the Applied and Liberal Arts Division to consider the difficulties in offering electives, and to make recommendations.

As time progressed, the Director of Nursing became more involved with the possibility of introducing additional health science programs into the College. A member of the Health Sciences Committee of Humber College since 1969, the Director of Nursing realized the advantages for the nursing diploma program if other health science programs were offered at Humber College. She became convinced that nursing students would gain from sharing courses with other health science students and that indirectly, better health service in the community would result. In 1970, the Director was appointed Chairman of a Sub-committee of the Health Sciences Committee to investigate the feasibility of a core curriculum for health science programs at Humber College. The prediction that more health science programs would enter Humber College, the expansion of the Department of Nursing into post-diploma nursing education and the involvement of nursing teachers in courses designed for students other than nursing students changed the original projections of the organization of the Department of Nursing to one that resembled the plan in Appendix I.

* As Team Teaching was originally instituted by the Director of Nursing, teachers represented their respective class areas of expertise in every class. This meant that for every class hour, the majority of the teachers were present in the class.

In 1970-71, a nursing representative was appointed to the Library Committee and a staff member represented the department in preparations for the Annual Open House.

The Director was also able to maintain contact with Nursing organizations outside Humber College, such as the Metropolitan Toronto Nurse Education Committee.

JOB DESCRIPTIONS

Job descriptions pertaining to the various roles are included in Appendix J. Surprisingly, job descriptions for the Director of Nursing and teachers of nursing did not alter considerably from those originally written in 1969. The role of Supervisor was seen as necessary for 1972, because of the constantly expanding role of the Assistant Chairman.

PERSONNEL POLICIES

Except for the difference in the student-faculty ratio, all other personnel policies in effect for faculty members at Humber College, were in effect for the nursing staff. A misunderstanding occurred initially in the salary arrangements for nursing faculty at Humber College. If St. Joseph's School of Nursing was to eventually move completely to Humber College, some concern was expressed at the possibility of staff dissatisfaction if salaries were disproportionately higher for teachers already transferred to Humber College. The first three nursing teachers at Humber College were quoted salaries at the Assistant Master category, salaries which were higher than had previously been earned at St. Joseph's. Once at Humber College, however, the nursing teachers believed that their preparation was compatible with the Master's category, i.e. graduates of four year university programs with a minimum of two years experience. Upon clarifying with the Sisters of St. Joseph's that no distinction should be made between the nursing teachers at Humber College and other teachers at Humber College, the salaries of the four Humber College nursing teachers were adjusted in September, 1969, by Humber College administration according to the ranges provided in the Master category.

FACULTY PROFESSIONAL DEVELOPMENT

An ongoing and progressive Professional Development program existed at Humber College. All nursing staff participated in a two week orientation program provided in September, 1969. In late September, 1969 a three day conference was held at Geneva Park for all Humber College faculty. The emphasis was on the interpersonal aspects of faculty employment. Nursing faculty was not able to complete the required 30 hours of attendance at Professional Development sessions during

the first year at Humber College because of difficulties created by the timing of laboratory practice periods. The faculty was given an opportunity to complete these requirements during the next school year. The faculty was required as well to complete a pedagogical assignment by the end of the second year at Humber College.

Faculty evaluation was another tool employed by Humber College to develop its staff. Specific criteria were developed with the nursing teachers for evaluation in the classroom and hospital settings, as well as for general evaluation. (Appendix K) All nursing faculty received at least three classroom evaluations and one hospital evaluation. The evaluation system was the basis of the merit increment awarded annually.

The nursing faculty was fortunate to be able to make use of various trips and courses for development beyond that provided by the Professional Development Department. The Director made two trips of considerable value in the early stages of the nursing curriculum development. One of these was to the British Columbia Institute of Technology, where the first diploma program in general education in British Columbia was developed. The second was to Munroe Community College in Rochester, New York. Munroe Community College's Nursing Program had a reputation for good quality. The existence of other Health Science Programs at Munroe made this an added attraction. The Director also made two visits to Ryerson Institute of Technology to discuss with Nursing personnel there, aspects of the development of the Nursing Program in that institution.

One of the teachers whose responsibilities were primarily with Maternal-Child Nursing attended the Conference on Obstetric, Gynecologic and Neonatal Nursing sponsored by the American College of Obstetricians and Gynecologists, September, 1969.

Both the Director and one of the teachers, attended a course at the University of Toronto on Curriculum Development. Since curriculum development in the nursing department was a total nursing faculty function, the teachers' participation in this course was advantageous.

Many other conferences and courses were attended also by the nursing staff. Some of these conferences were general in nature, primarily relating to nursing education, others were specific to certain areas of nursing practice permitting staff to keep informed on concepts in nursing.

Since nursing teachers are responsible for the nursing care provided by the students in a variety of institutions, an obligation was felt to provide orientation in hospitals or specialty areas within the

hospital with which the nursing teacher was not familiar. All three nursing teachers undertook patient care in the Obstetrical Department in September, 1969, to prepare themselves for this teaching experience. In the one week break between Semesters I and II, an orientation was provided to nursing of the patient with mental illness at Lakeshore Psychiatric Hospital under the guidance of the teacher responsible for this area. When new teachers were hired in 1970, similar orientation was provided as needed.

VI

THE END OF THE FIRST YEARRETROSPECTION, INTROSPECTION, AND PROJECTION

Many of the changes that were made at the end of the first year and the rationale that brought about the changes have already been discussed during the previous sections. Among these changes were changes in admission requirements and student selection procedures.

Perhaps the most significant dilemma that faced the four nursing faculty at Humber College was the realization that St. Joseph's School of Nursing was not, as they had believed before coming to Humber College, "phasing into" Humber College in September, 1970, and that there was no certainty of this occurring in the near future. Although still supportive of the Humber College Nursing Diploma project, the Sisters of St. Joseph's wished more time to determine whether their philosophy could be maintained in the community college structure. This support was backed by further action. An increase in enrolment to 48 nursing students a year at Humber College was made possible through an announcement by Sister Janet, Executive Director, St. Joseph's Hospital at the Nursing Advisory Committee meeting of January 8, 1970, that St. Joseph's Hospital would provide clinical facilities for 48 Humber nursing students, without any corresponding decrease in the St. Joseph's School of Nursing enrolment. During the first year at Humber College, the nursing faculty saw itself more as an extension of St. Joseph's School of Nursing than as the nursing faculty of Humber College. There had been a conscientious effort made to keep close contact with St. Joseph's School of Nursing and to make program changes in consultation with one another so that when the proposed amalgamation of the two schools eventuated, there would be no major disruptions. The Humber College Director of Nursing met regularly with the Acting Director, Acting Assistant Director and Co-ordinator of St. Joseph's School of Nursing primarily to this end.

The realization that St. Joseph's School of Nursing would not phase quickly into Humber College developed at the same time as the realization that the Department of Nursing at Humber College and the nursing diploma program could not remain stationary. The nursing faculty

realized that there was a need to move towards a more community health centered program to prepare for continuing education programs for the community at large and for nursing graduates, and to look at the effects on the nursing diploma curriculum of the addition of new health sciences programs at Humber College and the probability of core curriculum components for the students of these programs. The identification solely with St. Joseph's School of Nursing had to pass in order to prepare for the future, but, not without some uneasiness within the faculty.

On the whole, the first year passed without major difficulties, although with many adjustments on the part of the faculty. Included in these adjustments would be the planning for the students' clinical practice at the hospital in the morning before coming to the College so that the students would know of their assignments before the day of practice; the degree of advance planning required so that sufficient time would be given to the various College departments to effect the plans; the improvisation required when the complex communication network of a large institution was slow or broke down; the frustration of going through the many channels of communication when it seemed more simple to do a task oneself; the best use of class time without disrupting drastically the sequence of theory so that students would be able to use clinical practice time profitably; and the responsibility of only three instructors for all aspects of theoretical content.

Probably the greatest concerns of the faculty relevant to the program's success were the high attrition rate; the selection process for nursing applicants; the teaching method which was handicapped by limited resources in the library and restriction of the student's time to use these resources; and the high clinical ratio of student to teacher.

The faculty believed that, although there were many contributing factors, attrition could be cut considerably by better selection. By the end of the first year, it had become apparent that, although the revised selection procedure had seemed sound, in practice, it did not have the desired effect. By May 15, 1970, the number of interviews that had been completed did not permit the type of selection desired. The faculty considered raising the academic entrance requirements but felt at that time there was not sufficient evidence to justify such action to Humber College.

The prime difficulty with the teaching method employed was that there were insufficient copies of reference books for students to be equally prepared for class discussions; and, busing of students made it difficult for the students to use the library facilities after College hours. The increase in the number of copies of commonly used books at the end of the first year reduced the problem

slightly but not sufficiently so that the teachers could expect all students to read references other than text books. The faculty did not want to revert to a teacher-centered classroom setting. The decision was to have students responsible, other than for clarification purposes for material readily available in their textbooks, and to supplement in class that which was not readily available.

The student-faculty ratio was more of a theoretical pressure than an actual pressure during the first year. At the beginning of the year, the ratio was 1:11. By the end of the first semester, the ratio was 1:8. The planning for the second year of the program required three teachers to meet subject area requirements. Since only 21 students entered the second year, the ratio was only 1:7.

In discussing the number of teachers required and the student-teacher ratio with the administration of Humber College, it was always clear that concessions were being granted during the developmental stages of the program; and, that eventually, planning for nursing faculty would have to be on some other basis than solely the number of students in the program. Agreement was made however, that four teachers would be permitted for 48 nursing students in the first year of the program (1:12 ratio) in 1970-71. The faculty believed that the highest number of students it could guide in the clinical area was 12, for reasons of patient safety and size of clinical units. Thoughts had to project however, to a time when fewer teachers would be required to teach nursing content than would be required to provide clinical teaching, and that other arrangements (possibly part-time teachers) would need to be made.

Although student-teacher relationships proved less formal than teachers had experienced in other schools of nursing, this was seen as no handicap, and in many ways a relaxing change. The faculty also enjoyed contact with other faculty in Humber College, although there was some dissension apparent over the high number of nursing faculty in proportion to the students. The advance hiring of teachers to prepare the nursing program was also seen to be highly irregular.

The cause of the feeling of other faculty members of the College to nursing faculty probably produced a reverse type of feeling in the nursing faculty. Changes and planning were rapid at the College to meet the needs of the moment. Rapid change was not seen to be a desired characteristic in planning for nursing programs. The faculty were amazed to be asked by the Applied and Liberal Arts Division to plan nursing related courses for the community in the Fall of 1969, at the same time as the nursing diploma program was commencing and to prepare continuing education courses for nurses to commence in the Fall, 1970. By the end of the first year, perhaps the nursing faculty was better able to understand the rapidity of change at

the College, and to somewhat attune themselves to this. On the other hand, other faculty at the College realized a little better the caution of the nursing faculty towards change.

Changes in the curriculum after the first year were not great.

BIOLOGICAL SCIENCE

This course was increased by 1 hour a week on the recommendation of the teacher who felt the necessary learnings could not be achieved in the 6 hours a week plan.

DEVELOPMENTAL PSYCHOLOGY

The nursing faculty believed that this course did not provide the necessary details of development required as background for Nursing of Children. In 1970, Child Development 4 hours a week (to be provided by the Early Childhood Education Department) would be the replacement for the Psychology course. General Psychology would be offered in lieu of an elective in the second year of the program in the Semester in which the major portion of Psychiatric Nursing was taught.

PHILOSOPHY OF MAN

According to the contract existing between the Sisters of St. Joseph and Humber College, this course was to include aspects of discovering religion. It became apparent that no singular religious philosophy or theology could be taught in the community college, although students could be led to examine or re-examine previously held concepts.

ELECTIVES

The provision of electives provided the greatest challenge to the nursing department. Nursing students' choices of electives included Typing, Literature and Psychology, Human Relations, Reading and Study Skills and Spanish. The method of providing electives met with mixed success. Some students felt that they had been penalized either directly or indirectly in missing one hour. Some involved teachers did not like the system. For others, the system worked smoothly. As an alternative, and for comparison purposes, nursing students selected 3 electives they would like offered in 1970-71. These were Typing, Social Psychology, and Theatre Arts. The electives would be offered for 4 hours a week with 2 other college groups, (Fashion and Social Service Assistant).

In the revised curriculum, electives would be provided only twice - one English elective in Semester II, and a free elective in Semester IV.

Dialogue took place between nursing faculty and teachers involved with other courses to explore the value of these courses to nursing students and the need for comparative standards in grading both the Nursing courses and courses other than Nursing.

In summary, the first year at Humber College progressed better than had been anticipated in many areas. Adaptation to College life was not as difficult as had been envisioned. Problems that did arise were met with a realistic approach and when they were not solvable at the time were seen as potentially solvable. At the same time, the vision of Nursing at Humber College expanded from solely a Nursing Diploma Program to a many-faceted approach to Nursing Education.

VII

THE END OF THE SECOND YEARPRELIMINARY EVALUATION

By November, 1971, the nursing faculty of Humber College had made a preliminary evaluation of the nursing diploma program that had commenced in 1969, an evaluation which was based on the following tools:

- a) semester by semester evaluation by student nurses and nursing faculty
- b) results of nursing students in the College program
- c) comments by non-nursing teachers involved with the nursing programs
- d) National League of Nursing Achievement Tests
- e) results of nursing registration examinations
- f) total analysis of the nursing diploma program by faculty utilizing:
 - (i) graduating students' evaluations
 - (ii) regulations of the Nurses' Act, 1961-62
 - (iii) the Criteria for Evaluation of a Two Year Program on Nursing Education
 - (iv) Critical Elements (College of Nurses of Ontario)

The faculty considered this evaluation to be a preliminary one, to be finalized on the basis of a follow-up of the nursing graduates in the employment setting.

This section is a report of excerpts* from the preliminary evaluation by the nursing faculty of Humber College, and one to which referral will be made during an analysis of the results of the follow-up of the nursing graduates in the employment setting.

* Certain areas of the preliminary evaluation were omitted from this report because they had already received mention in earlier sections.

BELIEFS & OBJECTIVES

The beliefs and objectives of the diploma nursing program were seen to be valid by both nursing students and faculty. Student evaluations reflected their cognizance of the worth of the general education component, the emphasis on assisting patients to meet their needs, and the dignity of human life.

Although the nursing diploma faculty believed that learning was a voluntary act, and that the objective which states that the graduate nurse will "be self directive..." was valid, there was agreement that further examination should occur in relation to how the objective was best achieved, and how much independent activity was beneficial for learning to occur. This area was to receive careful study by the faculty, with the assistance of extra-departmental resources.

Based on student and faculty consensus, the extent to which objectives were met was as follows:

1. "understand the scientific basis of nursing care". This objective was felt to be reasonably attained. Faculty did express some concerns as to the extent to which nursing diploma students should be expected to conceptualize and make relationships from one situation to another. Theoretical knowledge would appear to be good in obstetrical nursing, paediatric nursing and psychiatric nursing, with more emphasis perhaps being required in medical, and particularly surgical nursing.
2. "be capable of carrying out the responsibilities of a nurse in a first level position in nursing." If the final objectives of the nursing program are compatible with the description by nursing service of a first level nurse, this objective, based upon the second year Summer Semester Student results, would seem to be met very well. Nursing service personnel participated in the evaluation of individual students and rated most students "above average". Further evidence from the follow-up survey was needed to complete this aspect of the evaluation.
3. "contribute to the preservation, promotion and restoration of health." This objective seemed to be being met, although more emphasis was indicated in the promotion and preservation of health.
4. "respect the personal dignity of man." This objective was seen to be well met.

5. "be self-directive in developing sound and personal goals as a nurse and a citizen." This objective was met well based on nursing service personnel's comments, as well as nursing students' and teachers' reports.
6. "be eligible for registration in the province of Ontario." Utilizing the nursing registration examination results as the main criteria for evaluating this objective, faculty reported this objective had not been totally met. (Please see section X for detailed analysis of registration examinations.) Based on many criteria, the faculty believed that the content and organization principles of the curriculum were not the prime factors in relation to this objective not being met. They believed that the selection procedure and the "time factor" in the curriculum would provide the key to improving the success in meeting this objective.

Although the overall objectives would appear to be broad, semester objectives had been identified which reflected the overall objectives, and more specifically identified the changes which were expected to occur as a result of each semester. These objectives were thought by the faculty to show progression towards the final objectives. Each semester's objectives, and particularly behavioural descriptions were reviewed yearly and changes made, based upon student and faculty opinion. No major changes were deemed necessary at the time of evaluation.

THEMES OF THE NURSING CURRICULUM

The three main themes in the nursing curriculum, (i) that nursing is essentially assisting patients to meet their needs, (ii) the role of the nurse in hospital and community, and (iii) the dignity of human life were seen by both students and teachers to receive major emphasis.

The faculty felt that the community health focus should receive more emphasis in the first semesters, particularly in relation to the local community. These changes were being made at the time of writing. The second year teachers recommended that more of the content related to current nursing trends, taught primarily in the second year, be incorporated throughout the first year, as well as the second. Although some aspects of current nursing evolve in the first semester, there does not seem to be sufficient consciousness by the second year student of the broader aspects related to the profession of nursing. To incorporate such changes, a total look at the organization of the content would have to occur.

RELATIONSHIP OF THEORY AND PRACTICE

The number of hours of practice seemed to be sufficient to meet semester and program objectives. The prime difficulty in providing concurrent theory and practice in a fixed timetable had been in providing sufficient theory to maximize the use of clinical practice time, (as related in section V). In order to accomplish this end, the unit outline was often taught out of sequence. This occasionally led to comments by students of disorganization. Students seemed to require greater consciousness of the relationship of different parts of the outline to the whole to avoid such confusion.

During the second year of the program, students expressed greater ability to draw relationships between the particular hospital assignment and related theory, even though that particular health problem had not been discussed in class. Teachers were conscious of the laboratory objectives, and believed for the most part that assignments could be provided that met the objectives.

TEACHING METHODS

The team teaching method of organization was employed in the nursing subjects throughout both years. There were primarily teams of first year and second year teachers although there was some crossing of year lines.

Although the faculty believed that this method of teaching organization was best in providing the correlation of the related components of nursing, the faculty was not certain as to which methods of teaching in the team approach best reflected the philosophy and objectives, i.e. how much assistance should a student be given, and when, so that he is active in the learning process and self-directive in the final end?

Library resources continued to be a problem in that they were not readily available to every student, primarily because of transportation difficulties. The faculty believed that it should not expect a student to be self-directive initially, and that the student should receive considerable support, assistance, and direction at the beginning of his program. This would gradually decrease in the second year. It also believed that frustration in obtaining the means to independently learn far outweighed the value of independent research, and that a balance was possible.

Related to the question of independent research was the question of how much class time was absolutely essential to meet the objectives of the program, i.e. is it necessary to schedule a class on diagnostic aides if that material is readily available and easy to understand?

Related, also, was the question of how many hours of theory were necessary to accomplish the objectives. At the point in time of this evaluation, the teachers felt that the scheduled hours to cover the material were sufficient, but did not allow for flexibility. This tightness felt by the teachers, was also felt by the students.

Should a decision be made relevant to the amount of material that must be teacher-taught, the question of how many hours are necessary would change.

SUPPORT COURSES

The Sociology course was given only to nursing students, and seemed to provide the necessary background for application to nursing. The first year change, in which Child Development was given in the first semester and General Psychology in the third semester, correlated to Psychiatric Nursing, seemed to be more successful. For the first time a required subject for the Nursing program, i.e. Psychology, was taken with students from other programs and a subsequent evaluation was needed. Student opinion was highly in favour of taking the courses with other students.

Biological Science was seen again both by the students and teachers in this subject, as being a very heavy course for one semester. Consideration was to be given as to how the course might be given over the first two semesters.

Philosophy and General Ethics did not receive complete support by all the nursing students. Some students believed they should be able to see a relationship of these subjects to nursing. Many students saw value in the courses for themselves.

The faculty were to explore the following questions:

- (i) Is a whole semester necessary for each of Philosophy and General Ethics?
- (ii) Should General Ethics and Medical Ethics be combined? The nursing faculty favoured the provision of medical ethics taught by nursing teachers, along with an ethics "specialist".

English and College Electives received much support as to their value in the nursing curriculum. The facility with which nursing students could receive a greater degree of choice in electives increased during the second year. Students were permitted to take any College Elective outside their area of specialty, i.e. outside the Health Sciences area.

NURSING SERVICE - NURSING EDUCATION RELATIONSHIPS

The Nursing Service-Nursing Education Committee continued to exist between St. Joseph's Hospital, St. Joseph's School of Nursing and Humber College of Applied Arts and Technology for the discussion of common concerns. A close relationship was maintained between the co-operating hospitals for clinical practice and the nursing faculty. This relationship had been positive in ensuring the kinds of clinical experiences Humber College wished to obtain. The areas in which Humber College would like to have increased student activity was in public health agencies. Due to existing policies, a limit was defined in the number of students who could be taken by the agencies. The faculty had attempted to secure appropriate community experiences to supplement this area.

ORGANIZATION AND ADMINISTRATION

The Board of Governors of Humber College showed its particular interest in the nursing diploma program at Humber College by having one of its Operations Meetings in the second year directed towards the program's concerns and goals.

The administration continued to be supportive to the needs of the program, making the necessary allowances for the program to function.

Each division had faculty representation on the College's committees, although a nursing teacher was not necessarily the division's representative. Nursing faculty was represented, however, where issues affected the Nursing Diploma Program, e.g. Admissions Committee.

GENERAL OBSERVATIONS AND SUMMARY

The nursing students and faculty believed that on the basis of the preliminary evaluation, this two-year experience at Humber College had indicated that:

- a) Nursing education is viable in the community college setting.
- b) there are many advantages for students and faculty in the college setting.
- c) graduate nurses from Humber College are able to function at least as well in the service setting, as graduates from other two-year settings.

At the same time, the faculty believed that it had many areas in which it needed to continue to explore, assess, and probably improve. For the most part, it believed that these areas were not unique to the Humber College Nursing Faculty.

The faculty believed that they, and their colleagues must come to grips with questions such as those related to the level of theoretical understanding required by the two year graduate and the characteristics of prospective students that are necessary to achieve the desired outcomes.

The faculty believed that it must find the answers to these general questions within the boundaries of its particular situation. For example:

- a) How does the nursing faculty best prepare the graduate nurse in two years in a College setting with a two semester a year system?
- b) How does it allow the student to take better advantage of all the resources in a College setting while still achieving the objectives of the Nursing Program?
- c) If the program changed to a six semester system in two years, what implications would this have for faculty, costs, etc.?

The faculty continued to believe that more and more focus should be placed on community health in the nursing program. It believed that it should continue to explore the possibilities for core curriculum so that students who would work together would learn together.

In summary, the faculty believed the 1969-71 program of studies generally met satisfactorily the objectives of the overall program; and that these objectives were valid at the time. The faculty was aware of the areas in which change was necessary, and believed that it had the means and resources by which to accomplish these changes.

VIII

THE NURSING DIPLOMA GRADUATES OF HUMBER COLLEGEOF APPLIED ARTS AND TECHNOLOGYPOST GRADUATION EMPLOYMENT STUDYOBJECTIVES

The objectives of the Humber College Nursing Diploma Program were based, in the best judgement of the nursing faculty, on the expectations of the student, the patient, nursing service as it existed at that time, and projections by nursing leaders, health workers and others, as to how health services and nursing would be in the future. Accordingly, a study was planned (to assist in assessing the validity of the Humber College Nursing Diploma Program) that would seek evidence from nursing service and from the Humber College nursing graduates as to the graduates' work performance.

Two specific objectives of the study were therefore to:

1. determine the extent to which the Humber College nursing graduates met the objectives of the Humber College Nursing Diploma Program in the work setting,
- and
2. assess the degree to which the objectives of the Humber College Nursing Diploma Program met the performance expectations of Nursing Service Personnel, (and indirectly, the patient).

The assumption was made that Humber College nursing graduates may meet the objectives of the Humber College program; but, that the graduates may function adequately or inadequately in responsibilities not defined by the Humber College objectives. If the latter was the situation, the objectives (and subsequent learning experiences) of

the Humber College Nursing Diploma Program would need to be re-assessed in terms of their validity for today's and tomorrow's nursing and health services.

The assumption was made also, that many factors could contribute to the success or failure of the Humber College graduate in meeting objectives defined by the Humber College Nursing program. A third objective of the study was therefore to:

3. determine the selection policies, orientation policies and characteristics of the Nursing Service Agency and nursing unit to identify possible implications for the performance of the Humber College Nursing Diploma graduates and for the planned Humber College program.

The graduate nurses had been asked to evaluate the Humber College program at the completion of their studies. (Opinions of the nursing graduates were included in the preliminary evaluation of the program described in section VIII). Since this evaluation was based on their projections as to how well the program prepared the graduate for future responsibilities, there seemed to be a need to assess how well the program prepared the graduate for actual work responsibilities.

THE METHOD

Information related to the employment of the graduate that had been kept on record by the Department of Nursing was verified by initial letters to the Humber College Nursing graduates and to the employers listed in the recorded information. As well as verifying information, the letters included the broad purposes of the study and the general procedure that would be followed.

Questionnaires were prepared for the graduates, employers, head nurses, and nursing service personnel. In preparing the questionnaires, previous studies of new graduate nurses in the work setting were reviewed, and questions were defined according to the purposes of the study. The proposed questionnaires were reviewed for possible ambiguity, and degree of comprehensiveness.

The questionnaire to graduates elicited background information on the employment setting, self-evaluation of nursing performance, attitudes concerning the effectiveness of the Humber College Nursing Diploma program, and opinions related to success or failure on the registration examinations. (Appendix L)

The questionnaire to employers included questions relevant to the general placement of the graduate nurses, hiring pattern, procedure for hiring the Humber College graduates, and attitudes towards future hiring of Humber College graduates. (Appendix M)

The head nurse questionnaire sought to determine the characteristics and staffing patterns in the unit, the unit orientation procedure, and nursing performance evaluation of the graduate. (Appendix N).

The questionnaire to inservice personnel requested a description of the orientation programs for all graduates, and specifically the Humber College graduate, as well as a summary of any identifies strengths or weaknesses of the Humber College graduate. (Appendix O).

The questionnaires were mailed to the eighteen Humber College nursing graduates and appropriate nursing service personnel in April, 1972. In terms of employment history, the graduates had been employed at this point in time for the following number of months:

two months	- 1 graduate*
three months	- 1 graduate**
six months	- 1 graduate
seven and one half months	- 1 graduate
eight months	- 3 graduates
nine months	- 7 graduates
nine and one half months	- 3 graduates

In the letter accompanying the questionnaires to nursing service personnel, a request was made for an interview with the employer, head nurse and inservice educator.

The purpose of the interviews were to:

- 1) clarify any questions that may have arisen relating directly to the questionnaire; and
- 2) ask specific questions relevant to the graduate's performance with all participants present. Specifically,
 - i) Did the participants notice any differences in the Humber College graduate as compared with graduates of other two year programs?
 - ii) Where the graduates worked in a specialty area, did the participants believe all new two year graduates should be able to function in specialty areas? How did the Humber College graduate function in the specialty area?
 - iii) Where more than one graduate of Humber College worked in a particular hospital, did the participants believe there were any common strengths or weaknesses?

The interviews were not intended to gather information for analysis by itself, but, rather to substantiate or raise questions concerning the results from the questionnaires.

* Graduate had toured Europe previously

** Graduate had not been certain of career direction and did part-time relief previously. This record was not available.

The interviews proved to be exceedingly beneficial. Not only were the objectives well met generally, but other purposes were served by the interviews as well. Following the formal interviews, casual discussion permitted clarification of many misunderstandings on the nature of a nursing diploma program in a college setting. In addition, a higher number of responses was obtained from the nursing service personnel than from the Humber College nursing graduates. No plans were made to interview the Humber College graduate nurses because it was felt that the format and terminology for the questionnaire would be familiar to the graduate. In retrospect, it is possible to believe a higher number of responses might have been obtained from the graduates if interviews had been conducted with them.

The number of responses to the questionnaires were as in Table VII:

TABLE VII
NUMBER OF RESPONSES TO
"POST GRADUATION EMPLOYMENT STUDY" QUESTIONNAIRE

PARTICIPANTS	NO. OF PARTICIPANTS		NUMBER OF GRADUATES FOR WHOM RESPONSES WERE GIVEN*
	Actual	Potential	
Employers	7	10	14
Head Nurses	14	14	17
Inservice Personnel	11	11	16
Humber College Nursing Graduates	11	17	11

One of the Humber College graduates stated that she had completed and mailed her forms, although the forms were never received. One graduate was employed in England as a senior nursing student and felt her information would not always be relevant to the study. One graduate was travelling in Europe at the time the questionnaire was sent. Four graduates (or 22%) did not respond to a second letter requesting their assistance in completing the questionnaires.

All involved head nurses completed their questionnaires. With the

* Although there were 18 graduates of the program, one of the graduates had been employed in England as a student nurse, and the results were not utilized in this study.

exception of one graduate working in a hospital where other Humber College graduates were employed, all inservice personnel completed their questionnaires. Only one employer who had had contact with the Humber College graduates failed to complete her questionnaire. Two other employers had changed during the interval following the graduate's employment and the time the questionnaires were completed, and felt that their information would be unreliable.

THE EMPLOYMENT ENVIRONMENT

In order to assess the performance of the graduate nurse, it is necessary to understand the climate or environment within which the graduate works. At the point of graduation of a first nursing class, it is important also, to recheck the validity of the assumptions that were made prior to commencement of the program concerning the work setting in which the new graduate will function. In this section therefore, the hiring, placement, and orientation patterns for the Humber College graduates will be considered, as well as the characteristics of the nursing service in the hospital units in which the graduates were employed.

SELECTION OF GRADUATE

How important is the interview in hiring the Humber College graduate? Of the seventeen Humber College graduate nurses employed in Canada, twelve graduates (or 71%) were hired following an interview; five, or 29%, were hired without interviews. Either the Director or Assistant Director were involved in eleven of the twelve interviews. In addition, five supervisors or head nurses were included in the interviews. In three of the five instances where graduates were not interviewed, the graduate was known to the head nurse. In other words, only two graduate nurses were hired without some form of contact prior to hiring.

The employers were asked to state the reasons why the Humber College graduate was hired. The results are recorded in Table VIII, (page 66). A satisfactory interview was listed by six (or 43%) of the employers. In addition six (or 43%) of the Directors listed the reason of previous work experience. The most significant factor in hiring the graduate, according to the employers, was an acceptable written evaluation from the school of nursing. Nine (or 64%) of the graduates were hired with the written evaluation playing a role in their acceptance. Five (or 36%) of the graduates were hired because of a vacancy for which the graduate seemed suitable or more suitable than others. Two employers stated that they were interested in having graduates from different programs and that this was beneficial to the agency.

TABLE VIII

<u>REASONS GIVEN BY EMPLOYER (N=7) FOR HIRING HUMBER COLLEGE GRADUATE (N=14)</u>	<u>RESPONSES</u>	
	<u>NO.</u>	<u>%</u>
1. acceptable written evaluation from school of nursing	9	64%
2. satisfactory interview	6	43%
3. wish to have graduates from different programs and/or curious about college programs	5	36%*
4. vacancy for which this graduate seemed suitable or more suitable than others	5	36%
5. previous work experience with graduate, either as nursing assistant or student nurse	6	43%
6. necessary qualifications	1	8%
* This reason was not directly related to the individual graduate, and was voiced by two of the eight employers.		

PLACEMENT OF GRADUATE

Where was the Humber College graduate nurse placed?

Table IX (page 67) shows that nine of the eighteen graduates (or 50%) were placed in medical and/or surgical units. The remaining 50% were working in "specialty areas". The fact that the Humber College Nursing Diploma Program states as one of its objectives to prepare nurses "to be capable of carrying out the responsibilities of a nurse in a first level position in nursing" is an important point to ponder as one looks at the placement and subsequent performance of the Humber College graduate.

To what extent was choice of units available to the Humber College graduate? Of the eleven Humber College graduate nurses who completed questionnaires, ten graduates stated a preference for the type of unit in which they would like to be employed. One graduate had no preference. Of the eleven responses, four graduates (or 36%) wished to work in medical and/or surgical units; seven (or 63%) reported

a preference for specialty areas. (Table X, page 68)

Of the fourteen graduate nurses, for whom responses from the Director of Nursing were available, eight graduates were given a choice; six received no choice of units in which to work. Of the eight employers who responded to the study, six would pose no restrictions as to choice of unit for the Humber College graduate if openings were available; two employers would pose restrictions. It is interesting to note in Table XI (page 68) that one employer would pose restrictions for three units in which Humber College graduates were employed already in other hospitals. One Director of a psychiatric hospital felt that the adolescent age was too close to most of the new graduate's own ages, and therefore would be unsuitable placement. In retrospect, however, the respondent believed that the Humber College graduate who had been employed would have been able to handle such an assignment.

Of the eleven graduate nurses who responded to the questionnaire, only two did not receive their preferences, specifically Obstetrical and Intensive Care Units. The first instance represented a lack of position in the area; the second a policy concerning required experience.

TABLE IX PLACEMENT OF HUMBER COLLEGE GRADUATES

<u>TYPE OF PLACEMENT</u>	<u>N=18</u>	<u>%</u>
1) Medical and/or Surgical Units	9	50%
2) Obstetrical Unit	0	0
3) Paediatric Unit	1	6%
4) Psychiatric Unit	4	22%
5) Paediatric-Psychiatric Unit	1	6%
6) Paediatric Emergency	1	6%
7) Intensive Care	2	11%

Thirteen of fourteen head nurses believed that their units were suitable placement for the Humber College graduate; one head nurse did not respond. Ten (10) of the eleven graduates who answered questionnaires stated that they were satisfied with their placements; one graduate stated she was only partially satisfied with her placement. See Table XII (page 69). The reasons given for the positive responses by both head nurses and the graduate nurses were remarkably similar. Opportunity to learn and gain experience was rated highly by both head nurses and graduates as an important requirement in suitable placement. The second most important element for suitable placement was an interest in the area in which the graduate would work.

TABLE X PLACEMENT PREFERRED BY HUMBER COLLEGE GRADUATES

<u>PREFERRED PLACEMENT</u>	<u>NO. = 11</u>	<u>%</u>
Medical and/or Surgical Units	4	36%
Obstetrical Unit	1	9%
Paediatric Unit	4*	36%
Active Psychiatric Unit	1	9%
Intensive Care	1	9%

* 1 graduate stated two choices, either Medicine or Paediatrics.

TABLE XI RESTRICTIONS ON POTENTIAL PLACEMENT
OF HUMBER COLLEGE GRADUATES

A. Restrictions on Placement of Humber College Graduates

Number of Employers who would pose no restrictions - 6

Number of Employers who would pose restrictions - 2

B. Units Not Considered Potential Placement for
Humber College Graduates by Employers (N=2)

<u>UNIT</u>	<u>REASON</u>
<u>Employer I</u>	
Intensive Care	
Operating Room	
Labour and Delivery	Judgement and skills not at required level prior to graduation. Not able to cope with emergency or critical situation.
Psychiatry	
Emergency	
<u>Employer II</u>	
Adolescent,	
Mentally Retarded and	Age group too close to graduates'
Emotionally Disturbed	

TABLE XII DEGREE OF SATISFACTION AND REASONS OF HEAD NURSES AND GRADUATES
IN PLACEMENT OF HUMBER COLLEGE GRADUATE

Number of head nurses who considered unit suitable placement for Humber graduate	13
No response	1
Number of graduates who were satisfied with placement	10
Number of graduates who were partially satisfied with placement	1*

Reasons Why Head Nurse Considered Placement Suitable	No. of Responses	Reasons Why Graduate Nurse Satisfied With Placement	No. of Responses
1. General medical unit/good experience	4	1. Satisfied, though not choice; medical unit good organizational experience	1
2. Many tests, treatments and other experiences for learning	4	2. Medical-surgical area good for increasing practice; use psychiatry in this area.	1
3. Interview good	2	3. Gained good experience - learned a good deal	1
4. Graduate familiar with area	2	4. Enjoyed paediatrics and good organizational experience	1
5. Graduate interested in area	1	5. Got first choice	2

* Graduate who was partially satisfied stated that the unit was good for giving nursing care, but not for receiving constructive criticism.

TABLE XII (cont'd)

Reasons Why Head Nurse Considered Placement Suitable	No. of Responses	Reasons Why Graduate Nurse Satisfied With Placement	No. of Responses
6. Intensive Care - knowledge good, experience limited but self-motivated to improve	1	6. Got one of choices	1
7. Graduate learns to accept administrative responsibilities	1		
8. <u>Psychiatry</u>			
i) more direct physical care in unit	1		
ii) nursing program emphasized this area	1		
iii) obtain experience necessary for all psychiatric units	1		

ORIENTATION

The inservice personnel was asked to describe the orientation program for the hospitals in which the Humber College graduates were employed and the head nurses were requested to outline the orientation plan utilized in the hospital units. To recheck for possible discrepancies between planned programs and that actually given to the Humber College graduates, the graduates were asked to describe the orientation procedures followed for them. As much as can be ascertained from the information given, the orientation described by the inservice instructors and head nurses seemed to be consistent with the descriptions given by the graduate nurses. For this reason, a composite picture will be given of the general characteristics of the orientations used in the hospitals where the Humber College graduates were employed.

Most of the orientation programs in the hospitals were two weeks in length. One hospital had only one week's orientation, and one hospital had one full week's orientation and one day per week in subsequent weeks. A third hospital had an eight day orientation.

The general pattern of the orientations was to divide the stated number of days of orientation between classroom (or theoretical) and hospital orientation, although the proportion of time for each component varied from hospital to hospital. Three hospitals with two week orientations divided the time equally between classroom and hospital units, usually one-half day in class and one-half day in the unit. One specialized hospital gave two full weeks of classroom instruction, tours, etc. Another hospital provided two hours of class per day; the balance of the time was spent in the hospital units. The five remaining hospitals spent from two to four days in the classroom and the remaining number of days of orientation in the hospital units.

Most of the ten hospitals provided tours of the hospital during their orientation programs. Hospital policies and procedures were reviewed although more actively in some hospitals than others, i.e. in some hospitals specialized procedures such as cardiac arrest were demonstrated with return demonstrations, whereas in others, procedure books were given to be reviewed by the graduate or with the inservice instructor, head nurse or delegate.

In most hospitals, the history, organization and philosophy of the nursing department were considered.

In seven of the ten hospitals, there was specific mention in the orientation of an introduction to other departments in the hospital. Six of the ten hospitals related that they had some form of "buddy system", whereby the new graduate would have the assistance of another graduate during the first weeks of employment. One graduate

pointed out, however, that in the hospital where she was employed, any staff nurse was utilized for orientation rather than the ones who might have been better suited than others.

In five specialized units or hospitals, there was orientation to the specific illnesses and procedures that would be seen in those areas, as well as the nurse's role in relation to the type of care given.

Team nursing was recorded as a topic for orientation in five of the ten hospitals.

The assumption was made that the formal orientation programs planned by the health agencies may have been adjusted to meet the needs of the hospital or the new graduate. The inservice instructors and head nurses were both asked, therefore, if the planned orientation programs had been adapted and the reasons for the adaptation. The results can be seen and compared in Table XIII (page 73).

For 65% of the Humber College graduates, the head nurses did not adjust the orientation program. Inservice instructors replied that the orientation program was not adjusted because of the employment situation for 75% of the Humber College graduates; the orientation program was not adapted because of the qualities of the Humber College graduate for 68% of the Humber College graduates. For three graduates for whom the orientation programs were adapted, the most predominant reasons given by both the inservice instructors and the head nurses for the adaptation were that the units were short-staffed, and the graduates were familiar with hospital policies or routines. This resulted in a shortened orientation and earlier shift responsibilities. In the situation where the graduate was anxious, the inservice instructor stated that there was close supervision during department orientation. Where the patient care was complex in the unit, the responsibility for orientation was delegated to other nurses. Where the graduate had failed in her registration examinations, the head nurse increased the work load less quickly and geared responsibilities to the individual's needs and anxieties.

An assumption was made that there would be many nursing skills which had been taught in the nursing diploma program with which graduates may not have had a great deal of experience and, that there would be many new skills which the graduate would meet with which they would need to apply previous knowledge to perform the skill, but with which they might need some initial assistance. The study attempted therefore, to identify what methods head nurses might utilize to determine the competency of the new graduate to perform nursing skills; to determine which nursing skills the head nurses believed were especially important in their particular units; and to identify the nursing skills with which the head nurse, and the Humber College graduate felt that the graduate had required special assistance in

TABLE XIII

ORIENTATION ADAPTATIONS FOR HUMBER NURSING GRADUATES BY INSERVICE PERSONNEL AND HEAD NURSES
NUMBER OF ADAPTATIONS; REASONS; METHODS.

<u>Inservice Instructors (N=11)</u>	<u>No.</u>	<u>%</u>	<u>Head Nurses (N=14)</u>	<u>No.</u>	<u>%</u>
A. 1. Humber College graduates for whom program was adapted: because of employment situation	2	12.5	A. 1. Number of graduates for whom planned orientation was adapted	6	35
2. Humber College graduates for whom no adaptation was made	12	75	2. Was not adapted	11	65
3. Do not remember	<u>2*</u>	12.5			
Total	16				
<hr/>					
B. 1. Humber College graduates for whom program was adapted because of qualities of Humber College graduates	4	25			
2. Humber College graduates for whom no adaptation was made	11	68			
3. Do not remember	<u>1*</u>	6			
Total	16				

* In one of the two instances in A, and one instance in B, the inservice instructor felt that because the graduate commenced work at holiday time, and had had experience in that hospital as a student, the orientation was probably shortened.

TABLE XIII (cont'd)

<u>Inservice Instructors (N=11)</u>	<u>No.</u>	<u>%</u>	<u>Head Nurses (N=14)</u>	<u>No.</u>	<u>%</u>
<u>C. Reasons for Adaptation</u>			<u>C. Reasons for Adaptation</u>		
1. Short staffed	2	12	1. Short staffed	3	18
2. Familiarity with hospital policies and routines	3	18	2. Previous experience in unit; had worked as R.N.A. etc.	3	18
3. Graduate displayed anxiety and apprehension in new situation	1	6	3. Patient care complex at time	1	6
			4. Children's care usually a new area to most graduates of college	1	6
			5. Ward program was a new concept to graduate	1	6
			6. Aware of failure in registration exams	1	6
<hr/>			<hr/>		
<u>D. Methods of Adaptation</u>			<u>D. Methods of Adaptation</u>		
1. Shortened orientation			1. Shortened orientation		
2. Earlier shift responsibilities			2. Delegate responsibility for orientation and/or immediate problem-solving to other nurses		
3. Close supervision during department orientation			3. Increase work load less quickly		
			4. Gear responsibility to individual needs and anxiety		

order to perform the skills.

The methods utilized by the head nurses during the orientation to determine the competency of the new graduate are recorded in Table XIV.

TABLE XIV
METHODS UTILIZED BY HEAD NURSES DURING ORIENTATION
TO DETERMINE COMPETENCY OF HUMBER COLLEGE GRADUATE
TO PERFORM NURSING SKILLS*

<u>METHODS</u>	<u>NO. OF RESPONSES</u>
Observation of nursing care	8
Three month evaluation	4
Discussion with graduate	2
Interest and questions during orientation	2
Evaluation by clinical instructor	1
Reports by other graduates	1
Check level of preparation	1
Professional check list	1

Eight of the fourteen head nurses utilized observation of nursing care as a means to determine competence. Two head nurses discussed competency with the new graduate, and two observed the interest and type of questions raised by the new graduate during the orientation. One head nurse utilized reports of other graduate nurses. Only two head nurses stated that they used some form of professional skills check-list and only one referred to the previous level of preparation.

Four head nurses stated that they used the three month evaluation as a means to determine the competency of the new graduate.

There was a considerable difference in the opinions of the head nurses and Humber College graduates as to whether the graduate had required special assistance in the performance of nursing skills or procedures. The head nurses believed that fourteen (14) of sixteen

* One head nurse stated she did not try to determine competency of graduate during orientation since orientation too short a time to judge.

(16) graduates (or 88%) required special assistance; only six of the eleven Humber College graduates (55%) believed that they had required special assistance. (See Table XV)

TABLE XV

SPECIAL ASSISTANCE REQUIRED BY HUMBER COLLEGE GRADUATES
TO PERFORM NURSING SKILLS IN OPINION OF
HEAD NURSES AND HUMBER COLLEGE GRADUATES

<u>ASSISTANCE</u>	<u>HEAD NURSE</u>		<u>HUMBER COLLEGE GRADUATES</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1. Assistance required by graduate	14	88	6	55
2. Assistance not required by graduate	2	12	5	45
3. No Response	1			

The nursing skills that were considered important by the head nurses are reported in Table XVI (page 77) along with the number of graduates who required "special" assistance with these skills as reported by the Humber College graduates or the head nurses.

One observes that there are a great number of skills that the head nurses noted as being especially important to the unit, with which either the graduate had had no contact or had not required "special" assistance. The skills with which extra assistance was required which are listed most frequently by either the head nurse or graduates are drug therapy, preparing for and assisting with diagnostic procedures, and central venous pressure.

How long following employment is the Humber College graduate expected to assume responsibility for evening and/or night tours of duty? Is extra assistance or orientation given for the responsibility? The Humber College graduates were asked about their responsibilities concerning evening and night tours of duty, and the type of assistance that was given, (if any at all).

TABLE XVI

LIST OF NURSING SKILLS OR PROCEDURES CONSIDERED IMPORTANT BY
THE HEAD NURSE; WITH THE NUMBER OF GRADUATES WHO
REQUIRED "SPECIAL" ASSISTANCE IN PERFORMING THESE
AND OTHER SKILLS AS DETERMINED BY HEAD NURSES
AND HUMBER COLLEGE GRADUATES

Skills Important to Hospital Unit in Opinion of Head Nurses (14)	No. of Responses	No. of Graduates Who Required Assistance to Perform Skill in Opinion of			
		Head Nurse N=17		Humber College Graduate N=11	
			%		%
1. Diagnostic Procedures, Preparing for and Assisting with:		2	11%		
i) bone marrow	4				
ii) heart cathet- erization	2				
iii) lumbar puncture	1				
iv) liver biopsy	2				
v) sigmoidoscopy	1				
vi) bronchoscopy	1				
vii) pulmograms and angiograms	1				
viii) twenty-four hour urine collection	1				
2. Isolation	3				
3. Hyperalimentation	2			1	9%
4. Drug Therapy	2	5	29%		
5. Stomach Drainage	2				
6. Insertion of and Maintenance of Duodenal Tubes	2				
- preparing and helping with tube feeding	1	1	6%		
7. Care of acute Coronary patient	1				
8. Central venous pressure	1			3	27%

TABLE XVI (Cont'd)

Skills Important to Hospital Unit in Opinion of Head Nurses (14)	No. of Responses	No. of Graduates Who Required Assistance to Perform Skill in Opinion of			
		Head Nurse		Humber College Graduate	
		N=17	%	N=11	%
9. Electrocardiogram Monitoring	2	1	6%	1	9%
10. Ventilators	1				
11. Cardiac-Respiratory Ressuscitation	2				
12. Chest Drainage	2				
13. Tracheobroncheal Suctioning	1				
14. Tracheotomy tube changes (assisting with) and/or care of patient with tracheotomy	1	1	6%		
15. Traction Adjustments	1				
16. Physiotherapy	1	1	6%		
17. Hemodialysis and Peritoneal Dialysis	1	1	6%	1	9%
18. Renal Shunts	1				
19. Blood exchange transfusion	1				
20. Venipuncture	1				
21. Care of patient in shock	1				
22. <u>Psychiatric Skills</u>					
i) nurse therapist	1				
ii) reality therapy	1				
iii) observation of changes in patient	1				
iv) electroconvulsive therapy	1	1	6%		

TABLE XVI (Cont'd)

Skills Important to Hospital Unit in Opinion of Head Nurses (14)	No. of Responses	No. of Graduates Who Required Assistance to Perform Skill in Opinion of			
		Head Nurse		Humber College Graduate	
		N=17	%	N=11	%
23. Preparing for and assisting physician in examining child and other procedures related to children	1	1	6%		
24. Team Nursing	1	1	6%		
		(Team Leadership)			
25. Teaching patients; R.N.A.'s; student nurses	1				
26. Telephone monitoring	2				
27. Group dynamics	1				

Skills with which graduate needed assistance, not identified as important to the unit.

1. Duke's Irrigation
2. Emerson Pump
3. Hemovacs
4. Catheterization
5. Disimpaction
6. Colostomy Irrigation
7. Utilization of disposable trays to do procedures
8. Emotional needs of patients
9. Charting
10. Housekeeping

As noted in Table XVII, page 81, of the eleven graduates who responded only three (27%) assumed evening duty, and two (18%) night duty by one month following employment. By two months, ten graduates (91%) had assumed responsibility for evenings, and seven (64%) had assumed responsibility for night duty. One graduate (9%) did not assume responsibility for evening duty until five months. Two graduates (18%) were placed on night duty by three months. Two other graduates were not required to take night duty. It would seem, therefore, that a majority of the Humber College graduates assumed both evening and night duty responsibilities by the time they had been employed two months.

Seven of the eleven Humber College graduates, (64%) accepted full responsibility, without extra assistance, when placed on evening and/or night tours of duty; four, (36%) of the eleven received extra assistance. Two Humber College graduates had the assistance of an extra graduate nurse for two evenings or two nights; one graduate had a more experienced graduate nurse on duty the first evening and one graduate had the assistance of an extra graduate nurse on evenings, but not on nights. One other graduate noted that the availability of extra assistance was inconsistent; sometimes there was an extra graduate on nights, sometimes there was not.

Two graduate nurses noted that although extra assistance was not available, one could turn to the supervisor or another nurse that was part of the team. In the latter instance, the graduate nurse team member oriented the graduate on the first evening.

What were the major adjustments experienced by the Humber College graduate during the first week of employment? Over one-half of the graduates (61%) (Table XVIII, Page 82) had adjustments involving some aspect of administration or organization. One graduate found difficulty utilizing the apothecarie's system which was still being utilized in the hospital in which she was employed. One graduate found difficulty in adjusting to a role change, i.e. from Registered Nursing Assistant to Registered Nurse. One found difficult the transition to full-time psychiatric nursing. Becoming used to the commitments of a work schedule, i.e. early mornings, working week-ends, etc. was an adjustment for one graduate. Only one graduate of the eleven who responded had found no major adjustment to that time.

TABLE XVII

HUMBER COLLEGE GRADUATES' ORIENTATION TO EVENING
AND NIGHT TOURS OF DUTY: WHEN AND HOW.
AS EXPRESSED BY HUMBER COLLEGE GRADUATES

Length of Time Following Employment When Responsible for:	Evenings		Nights	
	N=11	%	N=11	%
one month or less	3	27	2	18
one - two months	7	64	5	46
three months	0	0	2	18
five months	1	9	0	0
not pertinent			2	18

Availability of Assistance

extra assistance	4	36
no extra assistance	7	64

Type of Assistance That was Available When
Placed on Evening and Night Tours of Duty

	<u>No.</u>
1. had extra registered nurse for two evenings or two nights	2
2. had more experienced graduate nurse on first evening	1
3. had assistance of extra graduate on evenings but not nights	1
4. one nurse on each team to help - first day nurse orientation	1
5. inconsistent; sometimes an extra graduate on nights; sometimes not	1
6. could turn to supervisor	1

TABLE XVIII
MAJOR ADJUSTMENTS EXPERIENCED BY HUMBER COLLEGE GRADUATES
IN FIRST WEEK OF EMPLOYMENT

<u>ADJUSTMENTS</u>	<u>N=11</u>	<u>%</u>
1. Administration of ward; ordering supplies; making patient assignment, etc.	2	18
2. Getting used to daily functioning of unit; routines, unit procedures, etc.	2	18
3. Night duty	1	9
4. Responsibility for Registered Nursing Assistant.	2	18
5. Apothecarie's system	1	9
6. Psychiatric nursing	1	9
7. Change from Registered Nursing Assistant to nurse	1	9
8. Getting up everyday, including week-ends	1	9
9. No major adjustments	1	9

Of the eleven Humber College graduates, only two, (18%) found their orientation unsatisfactory, although two other graduates who stated that their orientation was satisfactory had suggestions for improvement. Among the latter was a suggestion that the orientation should leave out aspects with which the graduate might be familiar. As was noted previously, orientations were shortened for some of the Humber College graduates. One graduate felt that there should be more emphasis on hospital policies. Orientation was non-existent for another graduate because of the ward situation. The graduate stated that there should have been orientation to other departments. The results are included in Table XIX (page 83).

CHARACTERISTICS OF NURSING SERVICE UNITS

The size of the units in which the Humber College graduates worked varied considerably, from 15-58 patients per unit, with the greatest proportion of graduates working in units with over thirty beds. Fourteen of the sixteen graduates (88%) for whom responses were given

TABLE XIX

DEGREE OF SATISFACTION OF HUMBER COLLEGE GRADUATES
WITH ORIENTATION

<u>SATISFACTION</u>	<u>HUMBER COLLEGE GRADUATES</u>	
	N=11	%
Orientation Satisfactory	9	82%
Orientation Not Satisfactory	2	18%

Comments by Humber College Graduates as to
How Orientation Might be Strengthened

1. leave out aspects with which graduate is familiar from previous experience
2. should be within first week of employment
3. orientation non-existent because of ward situation; should be oriented to other departments
4. need more emphasis on hospital policies

worked with both male and female patients; one (6%) worked only with male patients; one (6%) with only female patients.

Four of the Humber College graduates (24%) worked with medical and surgical patients; seven (41%) worked with only medical patients; one (6%) worked primarily with surgical patients; and five (29%) worked with patients with psychiatric disturbances.

Of the fifteen graduates for whom responses were given, eleven (73%) nursed acutely ill, semi-acutely ill and chronically ill patients; two graduate nurses (13%) worked with only acutely and semi-acutely ill patients; and three (20%) nursed only chronically ill patients in psychiatric hospitals.

Ten of seventeen Humber College graduates (59%) nursed patients in the age groups from eighteen years to over sixty-five years; three graduates (18%) worked with patients in the age groups from twelve

to over sixty-five years; two graduates (11%) nursed patients in the age groups from birth to eighteen years; one graduate (6%) nursed patients in the age groups from birth to twelve years; and one graduate (6%) nursed patients in age groups from eighteen to sixty-five years.

The characteristics of the units in which the Humber College graduate nurses worked are reported in a somewhat different form in Table XX.

The majority of the Humber College graduates were working therefore:

- a) in units of from thirty-one to fifty-eight patients
- b) with both male and female patients
- c) with more patients requiring medical rather than strictly surgical or psychiatric care
- d) with patients who were acutely, semi-acutely and chronically ill
- e) with patients from eighteen to over sixty-five years of age.

One cannot help but be impressed at the vast range of knowledge and skills that must be brought to bear by these Humber College nursing graduates, to the work assignments they have undertaken if they are to give good nursing care.

PATIENT CARE PATTERNS

According to the head nurses, the Humber College graduates worked in units with the following patterns of patient care: six Humber College graduates (35%) functioned in units with individual patient care; eight (47%) in units with team nursing; two (12%) in units with individual and functional nursing; and one (6%) in a unit with individual and team nursing. Therefore, fifty-three per cent of the graduates worked in settings with some form of team nursing.

Table XXI (page 86) shows the head nurses' opinions of an average patient care load on the day tour of duty for the new graduate with and without the assistance of a registered nursing assistant. Of the eleven head nurses of units where graduates might have individual assignments, one head nurse considered an average patient care load to be one patient. The head nurse was from an Intensive Care Unit.

TABLE XX

CHARACTERISTICS OF UNIT IN WHICH HUMBER COLLEGE GRADUATES
EMPLOYED, AS REPORTED BY HEAD NURSES

<u>CHARACTERISTICS</u>		
<u>Number of Patients/Unit</u>	<u>No. of Graduates (17)</u>	<u>%</u>
15-20	1	6%
21-30	3	18%
31-40	5	30%
41-50	4	23%
51-58	4	23%
<u>Sex</u>	<u>No. of Graduates (16)</u>	<u>%</u>
Male	15	94%
Female	1	6%
<u>Type of Illness</u>	<u>No. of Graduates (17)</u>	<u>%</u>
medical	11	65%
surgical	5	30%
psychiatric	1	6%
<u>Severity of Illness</u>	<u>No. of Graduates (15)</u>	<u>%</u>
acute	13	87%
semi-acute	2	13%
chronic	0	0%
<u>Age</u>	<u>No. of Graduates (17)</u>	<u>%</u>
birth - 12 years	3	18%
12 - 18 years	5	30%
18 - 40 years	14	82%
40 - 65 years	14	82%
over 65 years	13	76%

TABLE XXI

AVERAGE PATIENT CARE LOAD FOR HUMBER COLLEGE GRADUATE
ON DAY TOUR OF DUTY AS DETERMINED BY HEAD NURSES

a) Without Assistance of Registered Nursing Assistant

<u>Lowest No. - Highest No.</u> <u>of Patients</u>		<u>Humber College</u> <u>Graduate</u>		<u>Head Nurse</u>	
		N=17	%	N=14	%
1	1	1	6	1	7
1	4	5	29	3	21
4	6	5	29	4	29
5	10	3	18	3	21
No individual assignment		3	18	3	21

b) With Assistance of Registered Nursing Assistant or Other Health Personnel

<u>Number of Patients</u>	<u>Graduates</u>		<u>Head Nurses</u>	
	N=17	%	N=14	%
6	1	6	1	7
7	1	6	1	7
6-8	3	18	1	7
8-12	2	11	1	7
12	1	6	1	7
10-12	1	6	1	7
9-14	1	6	1	7
16-18 (team 4-5)	1	6	1	7
32 (only treatments and medicines)	1	6	1	7
75 (head nurse, team leader, 7 nurses or assistants)	1	6	1	7
varies	1	6	1	7
no assistants	2	11	2	15
no response	1	6	1	7

Three head nurses (21%) considered an average load to be not more than four patients and four head nurses (29%) considered the average load not to exceed six patients. In three instances (21%), however, head nurses believed the average patient care load might be as high as ten patients. The latter instances involved eighteen per cent of the graduate nurses.

With the assistance of a registered nursing assistant, or other health personnel, the responses of the head nurses varied widely, as seen in Table XXI. Five graduates (30%) worked in units in which the average patient care load with a registered nursing assistant would not exceed eight patients, while four graduates (23%) worked in units in which the average patient care load with registered nursing assistants would not exceed twelve patients. In one response (6%), the average patient care load would not exceed fourteen. Teams of more than two were utilized in three units, with members of the team not necessarily including a registered nursing assistant. For example, in the psychiatric hospital, the team might consist of registered nurses and child care workers or other similar personnel.

The graduate nurses were asked also to state what was considered to be a "full load" for an individual assignment. The response of the eight graduate nurses who answered the questionnaire and who had been given individual assignments were compared with the responses of the head nurses who were responsible for those graduates. The results are recorded in Table XXII (page 88). As will be noted, six of the eight graduates believed their patient care loads were from two to six patients higher than the load stated by the head nurses.

The Humber College nursing graduates were asked to relate the number of patients that were given (on an average) as an assignment during the first week of employment. The purpose of this question was to compare changes in patient load (if any) between the load given during the pre-graduate experience at Humber College (4 - 6 patients) and that of a new graduate and also to identify factors that might have some bearing on the graduate's performance. The results of the eleven graduates who responded to this question are recorded in Table XXIII (page 89). For five of the eleven graduates, the patient care load did not exceed the load given as a student in the pre-graduate experience. For three graduates, the average number of patients was exceeded by only one or two from the planned experiences as a student nurse. One graduate stated that the average load was 10 - 15 patients during the first week. Thirty patients were assigned to a team which included one of the Humber College graduates.

In trying to determine the patient care loads for the new graduate of Humber College, recognition was given to the fact that the number of patients is only one criterion for assessing patient care loads; that the degree of illness, layout of the hospital ward etc. all have some

bearing on how difficult or easy a patient care load is. The number of patients does provide, however, one means of gauging the scope of responsibility. The assumption was made that most assignments would be delegated, with some thought to factors such as the severity of illness of the patients, as well as the number of patients.

TABLE XXII

COMPARISON OF THE AVERAGE PATIENT CARE LOAD OF HUMBER
COLLEGE GRADUATES AS SEEN BY HEAD NURSES AND
HUMBER COLLEGE GRADUATES

<u>Graduate</u>	<u>Average Patient Care Load According to Head Nurse</u>	<u>Average Patient Care Load According to Graduate</u>
#1	6	6 - 8
#2	6	6 - 7
#3	4	8
#4	5 - 10	8
#5	4 - 8	6 - 10
#6	6 - 10	5 - 16*
#7	6	10
#8	6	8 - 11

* psychiatric

How soon following employment does the head nurse expect the new graduate nurse to function a) with a total patient care load; b) before having responsibility for a registered nursing assistant; and c) before becoming team leader? The answers by the head nurses to these questions are recorded in Table XXIV (page 90). The most obvious observation that can be made is the wide variation in the expectations of the head nurses. Five of the head nurses (36%) expected the new graduate to function with a total patient care load by one month yet, three head nurses (21%) did not expect the new graduate to function with a total patient care load until six months. It is interesting to note that there was little relationship between the higher length of times, and the head nurses for units that would be called specialty units. Only one of the three head nurses who gave "by six months" as an "average time" to function was from a specialty unit and four of the five head nurses who gave "by one month" were from specialty units.

TABLE XXIII

AVERAGE NUMBER OF PATIENTS IN DAILY ASSIGNMENT
TO HUMBER COLLEGE GRADUATE DURING FIRST WEEK OF EMPLOYMENT
AS STATED BY HUMBER COLLEGE GRADUATES

<u>No. of Patients</u>	<u>No. of Responses = 11</u>	<u>Comments</u>
1. 3 patients	1	(psychiatric)
2. 4 patients	2	
3. 5 patients	1	
4. 2 - 6 patients	1	
5. 6 - 7 patients	1	
6. 6 - 8 patients	2	
7. 8 patients	1	(after orientation)
8. 10 - 15 patients	1	
9. 30 patients	1	(with team)

Six of the eleven head nurses in units where registered nursing assistants were utilized believed that a new graduate should have responsibility for a registered nursing assistant by one month. There was less time variation in response to this area than the others, with all but one of the eleven head nurses believing a new graduate should have responsibility for a registered nursing assistant by two months.

The most important point to note in response to the questions of how long the new graduate should take to function as a team leader is not the time involved, but, the fact that twelve of the fourteen head nurses with whom the Humber College graduates have contact state that there is a time in which the Humber College graduate should function as a team leader. This point is interesting in that the program at Humber College did not purport to prepare team leaders in its program. Not only did the twelve head nurses expect the new graduate to function as team leader, but, seven of the twelve head

TABLE XXIV

HEAD NURSES' OPINION AS TO "AVERAGE" LENGTH OF TIME
NEW GRADUATES SHOULD TAKE TO FUNCTION:

a) WITH TOTAL PATIENT CARE LOAD

<u>LENGTH OF TIME</u>	<u>NO=14</u>	<u>%</u>
by 1 month	5	36%
by 2 months	3	21%
by 3 months	1	7%
by 6 months	3	21%
depends on individual	1	7%
no response	1	7%

b) BEFORE HAVING RESPONSIBILITY FOR REGISTERED NURSING ASSISTANT

from beginning	2	14%
by 1 month	4	29%
by 6 weeks	3	21%
by 2 months	1	7%
depends on individual	1	7%
not applicable	3	21%

c) BEFORE BECOMING TEAM LEADER

by 6 weeks	1	7%
by 2 months	2	14%
by 3 months	4	29%
by 7 months	1	7%
by 1 year	3	21%
depends on individual	1	7%
not applicable	2	14%

nurses, (or over 50%) expected the graduate to function as team leader by three months. One head nurse expected the graduate to function as team leader by seven months and three head nurses expected the graduate to function as team leader by twelve months.

The head nurses were asked to give their opinion as to how long the Humber College graduate took to function in each of the previously described areas in order that a comparison might be done with the head nurses' expectations of the average length of time a new graduate takes to function. For each Humber College graduate, the "actual" length of time was compared with the "average" length of time to determine whether the Humber College graduate took more or less than the average length of time. It seemed important to note, also, in instances where the Humber College graduates took more time to function than the "average", how much time above the average the Humber College graduates took. The results are recorded in Table XXV (page 92).

Twelve of the seventeen graduates of Humber College (71%) took an average length of time or less to function with a total patient care load. Of the five graduates (29%) who took more time, two graduates (12%) took one week longer than the "average"; two graduates took up to one month longer; one graduate never accepted a total patient care load.

Eight of thirteen Humber College graduates (or 61%) took an average length of time or less before having responsibility for a registered nursing assistant. Five of thirteen graduates (39%) took more than the "average" length of time before having responsibility for a registered nursing assistant. Not only was the percentage of Humber College graduates who took more than the average length of time greater as compared with total patient care load percentages, but, the length of time was greater as well. Three graduates took four weeks or less; but, one graduate took two months and one other graduate took six months before having responsibility for a registered nursing assistant.

At the time the questionnaires were submitted, nine of the seventeen Humber College graduates had had experience as a team leader. Eight of the nine graduates took an average or less than average length of time before becoming team leader. The one graduate who was recorded as taking more than the average length of time took two months beyond the average length of time before assuming this responsibility.

The Humber College graduates were asked also to give their opinions as to the length of time following employment that full patient care loads were given; that they assumed responsibility for registered nursing assistants; and that they assumed responsibility (if applicable) as team leaders. Of the ten graduates who responded, three graduates believed they were assuming a full patient care load in

TABLE XXV

COMPARISON OF THE HEAD NURSES' OPINIONS OF THE LENGTH OF
TIME THE HUMBER COLLEGE NURSING GRADUATE TOOK TO FUNCTION,
WITH THE HEAD NURSES' OPINIONS AS TO THE LENGTH OF TIME THE
"AVERAGE" NEW GRADUATE TAKES TO FUNCTION

<u>a) WITH A TOTAL PATIENT CARE LOAD</u>	<u>NO=17</u>	<u>%</u>
i) within average length of time	10	59%
ii) less than average length of time	2	12%
iii) more than average length of time	5	29%
- 1 week over average time	(2)	
- 1 month over average time	(2)	
- never accepted total patient care load*	(1)	
 <u>b) BEFORE HAVING RESPONSIBILITY FOR AN R.N.A.</u>		
i) within average length of time	6	46%
ii) less than average length of time	2	15%
iii) more than average length of time	5	39%
- 1 week over average length of time	(1)	
- 4 weeks over average length of time	(2)	
- 2 months over average length of time	(1)	
- 6 months over average length of time	(1)	
iv) not applicable	4	
 <u>c) BEFORE BECOMING A TEAM LEADER</u>		
i) within average length of time	4	44%
ii) less than average length of time	4	44%
iii) more than average length of time	1	11%
- 2 months over average length of time	(1)	
iv) not applicable or insufficient information	8	

* Graduate was functioning in Emergency Department. Lack of adjustment was attributed to personal characteristics of graduate which made graduate unsuited to this type of nursing.

less than one week; and six other graduates believed that by one month they had assumed full patient care loads. One graduate believed that a full patient care load was never given. The latter corresponds with the head nurses assessment of this graduate. Ninety-per cent of the graduates therefore, who responded to the question of total patient care load felt that by one month a full patient care load was being assumed. It will be noted however, that only thirty-six per cent of the head nurses who responded believed that the average new graduate takes on an average, one month or less to function with a total patient care load. In addition, in the head nurses' opinions only 71% of the graduates functioned with a full patient care load in the average time or less.

Seven of the eleven graduates who responded stated that they had assumed responsibility for a registered nursing assistant immediately or three days following employment. Three additional graduates stated that by two months they had taken responsibility for registered nursing assistants. All of the graduates therefore, working where registered nursing assistants were employed in the unit, were having responsibility for the assistants by two months. These results compare reasonably well with the head nurses' expectations of the length of time new graduates take to function before having responsibility for registered nursing assistants, i.e. ten of the eleven head nurses in units where registered nursing assistants were utilized, believed that this responsibility should be taken by two months. One notes however that only two head nurses believed the responsibility should be taken immediately. One further notes that in the head nurses' opinions only sixty-one per cent of the Humber College graduates had accepted their responsibilities in this area in the average or less than average length of time.

At the time of completing the questionnaires, nine of the eleven graduates stated that they had taken responsibility as a team leader. Five of the nine (56%) believed they had accepted this responsibility by one month. The remaining four graduates (45%) stated that they had had responsibility as team leaders by four months. In re-checking Table XXV, it is observed that only one head nurse believed this responsibility should be assumed by six weeks; six head nurses believed that the responsibility should be assumed by three months and four other head nurses believed that the average length of time would be from seven months to one year. Only one Humber College graduate however, in the head nurses' opinions failed to meet the "average" time considered necessary to become team leader.

Full details of the Humber College nursing graduates' opinions as to length of time they took to assume various responsibilities are presented in Table XXVI, (page 94).

TABLE XXVI

HUMBER COLLEGE GRADUATES' OPINIONS AS TO LENGTH OF TIMEFOLLOWING EMPLOYMENT THEY TOOK TO FUNCTION:A. WITH A FULL PATIENT CARE LOAD

<u>Length of Time</u>	<u>No. of Graduates = 11</u>	<u>%</u>
1. less than 1 week	3	27%
2. 1 - 2 weeks	3	27%
3. 3 - 4 weeks	2	18%
4. 1 month	1	9%
5. never	1	9%
6. no response	<u>1</u>	<u>9%</u>
TOTAL	11	

B. WITH RESPONSIBILITY FOR A REGISTERED NURSING ASSISTANT

<u>Length of Time</u>	<u>No. of Graduates = 11</u>	<u>%</u>
1. immediately	6	55%
2. 3 days	1	9%
3. 3 weeks	1	9%
4. 1 month	1	9%
5. 2 months	1	9%
6. not pertinent	<u>1</u>	<u>9%</u>
TOTAL	11	

C. WITH RESPONSIBILITY AS TEAM LEADER

<u>Length of Time</u>	<u>No. of Graduates = 9</u>	<u>%</u>
1. 1 month or less	5	55%
2. 3 - 4 months	3	33%
3. 4 months*	<u>1</u>	<u>12%</u>
TOTAL	9	

* Team Nursing commenced in unit at that time.

WORK PERFORMANCE AND THE OBJECTIVES OF THE
HUMBER COLLEGE NURSING DIPLOMA PROGRAM

Does the Humber College Nursing Diploma graduate meet the objectives of the Humber College Nursing Diploma Program?

The chief tool utilized in attempting to gauge the answer to this question was the Nursing Behaviour Evaluation Form. This form was prepared following an analysis of the program's behavioural descriptions for each semester. Appropriate terminal behaviours were extracted, and grouped into nursing responsibility areas. No attempt was made to include all the behaviours identified by the nursing faculty, but, rather to select those which seemed most beneficial to the task. Sufficient behaviours were selected to permit evaluation related to the five broad program objectives. As much as possible the original wording of the behaviours was maintained.

A five point scale was selected that was thought to be comparable to the credit system of Humber College. Each evaluator was asked to rate the graduate nurse's performance for each behaviour according to whether the graduate:

always
almost always
generally
infrequently
or never

demonstrated that behaviour. Each of the five points on the scale was given a weighting which corresponded with the credit system at Humber College. See Table XXVII.

TABLE XXVII

COMPARISON OF HUMBER COLLEGE CREDIT SYSTEM AND
NURSING BEHAVIOUR EVALUATION SCALE

<u>SCORE or WEIGHT</u>	<u>HUMBER COLLEGE DESCRIPTION</u>	<u>NURSING BEHAVIOUR SCALE</u>
4	Superior	Always
3	Proficient	Almost Always
2	Satisfactory	Generally
1	Deficient	Infrequently
0	Failure	Never

Accordingly, "generally" on the Nursing Behaviour Evaluation Scale was seen to be "Satisfactory" performance for the behaviour.

The results were tabulated by weighting appropriately each behaviour and computing the following information: the average score for each behaviour; the average score for each responsibility area; and the overall performance score for each graduate. Two sets of results were tabulated, one set from the responses by the graduates, and, one set from the responses of the head nurses, permitting contrast and comparison. See Table XXVIII, below, for a comparison of the overall performance scores of the Humber College graduate nurses as determined from responses of the head nurses and the Humber College graduates.

TABLE XXVIII

A COMPARISON OF THE NURSING PERFORMANCE SCORES OF THE
GRADUATE NURSES OF HUMBER COLLEGE AS DETERMINED FROM THE
HEAD NURSES AND HUMBER COLLEGE GRADUATE NURSE'S RESPONSES

<u>STUDENT</u>	<u>HEAD NURSE EVALUATION</u>	<u>GRADUATE SELF-EVALUATION</u>
	No. = 17	No. = 11
1	3.45	3.06
2	2.13	3.40
3	2.76	3.12
4	3.38	3.57
5	3.89	3.33
6	3.22	3.78
7	3.11	2.80
8	2.59	3.66
9	2.40	3.47
10	3.23	3.04
11	2.40	3.40
12	3.19	
13	3.63	
14	3.28	
15	2.93	
16	3.27	
17	3.21	
AVERAGE SCORE	3.06	3.33

If "generally" or the score of "2" is considered satisfactory nursing performance, then, all nursing graduates of Humber College were seen by both head nurses and themselves as giving satisfactory nursing care. Eleven (11) of the graduates (65%) were seen by the head nurses to be giving care of a proficient or "above average" level. Two (12%) of the seventeen graduates were seen by the head nurses to be giving care approaching a "superior" level.

The majority of the graduate nurses rated their performance slightly higher than that accorded by the head nurses, although four of the eleven graduates rated their performance lower. Ten graduates (91%) rated themselves at the "proficient" level, with three scores approaching the "superior" level. The latter three scores did not correspond with the same students who received the near "superior" scores, accorded by the head nurses.

An assumption is made that if a graduate nurse was performing "satisfactorily", both the employer and head nurse would be willing to have other Humber College graduate nurses work in that hospital or unit again. In Table XXIX, below, are the responses that will validate or negate this assumption.

TABLE XXIX

RESPONSES OF HEAD NURSES AND EMPLOYERS TO FUTURE EMPLOYMENT
POTENTIAL FOR HUMBER COLLEGE GRADUATES IN UNIT OR HOSPITAL

<u>RESPONSES</u>	<u>WOULD HIRE</u>	<u>WOULD NOT HIRE</u>
Employers	7	0
Head Nurses	13	1

All of the seven employers who responded stated that they would hire future graduate nurses of Humber College; all but one of the head nurses stated that they would wish other Humber College graduate nurses in their units. The reason given by the head nurse for the one negative response was that the stress factor in that unit, which was an Emergency Unit, was too great for any graduate without one year's experience. All of the reasons stated by the head nurses for future employment consideration of Humber College graduate nurses related to the strengths inherent in the graduate that was working in the unit, which will be reported later in this chapter. One head nurse stated that she was familiar with the Humber College nursing program, and its results.

The average scores for the individual behaviours and responsibility areas as evaluated by the head nurses are seen in Table XXX (page 99). The average scores as computed from the responses of the Humber College nursing graduates' evaluations are given in Table XXXI (page 109).

How well does the graduate nurse of Humber College identify the needs-for-help of the patient and his family?

The average score given by the head nurses for this area of responsibility was 2.63 or a satisfactory rating. An examination of some of the specific behaviours outlined shows that the graduate was strongest in identifying the anatomical-physiological needs-for-help of the patient, and less strong in identifying spiritual needs-for-help of the patient and in identifying the needs of the family. In addition, two graduate nurses were rated at a "deficient" level in determining the significance of the results of common diagnostic tests and one graduate nurse was rated "deficient" in identifying the psycho-sociological needs of the patient.

The graduate nurses rated themselves as 3.05 on an average score, reflecting "proficiency". The graduate nurses rated themselves, as did the head nurses, as most proficient in identifying the anatomical-physiological needs-for-help of the patient. In contrast however, to the head nurses, the graduates also rated themselves highly on their ability to identify the needs-for-help of the family. The graduate nurses gave themselves lower scores for determining the significance of the results of common diagnostic tests and in identifying psycho-social and spiritual needs-for-help of patients.

How well does the graduate nurse of Humber College plan patient care? The overall average given by the head nurses for this responsibility area was 2.96, a "satisfactory", or almost proficient level. The graduate nurses rated themselves at 3.38 or "proficient". For all behaviours outlined here, both head nurses and the Humber College graduates saw the graduates demonstrating the behaviours reasonably well, although one head nurse and one graduate gave a "deficient" rating for the ability of the graduate to plan nursing care based upon indirect observations.

In their ability to provide nursing care, the graduates were rated at 2.76 or "satisfactory" by the head nurses; and 3.24 or "proficient" by themselves. Both the head nurses and nursing graduates rated highly the ability of the graduates to assist the patient to meet his anatomical-physiological needs-for-help arising from a health problem, to maintain the therapeutic regimen planned by other members of the health team, and to perform nursing skills safely.

Both graduate nurses and head nurses saw the ability of the graduate to share information regarding community agencies with the patient and his family as a less strong area. However, the graduate nurses

TABLE XXX NURSING BEHAVIOUR EVALUATION OF HUMBER COLLEGE NURSING GRADUATES BY HEAD NURSES

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
III PROVISION OF NURSING CARE												
1. Assists the patient to meet his needs-for-help arising from a health problem:												
a) anatomical-physiological	17	5	29.42	8	47.05	4	23.53					3.05
b) psycho-social	17	3	17.64	10	58.83	4	23.53					2.94
c) spiritual	16	2	12.50	5	31.25	7	43.75	2	12.50			2.43
2. Performs nursing skills safely.	16	6	37.50	8	50.00	2	12.50					3.25
3. Assists the patient's family in meeting their needs-for-help arising from the patient's health problem.	17	4	23.53	3	17.65	8	47.06	2	11.76			2.52
4. Records data accurately and completely on the patient's chart.	17	4	23.53	8	47.05	5	28.42					2.94
5. Effectively teaches the patient and, if necessary family, preventative and rehabilitative measures where applicable	16	3	18.75	7	43.75	5	31.25	1	6.25			2.75

TABLE XXX NURSING BEHAVIOUR EVALUATION OF HUMBER COLLEGE NURSING GRADUATES BY HEAD NURSES

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
IV EVALUATION OF NURSING CARE												
1. Determines the effectiveness of nursing actions using direct and indirect observations of the patient and family.	17	3	17.64	10	58.83	3	17.64	1	5.89			2.88
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												2.88
V MODIFICATION OF NURSING CARE PLAN												
1. Selects alternate nursing actions utilizing a problem-solving approach if previous nursing action did not meet needs-for-help of patient and family.	17	1	5.89	8	47.05	7	41.17	1	5.89			2.52
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												2.52

TABLE XXX NURSING BEHAVIOUR EVALUATION OF HUMBER COLLEGE NURSING GRADUATES BY HEAD NURSES

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
VI ORGANIZATION												
1. Demonstrates ability to organize a nursing assignment on the:												
a) day shift	16	7	43.75	7	43.75	2	12.50					3.31
b) evening shift	17	6	35.29	8	47.06	3	17.65			1	7.14	3.17
c) night shift	14	4	28.58	8	57.14	1	7.14					3.00
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												3.16
VII LEGAL RESPONSIBILITIES												
1. Administer drugs in accordance with the Canadian drug laws.	17	11	64.71	6	35.29							3.64
2. Carries out nursing actions within the scope of legal nursing practice.	17	10	58.82	5	29.42	2	11.76					3.47

TABLE XXX NURSING BEHAVIOUR EVALUATION OF HUMBER COLLEGE NURSING GRADUATES BY HEAD NURSES

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
VIII ETHICAL RESPONSIBILITIES (cont'd)												
4. Acts in accordance with the I.C.N.'s Code of Ethics in giving nursing care.	16	13	81.25	3	18.75							3.81
5. Recognizes limitations in giving nursing care, and seeks appropriate resources.	17	10	58.83	6	35.29	1	5.88					3.52
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												3.66
IX RESPONSIBILITY TO OTHER MEMBERS OF THE HEALTH TEAM												
1. Seeks and utilizes the services of the various members of the health team in meeting the needs of the patient and his family.	17	8	47.06	6	35.30	2	11.76	1	5.88			3.23
2. Is co-operative and courteous to all members of the health team.	17	10	58.83	6	35.29	1	5.88					3.52

TABLE XXX NURSING BEHAVIOUR EVALUATION OF HUMBER COLLEGE NURSING GRADUATES BY HEAD NURSES

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
IX RESPONSIBILITY TO OTHER MEMBERS OF THE HEALTH TEAM												
3. Assists other members of the health team in planning and implementing their planned therapeutic regimen.	17	8	47.06	6	35.29	2	11.77	1	5.88			3.23
4. Delegates appropriate activities to the registered nursing assistant or other auxilliary personnel.	17	4	23.53	9	52.94	4	23.53					3.00
5. Provides appropriate guidance for auxilliary personnel in planning and giving effective patient care.	17	4	23.53	8	47.06	4	23.53	1	5.88			2.88
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												3.17
X RESPONSIBILITIES AS A MEMBER OF A PROFESSION												
1. Is self-directive in fulfilling nursing goals.	17	10	58.83	4	23.53	3	17.64					3.41
2. Seeks and utilizes learning opportunities constructively.	17	6	35.29	9	52.95	2	11.76					3.23

TABLE XXXI NURSING BEHAVIOUR SELF-EVALUATION BY GRADUATE NURSES OF HUMBER COLLEGE

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
III PROVISION OF NURSING CARE												
1. Assists the patient to meet his needs-for-help arising from a health problem:												
a) anatomical-physiological	11	6	54.54	4	36.36	1	9.10					3.45
b) psycho-social	11	3	27.28	4	36.36	4	36.36					2.91
c) spiritual	11	3	27.28	4	36.36	4	36.36					2.91
2. Performs nursing skills safely.	10	6	60.00	4	40.00							3.60
3. Assists the patient's family in meeting their needs for help arising from the patient's health problem.	11	2	18.17	7	63.63	1	9.10					2.91
4. Records data accurately and completely on the patient's chart.	11	5	45.45	5	45.45	1	9.10					3.36
5. Effectively teaches the patient, and if necessary family, preventative and rehabilitative measures where applicable	11	6	54.54	1	9.10	4	36.36					3.18

TABLE XXXI NURSING BEHAVIOUR SELF-EVALUATION BY GRADUATE NURSES OF HUMBER COLLEGE

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
VII LEGAL RESPONSIBILITIES (cont'd)												
3. Accepts responsibility for decisions and actions as a nursing diploma graduate.	11	8	72.72	3	27.28							3.73
4. Acts within the policies of the hospital or health agency.	11	7	63.63	3	27.28	1	9.10					3.55
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												3.75
VIII ETHICAL RESPONSIBILITIES												
1. Holds in confidence all privileged information of the patient and family.	10	10	100.00									4.00
2. Sustains the patient's confidence in the physician and other members of the health team.	11	9	81.80	1	9.10	1	9.10					3.73

TABLE XXXI NURSING BEHAVIOUR SELF-EVALUATION BY GRADUATE NURSES OF HUMBER COLLEGE

VIII ETHICAL RESPONSIBILITIES (cont'd)	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
3. Provides nursing care in accordance with the patient and family's cultural and religious beliefs regarding various medical and/or related practices.	11	6	54.54	3	27.28	2	18.18					3.54
4. Acts in accordance with the I.C.N.'s Code of Ethics in giving nursing care.	10	8	80.00	2	20.00							3.80
5. Recognizes limitations in giving nursing care, and seeks appropriate resources.	11	8	72.72	2	18.18	1	9.10					3.64
GROUP AVERAGE (WEIGHTED) FOR RESPONSIBILITY AREA												3.74

TABLE XXXI NURSING BEHAVIOUR SELF-EVALUATION BY GRADUATE NURSES OF HUMBER COLLEGE

	Total Responses	No. of Responses "always"	%	No. of Responses "almost always"	%	No. of Responses "generally"	%	No. of Responses "infrequently"	%	No. of Responses "never"	%	Group Average With Weighting
X RESPONSIBILITIES AS A MEMBER OF A PROFESSION												
1. Is self-directive in fulfilling nursing goals.	11	4	36.36	7	63.64							3.36
2. Seeks and utilizes learning opportunities constructively.	10	5	50.00	5	50.00							3.50
3. Displays self-confidence in the performance of nursing activities.	11	1	9.10	7	63.63	2	18.17	1	9.10			2.55
4. Evaluates professional growth continuously	11	5	45.46	6	54.54							3.45
5. Keeps abreast of recent trends.	11	2	18.18	7	63.64	2	18.18					2.82
6. Contributes positive suggestions for changes through appropriate channels where changes in policy or procedure might be indicated.	11	5	45.45	5	45.45			1	9.10			3.27

saw their ability to make referrals where indicated, as a strength whereas the head nurses saw this ability as a weaker area. One possible explanation of this dichotomy may be that three head nurses explained during interviews that referrals were not the responsibility of the graduate nurse. This might explain the high number of "infrequently" responses. The ability to assist the patient to meet his spiritual needs-for-help and to assist the patient's family were seen also by both head nurses and the graduates as "less strong" areas. The graduate nurses also felt that their ability to meet the psychosociological needs of the patient was not one of their stronger areas.

The graduate nurses' ability to evaluate nursing care was rated at 2.88 or "satisfactory" by the head nurses and 3.27 or "proficient" by the graduates. The ability to modify the nursing care plan was rated 2.52 by the head nurses and 3.18 by the graduates, "satisfactory" and "proficient" ratings.

Can the graduate nurse of Humber College organize nursing care for the three tours of duty? Perhaps surprisingly, for the ability of the two year graduate to organize has been an ability that has been in doubt by some nursing service personnel, both head nurses and the graduates rated the graduate nurse as "proficient"; the ratings being 3.16 by the head nurses, and 3.25 by the graduates. Interestingly, the graduate nurses seemed to have more difficulty organizing on the day tour of duty than on the evening and night tours of duty.

In their acceptance of the legal responsibilities of nursing, the head nurses rated the graduate nurses at 3.59; the graduates rated themselves at 3.75. Both scores indicate "high proficiency". It is worth noting that thirteen of the seventeen head nurses stated that the graduates always accepted responsibility for decisions and actions as a nursing diploma graduate.

The Humber College graduate nurses' acceptance of ethical responsibilities was rated 3.66 by the head nurses and 3.74 by the graduates; both highly proficient scores. All behaviours were rated highly by both graduates and head nurses. All ten (10) graduate nurses who responded stated that they "always" held in confidence privileged information for the patient and family.

Is the Humber College graduate responsible to other members of the health team? According to the head nurses, the graduates of Humber College almost always are responsible to other members of the health team. The rating was 3.17. The graduate nurses responded accordingly with a rating of 3.29. The one area seen as less strong by the head nurses was in the provision of appropriate guidance to auxilliary personnel. The rating given for this behaviour was 2.88.

How responsible as a member of a profession is the Humber College graduate? The head nurses rated this area 3.12, and the graduate nurses rated the area 3.24, i.e. the graduate is almost always a responsible member of the profession. The one area which was rated lowest by the head nurses and graduates was in the confidence displayed by the Humber College graduate in the performance of nursing activities. In addition, the head nurses rated the graduate's knowledge of recent trends as only satisfactory, 2.82.

In Table XXXII (page 122) one is able to see in concise form the average score for each nursing responsibility area as designated by the head nurses and the Humber College graduates. The graduate nurses saw their performance at a proficient level for all responsibility areas, whereas the head nurses rated the graduate nurses' performance at a "proficient" level for five (5) of the ten (10) responsibility areas, and at a "satisfactory" level for the other five areas. The latter five areas were all concerned with aspects of the nursing process.

A study of Table XXXIII (page 123) will help identify the strengths and weaker areas in the performance of the Humber College graduate. The term "weaker area" is utilized rather than "weakness", since the over-all performance by the Humber College graduates in each of the responsibility areas was seen as at least "satisfactory" by all participants. In Table XXXIII, the scores for the Humber College graduate nurses in the responsibility areas were listed in order of decreasing strength as determined from the evaluations of head nurses and graduate nurses.

Both the graduate nurses' and head nurses' scores for ethical and legal responsibilities were the highest scores, and therefore, presumably the strongest traits. Identification of needs-for-help and modification of the nursing plan were the lowest scores, and presumably the weakest traits. Other scores were not so clearly distinguished as the previous ones, although the following points may be noted. "Responsibility to other members of the health team" placed high on both the graduates' and head nurses' evaluations. Although planning of patient care came third on the graduate nurses' scoring, and only sixth on the head nurses' scoring, the order for planning, provision, and patient care was the same for both groups, i.e. the highest rating was given to planning of care with evaluation and provision of nursing care following in that order. Provision of nursing care was the third lowest score for both groups.

The head nurses were asked to list the major strengths and weaknesses of the Humber College graduates. Their responses and the number were grouped according to the major responsibility areas of the Nursing Behaviour Evaluation forms. The number of negative responses were subtracted from the number of positive responses for each nursing responsibility area to gauge the overall strengths and weaknesses

TABLE XXXII

A COMPARISON OF THE AVERAGE SCORE FOR EACH RESPONSIBILITY AREA
AS DETERMINED BY HEAD NURSE AND GRADUATE RESPONSES

	<u>NUMBER</u>	<u>HEAD NURSES</u> <u>(17 Graduates)</u>	<u>GRADUATES</u> <u>N=11</u>
I	Identification of Needs-for-help	2.63	3.05
II	Planning of Patient Care	2.96	3.38
III	Provision of Patient Care	2.76	3.24
IV	Evaluation of Patient Care	2.88	3.27
V	Modification of Patient Care	2.52	3.18
VI	Organization	3.16	3.25
VII	Legal Responsibilities	3.59	3.75
VIII	Ethical Responsibilities	3.66	3.74
IX	Responsibilities to Other Members of the Health Team	3.17	3.29
X	Responsibilities as a Member of a Profession	3.12	3.24

TABLE XXXIII

A COMPARISON OF THE AVERAGE SCORE FOR EACH RESPONSIBILITY AREA AS DETERMINED BY
HEAD NURSES AND GRADUATES, IN ORDER OF DECREASING STRENGTHS

HEAD NURSES' EVALUATION OF 17 GRADUATES		SCORE	HUMBER COLLEGE GRADUATE NURSES (11)	SCORE
1	Ethical Responsibilities	3.66	Legal Responsibilities	3.75
2	Legal Responsibilities	3.59	Ethical Responsibilities	3.74
3	Responsibilities to other members of the Health Team	3.17	Planning of Patient Care	3.38
4	Organization	3.16	Responsibilities to other members of the Health Team	3.29
5	Responsibilities as a member of the Profession	3.12	Evaluation of Nursing Care	3.27
6	Planning of Patient Care	2.96	Organization	3.25
7	Evaluation of Nursing Care	2.88	Provision of Patient Care	3.24
8	Provision of Nursing Care	2.76	Responsibilities as a member of the Profession	3.24
9	Identification of Needs-for-Help	2.63	Modification of Nursing Care Plan	3.18
10	Modification of Nursing Care Plan	2.52	Identification of Needs-for-Help	3.05

for comparison purposes. The results are recorded in Table XXXIV (page 125). Responsibility as a member of a profession was rated the most highly by the head nurses, with five head nurses making special note of the eagerness of the Humber College graduate to increase his/her knowledge or skills. Five (5) head nurses noted the self-direction apparent in the graduates. All weaknesses noted, (3), related to the nervousness of the Humber College graduate. One head nurse noted "self-confidence" as a particular strength in one of the Humber College graduates.

Organization was another strength according to the head nurses. Phrases such as "quick to adapt", "flexible" were utilized to describe the Humber College graduate. Only two negative responses were recorded for this area. One graduate lacked speed, in the opinion of the head nurse; one graduate found it difficult to adjust plans.

The third major strength recorded in this section was the responsibility of the Humber College graduate to other members of the health team. "Pleasant", "dependable", "prompt", "willing to assist", are words and phrases that described the nursing graduate in the opinion of the head nurses. A weakness which appeared several times in the comments was the ability of the graduate to work with the registered nursing assistant, and to delegate to her. One other head nurse noted difficulty in the graduate's interpersonal relationships with co-workers. Strengths relating to ethical and legal responsibilities were also observed by the head nurses.

All five of the above responsibility areas were strength areas according to the scores of the head nurses in the results of the Nursing Behaviour Evaluation, although not necessarily in the order outlined here. Some strengths were noted by the head nurses for the graduates' ability to identify needs-for-help of the patient, to plan and to provide nursing care, although lack of knowledge in certain areas and the ability to meet emotional needs of patients were among the weaknesses noted. No specific strength or weakness relating directly to evaluation or modification of nursing care was outlined.

The inservice personnel was also asked to list any strengths or weaknesses they noted in contacts with the Humber College graduates. Before noting these strengths and weaknesses, however, the inservice personnel was asked to what extent they had continuing contact with the graduate following orientation. Eight inservice instructors stated they had had continuing contact; eight instructors had not had continuing contact. Of the eight inservice instructors who had continuing contact, one had observed the graduate nurse on shift; three had conducted inservice programs in the unit; two had seen the graduate at staff meetings and programs; and two had observed directly in the unit.

TABLE XXXIV

STRENGTHS AND WEAKNESSES OF HUMBER COLLEGE GRADUATES AS IDENTIFIED BY HEAD NURSES (No. = 14)

<u>STRENGTHS</u>	<u>NO.</u>	<u>WEAKNESSES</u>	<u>NO.</u>	<u>STRENGTH FACTOR</u>		
<u>I Identification of Needs-for-Help</u>						
1. aware of activity or patient	1)					
2. knowledge good of anatomy and physiology	1)	lacking bacteriology and biochemistry with related tests	1)	+2		
3. understanding of theoretical basis for care	1)				unfamiliar with many diseases and surgical procedures	1)
4. observant	1)					
	4)					
<u>II Planning of Patient Care</u>						
1. plans well patient care	1			+1		
<u>III Provision of Nursing Care</u>						
1. good physical care	3)	meeting emotional needs lack psychiatric experience (uses well what graduate has)	1)	+1		
2. stressed psychological-social care of patient and family	2)				manual dexterity fair	2)
	6)	charting	1)			
3. nursing procedures	1)					
	1)					

TABLE XXXIV (cont'd)

	<u>STRENGTHS</u>	<u>NO.</u>	<u>WEAKNESSES</u>	<u>NO.</u>	<u>STRENGTH FACTOR</u>
IV	<u>Organization</u>				
	1. ability to organize and plan	2)			
	2. unit administration	1)			
	3. interest in general functioning of unit	1)			
	4. quick to adapt	1) 8	lacks speed	1)	
	5. flexible	1)	hard to adjust plans	1) 2	+6
	6. team nursing	1)			
	7. accepts responsibility well for evenings	1)			
V	<u>Legal Responsibilities</u>				
	1. administers drugs accurately	1)			
	2. makes decisions rapidly and accurately	2)			+2
IV	<u>Ethical Responsibilities</u>				
	1. seeks guidance	2			+2

TABLE XXXIV (cont'd)

	<u>STRENGTHS</u>	<u>NO.</u>	<u>WEAKNESSES</u>	<u>NO.</u>	<u>STRENGTH FACTOR</u>
VII	<u>Responsibilities to Other Members of the Health Team</u>				
	1. pleasant	3)	demanding	1)	
	2. dependable	2)	assumes too much responsi-	1)	
	3. prompt	2)	bility re: accepting doctor's		
	4. interpersonal relationships	2)11	verbal orders	7)	+4
	5. willing to assist	1)	interpersonal relationships	1)	
	6. humor	1)	with co-workers		
			inconsistent	1)	
			working with registered		
			nursing assistant and	3)	
			delegation		
VIII	<u>Responsibilities as a Member of a Profession</u>				
	1. keen and eager to increase knowledge and skill	5)			
	2. self-directive	5)	flustered in stress	1)	
	3. patience	2)15	anxious and apprehensive when	3)	+12
	4. accepts criticism	1)	heading or decision making	1)	
	5. self confidence	1)	insecure	1)	
	6. concerned for patient care	1)			

* No strengths or weaknesses were mentioned that could be applied directly to evaluation or modification of nursing care.

Although the inservice instructors had had considerably less contact than the head nurses, two strength areas appeared again in the assessment of the graduates by the inservice personnel, seen in Table XXXV (page 129) namely "Responsibility as a member of a Profession" and "Responsibility to other members of the Health Team". Five inservice instructors noted the interest of the Humber College graduate to learn. Two inservice instructors did note, however, the nervousness of the Humber College graduate.

The Humber College graduate nurses were not asked specifically to identify their strengths and weaknesses, but, rather to identify the strengths and weaknesses of the Humber College program in preparing them for their responsibilities as nurses. Although some of the responses of the graduates related to specific strengths of the program such as teachers and methodology, some of the responses could be compared to responses on the Nursing Behaviour Evaluation. Among the strengths noted were two responses (18%) indicating the ease with which the graduates felt they related to other members of the health team, three responses (27%) indicating that the Humber College graduates were comfortable with all basic nursing care, and four responses (36%) showing strength in their responsibilities as members of a profession. In the latter area, three graduates (27%) noted their ability to "think for themselves" and "use their own resources", while one other graduate (9%) noted her ability to adapt to a new environment.

Two of the eleven Humber College nursing graduates felt that their nursing program had not had any major weaknesses in preparing them for their present responsibilities. The other nine graduates indicated weaknesses in preparing them for 1) identification of needs-for-help, specifically interpreting laboratory report results; 2) provision of patient care; 3) organization, specifically for a large number of patients and 4) responsibilities to other members of the health team. In the latter instance, one graduate felt that there was not sufficient experience working and talking with doctors; two other graduates felt that there was not sufficient responsibility for registered nursing assistants and not sufficient team leadership provided. A summary of the strengths and weaknesses are included in Table XXXVI (page 130). Other aspects of the chart will be discussed in the final section.

How does the Humber College graduate nurse compare with new graduates of other two year programs? Does he/she have any particular strengths or weaknesses? Seven of the Humber College graduates stated that they had not seen any difference between themselves and graduates from other two year schools. Three graduates believed that there were differences. Among the differences noted were that the Humber College

TABLE XXXV

STRENGTHS AND WEAKNESSES OF HUMBER COLLEGE GRADUATES AS IDENTIFIED BY INSERVICE PERSONNEL (N=11)

	<u>STRENGTHS</u>	<u>NO.</u>	<u>WEAKNESSES</u>	<u>NO.</u>	<u>STRENGTH FACTOR</u>
I	<u>Planning of Patient Care</u>				
	1. active part in nursing care planning	1			+1
II	<u>Provision of Patient Care</u>				
	1. better prepared to give nursing care than many at beginning level 1				+1
III	<u>Organization</u>				
	1. organized	1	unable to organize	1	0
IV	<u>Responsibility to Other Members of the Health Team</u>				
	1. pleasant	2	quiet; took no part in class discussion	2	+4
	2. took part in class discussions	2			
	3. approachable	1			
	4. co-operative	1			
		6			
V	<u>Responsibility as a Member of a Profession</u>				
	1. interested in nursing	5	nervous, flippant	1	+7
	2. motivated	1	interest in specialty decreased	1	
	3. confident	1		1	
	4. willing to learn	2	nervous in stressful situation	1	
	5. concerned for patient care	1		1	
		10		3	

TABLE XXXVI

A SUMMARY OF THE STRENGTHS AND WEAKNESSES OF THE HUMBER COLLEGE
NURSING DIPLOMA PROGRAM IN PREPARING THE GRADUATE FOR PRESENT
RESPONSIBILITIES, AS RESPONDED BY THE ELEVEN HUMBER COLLEGE
GRADUATE NURSES

I <u>STRENGTHS</u>	<u>NO. OF</u> <u>RESPONSES=11</u>	<u>%</u>
A. <u>Specific Aspects of Program</u>		
1. correlation of theory with practice	1	9
2. all essentials covered	1	9
3. capable and knowledgeable instructors	2	18
4. independence in ward practice	2	18
5. class spirit	1	9
6. medical nursing aspects were good	1	9
7. more "rounded" education	1	9
B. <u>Results</u>		
1. at ease with all professional colleagues	2	18
2. comfortable with all basic nursing care	3	27
3. ability to use own resources - think for yourself etc.	1	9
4. better able to adapt to new environment	1	9
II <u>WEAKNESSES</u>		
A. <u>Identification of Needs-for-Help</u>		
1. more help in interpreting laboratory report results	1	9
B. <u>Provision of Nursing Care</u>		
1. more practice with nursing skills (realize difficult)	1	9
2. more medical-surgical nursing in hospital	1	9
3. more surgical nursing	1	9
4. more practice in preparing for blood work; requisitions etc.	2	18

TABLE XXXVI (cont'd)

II <u>WEAKNESSES (cont'd)</u>	NO. OF <u>RESPONSES</u>	<u>%</u>
C. <u>Organization</u>		
1. not having enough patients in first year; hard to assimilate jump in patient care load following graduation	1	9
D. <u>Responsibilities to Other Members of the Health Team</u>		
1. did not have enough responsibility for registered nursing assistants in program	1	9
2. did not have enough team leadership	1	9
3. did not have enough experience working and talking with doctors	1	9
III <u>COMMENTS FROM HUMBER COLLEGE GRADUATES PERTINENT TO FUTURE PREPARATION OF NURSES AT HUMBER COLLEGE</u>		
1. <u>Provision of Nursing Care</u>		
1. need more surgical nursing	1	9
2. drug studies and nursing care plans were very helpful	1	9
2. <u>Organization</u>		
1. need more shift	2	18
2. increase patient care load more	1	9
3. stress organization	1	9
3. <u>Responsibilities to Other Members of the Health Team</u>		
1. need more team leadership	1	9
2. need to be put in charge more	3	27
4. <u>Ethical Responsibilities</u>		
1. stress ability to admit lack of knowledge and question	1	9
5. <u>General Comments</u>		
1. feel Humber was "great"	1	9
2. Humber nurses well "trained"	1	9
3. spend less time worrying how much there is to do in the time, and do "it"	1	9

graduate was more: 1) flexible, 2) confident, 3) skilled in nursing procedures, 4) able to adjust and take responsibility easier and faster, and 5) careful in drug administration, and therefore, made less drug errors.

SUMMARY OF STUDY

In summarizing the Post-Graduation Employment Study, perhaps it is wise to think back to the objectives. To what extent, according to the study, did Humber College graduates meet the objectives of the Humber College nursing diploma program in the work setting?

Did the graduates understand the scientific basis of nursing care? Although no specific questions were asked in this study relevant to determining the level of scientific understanding, one is able to look to certain areas in the Nursing Behaviour Evaluation Scale, and to the general strengths and weaknesses outlined in the study to help partly in assessing this objective. One can assume that Identification of Needs-for-Help, Planning of Patient Care and Provision of Nursing Care would be difficult for the graduate without an understanding of the scientific basis of nursing care. Although the performance in all three areas was seen to be satisfactory by the Head Nurses and proficient by the graduates, certain areas appeared to need further consideration, namely understandings related to diagnostic tests, and understandings related to psycho-sociological and spiritual needs. Sharing of information about community agencies was rated less well by head nurses and graduates; one may question whether this resulted from lack of knowledge, or lack of opportunity. There would seem to be some discrepancy about the level of understanding of anatomy and physiology and pathology. It is possible that in this instance, the discrepancy reflects individual differences. The graduates do seem to reflect some lack of understanding in medical-surgical nursing, although the number of instances of responses is small.

The second objective of the nursing diploma program was that a graduate should be capable of carrying out the responsibilities of a nurse in a first level position in nursing. According to the results of this study, both the Head Nurses and graduates believed that the graduates carried out these responsibilities at the least, satisfactorily, and in many instances, proficiently.

The study raised many questions again, however, as to what constitutes a first level position in nursing. Generally, the nursing faculty of Humber College believed that the graduate should have a basic level of scientific information and nursing skill to give general nursing care in a variety of community health agencies. In the hospital setting, this definition did not include nursing in a specialty unit or hospital. As the study points out, 50% of the graduates were

employed in specialty areas and were nursing at least at a satisfactory level, and in some instances, at a proficient level. In only two of eight instances were questions raised as to the suitability of the graduates for the specialty areas and, in both instances, the questions surrounded the suitability of the candidate on the basis of personal characteristics, rather than program failure.

In three of the five instances where graduates were working in psychiatric settings, the graduates had either already left employment, or were thinking of leaving employment at the time the study was being completed. The employers believed that these graduates felt that they were "missing something" by staying in the psychiatric nursing field.

The study pointed out also that only two employers would not hire new graduates for specialty areas, contrary to the assumptions of Humber College nursing faculty.

The nursing faculty of Humber College believed, as well, that a first level position in nursing did not entail team leadership roles. The study indicated that twelve of the fourteen head nurses believed that team leadership roles must be taken. By the time the questionnaire was completed, nine of eleven graduates had already assumed the team leader role. There were sufficient comments by graduates and head nurses to indicate, probably rightly, that the graduates were poorly prepared to fill this role. The faculty assumed that, if team leadership roles were necessary for the graduate, preparation would have been included in the orientation. Some of the orientations made mention of team nursing orientation, but, many did not. In addition, the length of time of orientations as compared to the content covered would not have permitted broad coverage of team nursing. Interestingly, all but one of the eleven graduates felt that their orientations had been satisfactory. Presumably, the graduates thought that their deficiencies should have received attention while at Humber College.

Despite the lack of preparation for team leadership roles, the graduates seemed to fare much better in this area than in solely assuming responsibility for registered nursing assistants. According to the head nurses, 39% of the graduates took more than an average length of time to function with a registered nursing assistant. Although the graduates rated themselves well generally in their responsibility to other members of the health team, they rated themselves lower in their ability to provide appropriate guidance for auxiliary personnel. The head nurses noted under the General Strengths and Weaknesses of the graduate (Table XXXIV) three instances of difficulty in working with registered nursing assistants. The same difficulty was emphasized in a number of the interviews with nursing service personnel.

To what extent does the Humber College graduate contribute to the preservation, promotion and restoration of health? Perhaps the best indication of this in the study is found in how well the graduate provided nursing care as determined in the Nursing Behaviour Evaluation. Although the head nurses rated the graduates as satisfactory in this area (2.76), and the graduates rated themselves as proficient (3.24), both scores were the third lowest in the rating of ten areas of nursing responsibility, indicating perhaps areas for improvement. Strengths common in both the head nurses and graduates evaluations were meeting the anatomical-physiological needs of the patient, maintaining the therapeutic regimen planned by other members of the health team, and performing nursing skills safely. Less strong areas common in both head nurses' and graduates' evaluations were meeting psycho-social and spiritual needs of patients, assisting the patient's family in meeting its needs-for-help and sharing information regarding community agencies with the patient and family. Patient and family teaching was also seen to be a weaker area by the head nurses although the graduates did not share this point of view.

The fourth objective in the nursing program, "to respect the personal dignity of man" can be best evaluated from how well the graduate met his ethical responsibilities. The head nurses and graduates rated this area of responsibility first and second respectively out of ten responsibility areas. According to the study, this objective would appear to be being well met.

How self-directive in developing sound professional and personal goals as a nurse and a citizen was the Humber College graduate? The graduates and head nurses rated the responsibility of the graduate as a member of a profession at an above average level. Continuous evaluation of professional growth, self-direction in fulfilling nursing goals, and the constructive use of learning opportunities were all rated highly by both groups. Although the head nurses believed that the graduates kept abreast of recent trends, the average of the graduates themselves was not as high in this area.

The general strengths and weaknesses listed by the head nurses and inservice personnel emphasize the strengths of the graduates in this area. Five head nurses singled out the eagerness of the graduates to increase knowledge and skills; five pointed out the self-direction of the graduate. Five of the inservice personnel listed the interest in nursing of the graduates as a strength.

The graduate nurses were asked in their questionnaires if they had joined the Registered Nurses' Association of Ontario as an additional gauge of felt responsibility to the profession of nursing. They were asked as well to outline their future long-term and short-term goals. The responses are recorded in Tables XXXVII and XXXVIII, (pages 135 and 136 respectively).

TABLE XXXVII

HUMBER COLLEGE GRADUATE NURSES AND
THE REGISTERED NURSES' ASSOCIATION OF ONTARIO

<u>INVOLVEMENT</u>	<u>NO. OF RESPONSES = 11</u>
1. joined R.N.A.O.	4
2. did not join R.N.A.O.	5
3. no response	2
 <u>REASONS FOR JOINING</u>	
1. a way to have College of Nurses hear our ideas to implement changes in legislation	1
 <u>REASONS FOR NOT JOINING</u>	
1. monetary difficulties; plan to join	4
2. have not decided	1
3. Association no value to nurse in working situation	1

TABLE XXXVIII
FUTURE LONG-TERM AND SHORT-TERM GOALS
OF HUMBER COLLEGE NURSING GRADUATES

Future Long-Term Goals of Humber College Graduates

<u>GOALS</u>	<u>NO. OF RESPONSES</u>	<u>%</u>
1. <u>Further Education</u>		
- school	2)	
- study anaesthesiology	1)	4
- B. Sc. N.	1)	36%
2. <u>Improve as a Registered Nurse</u>		
- become effective Reg. Nurse able to accept and give direction	1)	
- hospital nursing	1)	
- improve as a Registered Nurse	1)	4
- best contribute to patient care	1)	36%
3. <u>Other</u>		
- be a mother - use nursing	1	9%
4. <u>Uncertain</u>	1	9%
5. <u>No Response</u>	1	9%

Future Short Term Career Goals

1. <u>Hospital Nursing Goals (General)</u>		
- complete one year at hospital	2)	
- staff nursing	1)	
- better acute nursing care	1)	5
- ICU for one year	1)	46%

TABLE XXXVIII (cont'd)

<u>GOALS</u>	<u>NO. OF RESPONSES</u>	<u>%</u>
<u>Future Short-Term Career Goals (cont'd)</u>		
2. <u>Hospital Nursing (Specific Goals)</u>		
- to become more self-assured	1}	18%
- to work on organization skills	1}	
3. <u>Travel</u>		
- Peru	1	9%
4. <u>No Goals</u>	1	9%
5. <u>No Response</u>	2	18%

If one can assume that the four graduates who had monetary difficulties joined the Registered Nurses' Association of Ontario as planned, and the four graduates who joined the Registered Nurses' Association continued to belong, approximately three-quarters of the graduates who responded would belong to the Registered Nurses' Association of Ontario. To use this criterion with confidence would require however, a second assessment to validate the above assumption.

Eight of the eleven graduates (72%) had specific long-term goals for professional improvement; seven graduates (64%) had plans relevant to hospital nursing as short-term goals.

The final objective of the nursing program, "to be eligible for registration in the province of Ontario", and the extent to which the Humber College graduates met this objective, will be discussed in detail in the next section.

The second objective of the Post-Graduation Employment Study was "to assess the degree to which the objectives of the Humber College nursing diploma program meet the performance expectations of nursing service personnel". Since all graduates were employed in hospital settings, it is possible to assess this objective only in light of hospital expectations, not the expectations of other community health agencies.

One can assume that if the graduate did not meet the performance

expectations for the hospital setting, the nursing service personnel would not wish future Humber College graduates employed in that institution or unit. Since all employers who responded and all but one head nurse who replied stated that they would consider accepting future graduates of the Humber College program, one can assume that the objectives of the Humber College program and the degree to which they were met by the graduates must be acceptable to the hospital personnel. As discussed previously, however, there seemed to be a few expectations which went beyond the range of the objectives, notably responsibilities related to team leadership and other administrative or organizational activities and acceptance of employment in units designated as specialty units.

In the latter instance, the hospital or unit had generally taken the responsibility for the additional preparation required to have the graduate perform well in the unit. In the case of team leadership, and other administrative responsibilities, there seemed to be a belief by both the graduates and hospital personnel that more should be done by the educational institution. Obviously this belief will need to receive further consideration.

The third objective of the study was "to determine the selection policies, orientation policies, and characteristics of the Nursing Service agency and nursing unit, to identify the possible implications for the performance of the Humber College nursing graduates, and for the planned Humber College program".

The most obvious observation relevant to selection of the graduate was that there is a trend to better selection of graduates. Many employers pointed out in interviews that the original letter of inquiry played a great part in deciding which graduates would be selected for interview. Because the nursing faculty had utilized the Placement Department of Humber College to prepare the nursing graduates for seeking employment, the graduates were asked if they had utilized the suggested form for resumes, and if they thought the resumes had helped in securing their positions. The results are recorded in Table XXXIX (page 139).

Once the graduate had been selected for interview, the interview itself and the written evaluation from the school played major roles in the final selection. In addition to the employer interview, more interviews were being conducted with head nurses or supervisors, particularly where the graduate was being considered for specialty unit appointments.

Some reference has already been made to the implications of the orientation for the graduates of Humber College in the discussions on team nursing and unit specialty placement. In most instances, there seemed to be a consciousness by the nursing service personnel

TABLE XXXIX

USE OF RESUME BY HUMBER COLLEGE NURSING GRADUATES
IN SEEKING EMPLOYMENT, AND OPINIONS OF THE USEFULNESS OF RESUME

<u>USE OF RESUME</u>		<u>NO. = 11</u>	<u>%</u>
Used		8	73%
Did not use		3	27%
<u>DEGREE OF USEFULNESS</u>		<u>NO. = 8</u>	
Useful		6	75%
Not useful		2	25%
<u>REASONS FOR "USEFUL" RESPONSES</u>	<u>NO. OF RESPONSES</u>	<u>REASONS FOR "NOT USEFUL" RESPONSES</u>	<u>NO. OF RESPONSES</u>
1. contained most of information hospital wanted	3	1. personal presentation more important	1
2. immediate introduction, time saving	1	2. information repeated in application form	1
3. brief, but informative	1		

The results indicate that the majority of graduates who responded used the resume and that the majority of these found the resume useful.

of the need for sound orientation for the new graduates, and a major attempt to provide a comprehensive program in the formal orientation.

Although 88% of the graduates required special assistance with nursing skills according to the head nurses, the nursing skills listed by the head nurses as being those with which the graduates needed assistance were primarily ones that would have been defined as complex or "specialty" skills. The graduate nurses did not believe they required as much assistance as that indicated by the head nurses. The two skills which stood out most as ones with which the graduates required assistance were drug therapy and preparation for and assisting with diagnostic tests. It was interesting to note that observation in giving care was the chief means used to determine the competence of the graduates to perform the nursing skills, rather than possibly using graduate check-lists for anticipating what assistance might be required.

Although the orientations showed conscientious planning, there was a fair amount of evidence to suggest that once the formal orientation was over, graduates were expected to assume responsibilities fairly quickly. Although a "buddy system" was listed frequently as a means to help in the orientation of the graduate, 64% of the graduates stated that they had little or no assistance in accepting responsibility on evening or night tours of duty. Nevertheless, graduates appeared, on the basis of the results of the study, to have organized better on evening and night tours of duty.

There were some discrepancies in the information obtained from the head nurses and that from the graduates as reflected in the text of the study. Although they are not serious discrepancies, the graduates felt that they had generally assumed responsibility more quickly, and had had responsibility for more patients than had been reflected by the head nurses. Perhaps the fact that the sample of graduate replies is smaller may have played some part in the discrepancy.

On the whole, however, on the basis of the results of the Post-Graduation Employment Study, there seemed to be no areas of major difficulty with the Humber College program or the performance of the graduates other than those to which reference has been made. One might assume that if ethical, legal, and professional responsibilities were "above average" characteristics displayed by the graduate nurses of Humber College, and if the Humber College graduate displayed the eagerness to learn and improve that has been noted by the nursing service personnel in the study, that the graduate should progress to a comparable level in ability to plan, give, and modify care in a relatively short time.

IX

THE SUCCESS AND FAILURE OF THE
HUMBER COLLEGE NURSING DIPLOMA STUDENTS

As has been discussed in a previous section, thirty-two (32) students entered the nursing diploma program at Humber College in 1969. Six of the thirty-two students (19%) did not proceed into Semester II, Nursing. Two of these students failed Nursing Theory; one failed Nursing Laboratory; one failed both Nursing Theory and Lab.; and two withdrew before the completion of the Semester. Both of the latter students were not performing well academically at the time of withdrawal.

By the end of Semester II, Year I, four additional students did not proceed with Nursing subjects. Three students withdrew from the program voluntarily; one student failed Nursing Theory. The attrition rate was then 31%.

In the Summer Session of the first year, two students failed to meet requirements in nursing subjects; one in theory and one in practice. Thus, at the end of the first year, the attrition rate was 37.5%.

Three students failed both Nursing Theory and Nursing Laboratory at the end of Semester III, making the attrition 47%. The remaining seventeen (17) students completed their program and wrote the registration examinations.

All but one of the four (4) students who failed in Semester I were given the option of continuing in other subjects at Humber College, and re-entering nursing. Two of the three students continued, one of whom decided at a later date not to re-enter nursing, the other failing again in the Summer Session of the first year. One of the three students entered a program for registered nursing assistants.

One of the students who withdrew in Second Semester, re-entered the

program during the next year, only to withdraw again voluntarily because of family problems. The student who had failed in the second semester re-entered the program and graduated with the next class.

One of the two students who failed in the summer session was also successful in completing her program. The second student did not continue.

All of the three students who failed during the second year of the program did not re-enter the nursing program.

In order to have the nursing students graduate with the Humber College students in June, 1971, their grade point averages had to be computed on the basis of marks which excluded the results of the second year summer session. The assumption was made that the average would probably not change markedly following the summer session. Any student whose marks were in doubt at the end of Semester IV, would not be permitted to graduate.

The scores for graduation and the grade point averages at the end of the total program are listed in Table XL (page 143). One student was not permitted to graduate in June because of difficulties in the practice area. The student was successful by the end of the total program.

Six of the eighteen students graduated with honours. On the basis of final results, one of these students would have received only a passing grade. As was expected however, no student's grade point average altered sufficiently to endanger his being successful in the program.

REGISTERED NURSING EXAMINATIONS

All eighteen nursing students wrote their registered nursing examinations in August, 1971. The results are recorded in Table XLI (page 144).

TABLE XL
GRADE POINT AVERAGES FOR HUMBER COLLEGE NURSING DIPLOMA
STUDENTS AT THE END OF SEMESTER IV AND AT THE END OF THE
TOTAL PROGRAM

<u>STUDENT</u>	<u>GRADE POINT AVERAGES</u>	
	<u>SEMESTER IV</u>	<u>SUMMER SESSION II</u>
#1	2.8	2.9
2	3.1	3.1
3	*	2.3
4	2.1	2.2
5	3.9	3.7
6	2.8	2.3
7	2.6	2.9
8	2.5	2.6
9	2.2	2.2
10	2.8	2.8
11	2.8	2.7
12	2.5	2.4
13	2.8	2.8
14	3.2	3.1
15	2.3	2.4
16	3.1	3.1
17	3.0	2.8
18	3.2	3.2

* Grade point average was not computed for student who was not permitted to graduate.

TABLE XLI
RESULTS OF HUMBER COLLEGE GRADUATES IN NURSE
REGISTRATION EXAMINATIONS, AUGUST 1971

A)	<u>EXAMINATION</u>	<u>PASSED</u>	<u>FAILED</u>		
	Medical Nursing	16	2		
	Surgical Nursing	15	3		
	Paediatric Nursing	17	1		
	Obstetrical Nursing	17	1		
	Psychiatric Nursing	18	0		
B)	<u>Total No. of Papers</u> = 90				
	No. of Papers Failed = 7				
	% of Papers Failed = 7.8				
	<u>Failing Students</u>				
	3 Students Failed 1 paper				
	2 Students Failed 2 papers				
	% of Students Failed = 27.8%				
C)	<u>Medical</u> <u>Nursing</u>	<u>Surgical</u> <u>Nursing</u>	<u>Obstetrical</u> <u>Nursing</u>	<u>Paediatric</u> <u>Nursing</u>	<u>Psychiatric</u> <u>Nursing</u>
	700 - 1	0	0	0	0
	600 - 1	1	1	1	2
	500 - 2	6	4	4	5
	450 - 6	2	3	5	6
	400 - 4	3	1	1	4
	350 - 1	3	6	4	1
	325 - 1	0	2	2	0
	<u>Failure Marks</u>				
	313 - 2	290 - 2	318 - 1	315 - 1	242 - 1

The average scores for each section of the examination are recorded in Table XLII (page 145).

TABLE XLII

AVERAGE SCORE FOR HUMBER COLLEGE AND ONTARIO IN
NURSE REGISTRATION EXAMINATIONS, AUGUST, 1971

<u>NAME</u>	<u>HUMBER COLLEGE</u>	<u>ONTARIO</u>	<u>ONTARIO LOWEST SCORE</u>	<u>ONTARIO HIGHEST SCORE</u>
Psychiatric Nursing	493.05	470.34	165	751
Children's Nursing	453.61	479.69	107	838
Obstetrical Nursing	439.88	477.22	115	762
Surgical Nursing	443.22	478.69	117	791
Medical Nursing	463.00	479.59	103	758

FACTORS INFLUENCING SUCCESS OF FAILURE OF STUDENTS IN THE HUMBER
COLLEGE NURSING DIPLOMA PROGRAM AND
NURSE REGISTRATION EXAMINATIONS

To try to determine which factors might have a bearing on the success of students in the nursing program or registration examinations, correlations with available data were examined.

The nursing faculty had believed that the selection process for nursing students was a major factor in the high attrition rate. Accordingly, a number of correlations were done between the success or failure of the nursing students in the Humber College program, and certain high school grades, in areas which the faculty felt were important if a student was to be successful in the nursing program. The areas selected for comparison were Grade XI Science, which (with the exception of four students) constituted Physics, Grade XII Chemistry; Grade XII English; and the Grade XII average. Although some students had partial or complete Grade XIII, no correlations were done with these marks, because of the small sample available and because it is generally accepted that successful Grade XIII students should consider university education.

The test that was used to measure all of the correlations employed

the Kendall Rank Correlation Coefficient, τ (tau). This test was considered suitable in that there were two sets of ordinal measurements that could be assigned ranks, to yield the degree of association between these ranks. Tests of significance were carried out between all combinations of variables. A complete set of data calculations is provided with the first test of a correlation coefficient. In subsequent tests, only the data, and results are presented. The symbols associated with τ are as follows:

- N - The total number of objects ranked on both X and Y
- S - The observed sum calculated by determining how many pairs of ranks in Y are in their natural order with respect to the natural order of X's rankings.
- t - The number of observations in a tied group
- T - Correlation factor for ties
- X - Observed scores in one variable
- Y - Observed scores in a second variable.
- z - Deviation of the observed value from μ_0 when $\sigma = 1$
- μ_0 - The population mean under H_0
- p - Probability associated with the occurrence under H_0 of a value as extreme as or more extreme than the observed value.

The formula used to determine τ was:

$$\tau = \frac{S}{1/2 N(N-1)} ; \text{ or,}$$

$$\tau = \frac{S}{\sqrt{1/2(N-1) - T_x} \times \sqrt{1/2 N(N-1) - T_y}} \quad \text{where ties were present}$$

To compute the ties, the following formula was used:

$$T_x \text{ or } T_y = 1/2 \sum (t-1)$$

To test the significance of τ , the formula

$$\zeta = \frac{\tau}{\sqrt{\frac{2(2N+5)}{9N(N-1)}}} \text{ was utilized.}$$

From the z score the probability of occurrence under H_0 was determined. In this study, H_0 will be rejected if the $p(H_0)$ is less than or equal to .05. If the $p(H_0)$ is higher than .05, the H_0 will be accepted.

For the first part of this study, complete success in the Humber College Nursing Diploma Program will be attributed to those students who completed the program in two years, and who were successful at the first sitting in their nursing registration examinations (SS). Next category of success will be given those who completed the program in two years, but who failed any one of the five parts of the registration examination (Sf). The students who withdrew from the program for any reason were ranked third (W). Although it is true that some of the students were failing at the time of withdrawal, one cannot say definitely that they would have failed if they had stayed within the program. As a matter of fact, some of the students who withdrew were doing well academically. The final grouping of students were those who failed some aspect of the nursing subjects (F).

The comparison between the high school results and the success of the Humber College nursing students are presented as follows:

Table XLIII	:	Grade XI Science and Student Success
Table XLIV	:	Grade XII Science and Student Success
Table XLV	:	Grade XII English and Student Success
Table XLVI	:	Grade XII Average and Student Success

The results in Tables XLIII, XLIV, XLV, and XLVI (pages 148 - 154) indicate that there is considerable positive correlation between how well a candidate does in certain Grade XI and XII subjects, and the success of the candidate in the Humber College nursing diploma program, i.e. the higher the high school results, the more chance the student has to complete the nursing program successfully. As had been anticipated, the Science marks and Grade XII average gave the highest correlation coefficient (.64, .57, and .56 respectively), with the Grade XII English showing a slightly lower correlation coefficient.

It seemed reasonable to assume that if high school results could predict success or failure in the nursing diploma program, (as previously defined) the high school results should show some correlation with the success on the nurse registration examinations. Accordingly, correlations were done using the same high school results and the average scores obtained by the Humber College nursing graduates on their registration examinations. The mean score was obtained by adding the scores for each of the parts of the examination and dividing by the number of parts (5). Tables XLVII, XLVIII, XLIX, and L (pages 155 - 158) contain the results.

TABLE XLIII

COMPARISON OF SUCCESS OF HUMBER COLLEGE NURSING DIPLOMA STUDENTS
AND GRADE XI SCIENCE RESULTS

<u>STUDENT</u>	<u>HUMBER COLLEGE SUCCESS</u>		<u>GRADE XI SUCCESS</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	Sf	13	68	7.5
2	SS	5.5	64	11
3	Sf	13	71	6
4	SS	5.5	86	1
5	SS	5.5	72	5
6	Sf	13	66	9
7	SS	5.5	60	14
8	SS	5.5	78	3
9	Sf	13	59	15.5
10	SS	5.5	53	22
11	SS	5.5	65	10
12	SS	5.5	56	19.5
13	SS	5.5	58	17.5
14	Sf	13	56	19.5
15	SS	5.5	80	2
16	W	17.5	73	4
17	F	23	50	25.5
18	F	23	61	13
19	W	17.5	68	7.5
20	F	23	50	25.5
21	W	17.5	51	23.5
22	W	17.5	58	17.5
23	F	23	62	12
24	F	23	59	15.5
25	F	23	55	21
26	F	23	51	23.5

TABLE XLIII (cont'd)

Humber College Success	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5
Grade XI Science	1	2	3	5	10	11	14	17.5
	5.5	5.5	13	13	13	13	13	17.5
	19.5	22	6	7.5	9	15.5	19.5	4
	17.5	17.5	23	23	23	23	23	23
	17.5	23.5	12	13	15.5	21	23.5	25.5
	23							
	25.5							

$$S = (25-0) + (24-0) + (23-0) + (21-1) + (16-5) + (15-5) + (12-7) + (8-9) + (6-10) + (4-12) + (14-1) + (12-1) + (11-2) + (7-4) + (5-6) + (10-0) + (9-0) + (5-3) + (6-0) + (5-0) + (4-0) + (3-0) + (2-0) + (2-4)$$

$$= 179$$

$$T_x = 1/2[10(10-1) + 5(5-1) + 4(4-1) + 7(7-1)]$$

$$= 82$$

$$T_y = 1/2[2(2-1) + 2(2-1) + 2(2-1) + 2(2-1) + 2(2-1) + 2(2-1)]$$

$$= 6$$

$$\tau = \frac{179}{\sqrt{1/2 \times 26 \times 25 - 82} \times \sqrt{1/2 \times 26 \times 25 - 6}}$$

$$= .64$$

$$z = \frac{.64}{\sqrt{\frac{2(2.6 + 5)}{9 \times 26 \times 25}}} = \frac{.64}{\sqrt{.0195}} = 4.57$$

$$\therefore p(H_0) < .00003$$

$$\therefore \text{Reject } H_0$$

Conclusion - Significant Association Between Rankings.

TABLE XLIV

COMPARISON OF SUCCESS OF HUMBER COLLEGE NURSING DIPLOMA
STUDENTS AND GRADE XII CHEMISTRY RESULTS

<u>STUDENT</u>	<u>HUMBER COLLEGE SUCCESS</u>		<u>GRADE XII SCIENCE (CHEMISTRY)</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	Sf	13	62	15.5
2	SS	5.5	69	8
3	Sf	13	66	13.5
4	SS	5.5	77	1.5
5	SS	5.5	69	8
6	Sf	13	72	5
7	SS	5.5	57	18
8	SS	5.5	77	1.5
9	Sf	13	51	24.5
10	SS	5.5	51	24.5
11	SS	5.5	57	18
12	SS	5.5	55	20
13	SS	5.5	67	11
14	Sf	13	66	13.5
15	SS	5.5	74	3
16	W	17	62	15.5
17	F	23	57	18
18	F	23	51	24.5
19	F	23	54	21
20	F	23	51	24.5

TABLE XLIV (cont'd)

STUDENT	HUMBER COLLEGE SUCCESS		GRADE XII SCIENCE (CHEMISTRY)	
	Result	Rank	Result	Rank
21	F	23	50	27
22	W	17	67	11
23	W	17	73	4
24	F	23	52	22
25	F	23	67	11
26	F	23	70	6
27	F	23	69	8

RESULTS

: S = 165
 Tx = 94
 Ty = 18
 $\tau = .56$
 z = 4.09

. . . p(Ho) < .00003

. . . reject Ho

CONCLUSION : Significant Association between Ranking

TABLE XLV

COMPARISON OF SUCCESS OF HUMBER COLLEGE NURSING DIPLOMASTUDENTS AND GRADE XII ENGLISH RESULTS

<u>STUDENT</u>	<u>HUMBER COLLEGE SUCCESS</u>		<u>GRADE XII ENGLISH</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	Sf	13	60	15
2	SS	5.5	78	1
3	Sf	13	71	4
4	SS	5.5	69	7
5	SS	5.5	51	25
6	Sf	13	66	8
7	SS	5.5	54	21
8	SS	5.5	70	6
9	Sf	13	61	12
10	SS	5.5	55	19.5
11	SS	5.5	61	12
12	SS	5.5	62	9.5
13	SS	5.5	53	22
14	Sf	13	60	15
15	SS	5.5	71	4
16	W	17	52	23.5
17	F	22.5	57	17
18	F	22.5	55	19.5
19	F	22.5	52	23.5
20	F	22.5	62	9.5
21	F	22.5	50	26
22	W	17	60	15
23	W	17	56	18
24	F	22.5	74	2
25	F	22.5	61	12
26	F	22.5	71	4

RESULTS:

S = 117

Tx= 86

Ty= 12

$\tau = .43$

z = 3.07

. . p(Ho) = .0011

. . reject Ho

CONCLUSION:

Association between Rankings

TABLE XLVI

COMPARISON OF SUCCESS OF HUMBER COLLEGE NURSING DIPLOMA
STUDENTS AND GRADE XII AVERAGE

<u>STUDENT</u>	<u>HUMBER COLLEGE SUCCESS</u>		<u>GRADE XII AVERAGE</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	Sf	13	57	16.5
2	SS	5.5	72	3.5
3	Sf	13	73	2
4	SS	5.5	75	1
5	SS	5.5	59	13
6	Sf	13	71	5
7	SS	5.5	55	20.5
8	SS	5.5	72	3.5
9	Sf	13	53	24.5
10	SS	5.5	56	18.5
11	SS	5.5	56	18.5
12	SS	5.5	60	11
13	SS	5.5	54	22
14	Sf	13	59	13
15	SS	5.5	70	6
16	W	17.5	58	15
17	F	24	53	24.5
18	F	24	55	20.5
19	F	24	53	24.5
20	W	17.5	53	24.5

TABLE XLVI (cont'd)

<u>STUDENT</u>	<u>HUMBER COLLEGE SUCCESS</u>		<u>GRADE XII AVERAGE</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
21	F	24	59	13
22	F	24	52	27
23	W	17.5	65	8
24	W	17.5	61	10
25	F	24	51	28
26	F	24	66	7
27	F	24	57	16.5
28	F	24	63	9

RESULTS : S = 185
 Tx = 97
 Ty = 9
 $\tau = .57$
 z = 4.25

. . p(Ho) < .00003

. . reject Ho

CONCLUSION : Association between ranks.

TABLE XLVIICOMPARISON OF GRADE XI SCIENCE RESULTS AND NURSE REGISTRATIONEXAMINATIONS OF HUMBER COLLEGE NURSING GRADUATES

<u>GRADUATE</u>	<u>GRADE XI SCIENCE</u>		<u>NURSE REGISTRATION EXAM</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	68	5	407.8	8
2	64	8	508.2	3
3	71	4	360.8	12
4	86	1	469.0	4
5	72	3	403.2	9
6	66	6	384.0	11
7	60	9	428.0	6
10	78	2	427.6	7
12	59	10	340.2	14
13	53	14	514.0	2
14	65	7	611.0	1
15	56	12.5	392.0	10
16	58	11	464.0	5
17	56	12.5	341.8	13

RESULTS : S = 4
 Ty = 1
 $\tau = .04$
 $z = .20$

. . . p(Ho) = .4207

. . . accept Ho

CONCLUSION : No significant association between rankings.

TABLE XLVIII

COMPARISON OF GRADE XII CHEMISTRY RESULTS AND NURSE REGISTRATION
EXAMINATIONS OF HUMBER COLLEGE NURSING GRADUATES

<u>GRADUATE</u>	<u>GRADE XII CHEMISTRY</u>		<u>NURSE REGISTRATION EXAM</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	62	9	407.8	8
2	69	4.5	508.2	3
3	66	7.5	360.8	12
4	77	1.5	469.0	4
5	69	4.5	403.2	9
6	72	3	384.0	11
7	57	10.5	428.0	6
8	77	1.5	427.6	7
9	51	13.5	340.2	14
10	51	13.5	514.0	2
11	57	10.5	611.0	1
12	55	12	392.0	10
13	67	6	464.0	5
14	66	7.5	341.8	13

RESULTS : $S = 7$
 $T_y = 5$
 $\tau = .08$
 $z = .40$

. . $p(H_0) = .3446$

. . accept H_0

CONCLUSION : No association between ranks.

TABLE XLIX

COMPARISON OF GRADE XII ENGLISH RESULTS AND NURSE REGISTRATION
EXAMINATIONS OF HUMBER COLLEGE NURSING GRADUATES

<u>STUDENT</u>	<u>GRADE XII ENGLISH</u>		<u>REGISTERED NURSE RESULTS</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	60	9.5	407.8	8
2	78	1	508.2	3
3	71	2	360.8	12
4	69	4	469.0	4
5	51	14	403.2	9
6	66	5	384.0	11
7	54	12	428.0	6
8	70	3	427.6	7
9	61	7.5	340.2	14
10	55	11	514.0	2
11	61	7.5	611.0	1
12	62	6	392.0	10
13	53	13	464.0	5
14	60	9.5	341.8	13

RESULTS : $S = -3$
 $T_y = 2$
 $\tau = - .03$
 $z = - .15$

. . $p(H_0) = .4404$

. . accept H_0

CONCLUSION : No significant correlation between ranks.

TABLE L

COMPARISON OF GRADE XII AVERAGE AND NURSE REGISTRATION
EXAMINATIONS OF HUMBER COLLEGE NURSING GRADUATES

<u>STUDENT</u>	<u>GRADE XII AVERAGE</u>		<u>REGISTERED NURSE RESULTS</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	57	8	407.8	8
2	72	3.5	508.2	3
3	73	2	360.8	11
4	75	1	469.0	4
5	59	6.5	403.2	9
6	71	5	384.0	10
7	55	11	428.0	6
8	72	3.5	427.6	7
9	53	13	340.2	13
10	56	9.5	514.0	2
11	56	9.5	611.0	1
12	54	12	464.0	5
13	59	6.5	341.8	12

RESULTS : $S = -4$
 $T_y = 3$
 $\tau = - .05$
 $z = - .238$

. . $p(H_0) = .4052$

. . accept H_0

CONCLUSION : Therefore no significant association between ranks.

As can be seen from the tables, the assumption that high school results might predict success on the nursing registration examination would not seem justified for this sample. Other factors appear to play a role in the degree of success of the Humber College nursing students in the examination.

The nursing graduates of Humber College were asked in their post-graduate questionnaires how well their expectations compared with their actual examinations. Their answers are recorded in Table LI, (page 160) along with the reasons why they felt they had performed less well than expected. Four of the seven responding students felt that lack of study contributed to poorer success than anticipated. Perhaps the results from the National League for Nursing Achievement tests might have influenced the study concentration. The results from these tests indicated greatest weaknesses in Medical and Surgical Nursing, and may have caused some students to neglect study in the other areas. The fact that 46% of the eleven students who replied felt they had done better in surgical nursing and 55% felt they had done better in medical nursing than anticipated might indicate as well their uncertainty about the respective parts of the examination.

If high school results can predict general success or failure in the nursing diploma program at Humber College and yet cannot predict the degree of success in the nurse registration examination, it seemed reasonable to try to determine other factors possibly contributing to performance in the registration examination. The factors that were explored were the grade point average of the nursing student at the completion of the program and the performance of the nursing student in only the nursing theory subjects at Humber College.

Tables LII and LIII (pages 161 - 162) present these results.

As presented, the results in nursing theory subjects at Humber College predicted to some extent the degree of success in the registration examination, whereas the overall average obtained at Humber College did not predict success in the registration examination.

To what extent is there a correlation between the nursing performance of the Humber College graduate as seen by the head nurses, and the results of the graduate in the nursing registration examination? To answer these questions, correlations were done between the Post-Graduate Rating accorded by the head nurses, and the average in the nurse registration examinations. Correlations were also done between the Ratings and the examination results which corresponded to the areas in which the graduate was employed. Where two types of nursing were used chiefly in the unit, i.e. Medical and Surgical Nursing, the results of these examination parts were averaged.

TABLE LI

COMPARISON OF RESULTS OF REGISTERED NURSE'S EXAMINATIONS
WITH GRADUATE'S EXPECTATIONS I.E. (WHAT WAS FELT TO BE KNOWN
AND UNDERSTOOD ABOUT EACH TYPE OF NURSING)

<u>EXAM</u>	<u>DID BETTER</u>		<u>DID AS WELL</u>		<u>DID LESS WELL</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Medical Nursing	6	55	4	36	1	9
Surgical Nursing	5	46	3	27	3	27
Psychiatric Nsg.	5	46	4	36	2	18
Obstetrical Nsg.	3	28	4	36	4	36
Paediatric Nsg.	4	36	4	36	3	28

FACTORS THAT CONTRIBUTED TO GRADUATE DOING LESS WELL THAN EXPECTED

<u>REASONS</u>	<u>NO. OF RESPONSES</u>
1. <u>Lack of Study</u>	4
a) hadn't studied Obstetrical Nursing; felt others more important	
b) didn't study properly	
c) studied Obstetrical and Psychiatric Nursing less; because others seemed more difficult	
d) not enough studying	
2. <u>Lack of Experience in Field (Surgical Nursing)</u>	1
3. <u>Wording of Questions</u>	1
4. <u>Uncertain as to Factors</u>	1

TABLE LII

COMPARISON OF THEORETICAL PERFORMANCE OF HUMBER COLLEGE
NURSING GRADUATE ON REGISTERED NURSES EXAMINATION WITH
GRADE POINT AVERAGE AT HUMBER COLLEGE

STUDENT	GRADE POINT AVERAGE HUMBER COLLEGE		REGISTERED NURSING EXAM (AVERAGE)	
	Result	Rank	Result	Rank
#1	2.2	16.5	407.8	11
2	2.2	16.5	508.2	4
3	2.4	12.5	360.8	15
4	3.0	5	469.0	7
5	2.3	14.5	403.2	12
6	3.1	3.5	384.0	14
7	2.8	8.5	428.0	9
8	3.9	1	578.2	2
9	3.2	2	486.6	6
10	3.1	3.5	427.6	10
11	2.8	8.5	505.6	5
12	2.6	11	340.2	17
13	2.3	14.5	514.0	3
14	2.9	6.5	611.0	1
15	2.7	10	392.0	13
16	2.9	6.5	464.0	8
17	2.4	12.5	341.8	16

RESULTS : S = 24
 Ty = 6
 $\tau = .18$
 $z = 1.0112$

. . . p(Ho) = .1562
 . . . accept Ho

CONCLUSION : No significant association between ranks

TABLE LIII

COMPARISON OF THEORETICAL PERFORMANCE OF HUMBER COLLEGE
NURSING GRADUATE ON REGISTERED NURSE'S EXAMINATIONS WITH
THEORETICAL PERFORMANCE IN NURSING SUBJECTS AT HUMBER COLLEGE

<u>STUDENT</u>	<u>HUMBER COLLEGE NURSING THEORY</u>		<u>REGISTERED NURSING EXAMINATIONS AVERAGE</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	2.00	15.5	407.8	11
2	2.16	12	508.2	4
3	2.00	15.5	360.8	15
4	3.00	3.5	469.0	7
5	2.00	15.5	403.2	12
6	2.50	7.5	384.0	14
7	2.33	9.5	428.0	9
8	3.50	1	578.2	2
9	2.66	5.5	486.6	6
10	3.00	3.5	427.6	10
11	2.50	7.5	505.6	5
12	2.33	9.5	340.2	17
13	2.66	5.5	514.0	3
14	3.16	2	611.0	1
15	2.16	12	392.0	13
16	2.16	12	464.0	8
17	2.00	15.5	341.8	16

RESULTS : S = 61
 Ty = 14
 $\tau = .47$
 $z = 2.64$

. . p(Ho) = .0041
 . . reject Ho

CONCLUSION : Significant association between ranks

The assumption was that if the registered nursing examination is a measure of competence to practice nursing, it should yield a significant correlation with the graduate's performance rating. The association should be stronger when compared to the results of the examination(s) which accurately measures knowledge for the area in which the graduate was working. Tables LIV and LV (pages 164-165) show results of the two comparisons.

In summary, the results in registered nursing examinations and the measures of graduate nursing performance do not correlate significantly.

If the registered nursing examination results do not correlate with graduate nurse performance, are there any other results in the Humber College program that do? To answer this question, correlations were done between the Humber College nursing theory results and the Graduate Nurse Ratings as determined by the head nurses, and the Nursing Performance or Lab Evaluation Grade at the completion of the graduate's program and the Graduate Nurse Rating. The final Lab grade at the College was determined by the teacher on the basis of scores submitted by the head nurse and the graduating student. Significant correlation coefficients were expected. Tables LVI and LVII (pages 166 - 167) contain the results.

As predicted, there was a significant correlation between the theoretical performance in nursing subjects of the Humber College nursing student, and the performance in the work setting. There was also a considerable correlation, although not significant, between the performance of the Humber College student at the end of his program and his performance in the work setting. This correlation was nearly significant and cannot be overlooked in terms of future investigation.

In summarizing some of the above data, we find a rather puzzling situation in that the nursing theory grades of the Humber College graduates correlate with both the work performance of the graduate and the results of nurse registration examination, whereas the registration examination does not correlate with the work performance of the graduate. These results are presented graphically in Figure I (page 168).

There are several implications from the above results. Does the work performance measurement reflect accurately the level of nursing care required? Since the test was set up on the basis of the accepted components of nursing practice, and since the individual results seem to correlate with the overall comments on the graduate's performance, one concludes that it does measure accurately.

Does the registered nursing examination reflect the level of the

TABLE LIV

COMPARISON OF NURSING PERFORMANCE OF HUMBER COLLEGE NURSING
GRADUATE AS SEEN BY HEAD NURSES WITH PERFORMANCE ON REGIS-
TERED NURSES' EXAMINATIONS

<u>STUDENT</u>	<u>HEAD NURSE RATING OF GRADUATE</u>		<u>REGISTERED NURSING EXAM (AVERAGE)</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rating</u>
#1	2.59	14	407.8	11
2	3.23	7	508.2	4
3	3.19	10	360.8	15
4	3.63	2	469.0	7
5	2.40	16	403.2	12
6	3.45	3	384.0	14
7	3.28	5	428.0	9
8	2.93	12	578.2	2
9	3.38	4	486.6	6
10	3.89	1	427.6	10
11	2.40	15	505.6	5
12	3.27	6	340.2	17
13	3.22	8	514.0	3
14	3.11	11	611.0	1
15	2.76	13	392.0	13
16	3.21	9	464.0	8
17	2.13	17	341.8	16

RESULTS: S = 4

$\tau = .03$

$z = .17$

$p(H_0) = .4325$

\therefore accept H_0

CONCLUSION: Therefore no significant correlation between ranks.

TABLE LV

COMPARISON OF NURSING PERFORMANCE OF HUMBER COLLEGE GRADUATE
AS SEEN BY HEAD NURSES WITH PERFORMANCE IN PART OF REGISTERED
NURSING EXAMINATION WHICH REFLECTED TYPE OF NURSING CARE GIVEN
BY GRADUATES IN NURSING UNIT

<u>GRADUATE</u>	<u>AREA OF NURSING</u>	<u>GRADUATE RATING</u>		<u>REGISTERED NURSE EXAM</u>	
		<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	Medical	2.59	14	477	8
2	Medical	3.23	7	486	6
3	Medical	3.19	10	313	16
4	Medical-Surgical	3.63	2	439	10.5
5	Medical	2.40	16	404	14
6	Psychiatric and Paediatric	3.45	3	439	10.5
7	Psychiatric	3.28	5	471	9
8	Psychiatric	2.93	12	543	3
9	Medical	3.38	4	486	6
10	Paediatric	3.89	1	391	15
11	Medical	2.40	15	512	4
12	Psychiatric	3.27	6	434	12
13	Psychiatric	3.22	8	580	2
14	Paediatric	3.11	11	587	1
15	Medical-Surgical	2.76	13	428	13
16	Medical	3.21	9	486	6
17	Medical-Surgical	2.13	17	287	17

RESULTS : $S = -2$
 $T_y = 4$
 $\tau = -.01$
 $z = -.06$

. . $p(H_0) = .4761$
. . accept H_0

CONCLUSION : No significant correlation between ranks

TABLE LVI

COMPARISON OF THEORETICAL PERFORMANCE IN NURSING SUBJECTS AT
HUMBER COLLEGE WITH NURSING PERFORMANCE OF HUMBER COLLEGE
NURSING GRADUATE AS SEEN BY HEAD NURSES

<u>STUDENT</u>	<u>GRADUATE RATING HEAD NURSE EVALUATION</u>		<u>HUMBER COLLEGE NURSING THEORY</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	2.59	14	2.00	15.5
2	3.23	7	2.16	12.0
3	3.19	10	2.00	15.5
4	3.63	2	3.00	3.5
5	2.40	16	2.00	15.5
6	3.45	3	2.50	7.5
7	3.28	5	2.33	9.5
8	2.93	12	3.50	1.0
9	3.38	4	2.66	3.5
10	3.89	1	3.00	3.5
11	2.40	15	2.50	7.5
12	3.27	6	2.33	9.5
13	3.22	8	2.66	5.5
14	3.11	11	3.16	2.0
15	2.76	13	2.16	12.0
16	3.21	9	2.16	12.0
17	2.13	17	2.00	15.5

RESULTS : $S = 47$
 $T_y = 13$
 $\tau = .36$
 $z = 2.02$
 $p(H_0) = .0217$
 \therefore reject H_0

CONCLUSION : Therefore ranks are associated.

TABLE LVII

COMPARISON OF NURSING PERFORMANCE OF HUMBER COLLEGE NURSING
GRADUATE AS SEEN BY HEAD NURSES WITH NURSING PERFORMANCE OF
GRADUATE AT THE COMPLETION OF PROGRAM

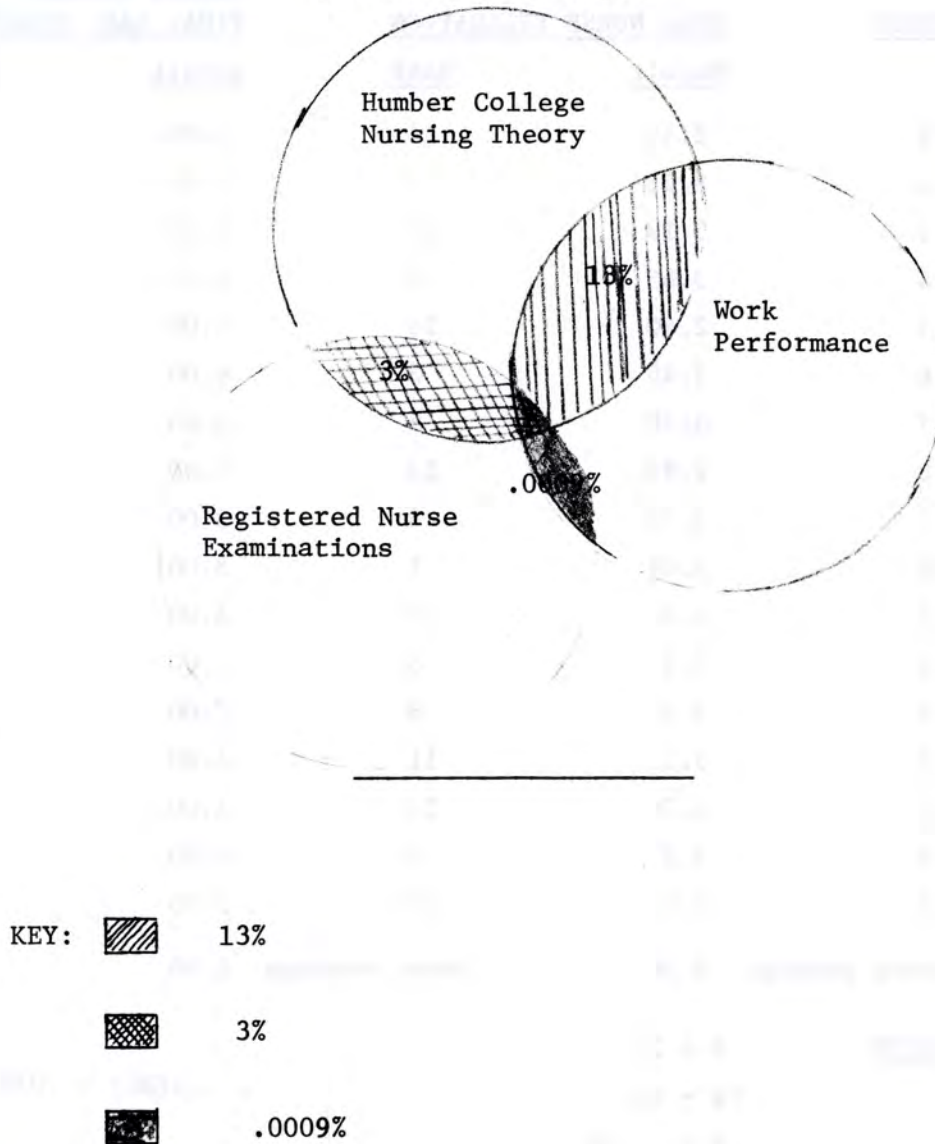
<u>STUDENT</u>	<u>HEAD NURSE EVALUATION</u>		<u>HUMBER COLLEGE FINAL LAB. EVALUATION</u>	
	<u>Result</u>	<u>Rank</u>	<u>Result</u>	<u>Rank</u>
#1	2.59	14	3.00	8
2	3.23	7	3.00	8
3	3.19	10	2.00	16
4	3.63	2	3.00	8
5	2.40	16	3.00	8
6	3.45	3	4.00	1
7	3.28	5	3.00	8
8	2.93	12	3.00	8
9	3.38	4	3.00	8
10	3.89	1	3.00	8
11	2.40	15	3.00	8
12	3.27	6	3.00	8
13	3.22	8	2.00	16
14	3.11	11	2.00	16
15	2.76	13	3.00	8
16	3.21	9	3.00	8
17	2.13	17	3.00	8
Group Average	3.06		Group Average	2.88

RESULTS : S = 24
 Ty = 81
 $\tau = .28$
 $z = 1.57$

. . p(Ho) = .0582
 . . accept Ho

CONCLUSION : Therefore ranks are not associated

FIGURE I
ILLUSTRATION OF COMMON VARIANCES BETWEEN
HUMBER COLLEGE NURSING GRADUATES, NURSING THEORY,
RESULTS ON REGISTERED NURSES EXAMINATIONS,
AND WORK PERFORMANCE



Humber College Nursing Theory accounts for 13% ($=.36^2$) of Work Performance variance, whereas Registered Nurse Examinations account for .0009% ($=.03^2$) of the Work Performance criterion variance. The first is significant; the second is not.

nursing care required for today? It should. Theoretically, a nurse's performance should not be any better than the tests of knowledge and understanding. In practice, exceptions to the latter statement often occur. Strict controls are part of the preparation of registration examinations. Perhaps the question of the validity of registered nursing examinations for testing competence to practice cannot be finally assessed until studies are undertaken comparing the results of these examinations with the nursing practice of graduates from a wide variety of institutions and locations.

Meanwhile, a school of nursing must be aware that it has a responsibility to provide the means by which nursing registration can be obtained. Although the results of the nursing registration examinations for the first graduates are not alarming, it must not be forgotten that the aim must be to reduce substantially the student failure rate.

Since the academic results in high school are good predictions of success in the nursing program the first consideration must be to review the admission requirements and/or selection process. This will identify candidates having more chance to succeed in the program.

Stricter selection of candidates should reduce the attrition rate, thereby reducing the psychological pressure the attrition rate had on the faculty, in the assessment of the performance of the students in nursing subjects. Since the Humber College nursing theory results correlate significantly with the registered nursing examinations results, one can assume that the measures used in assessing the students' knowledge and understanding are probably effective, but, that perhaps the acceptable level of understanding and knowledge should be raised. With the psychological pressure of a high attrition rate removed, perhaps the faculty may have more confidence in raising the standard for nursing theory.

At the same time, if standards are to be raised, and if the average for individual parts of the examination are to be raised, the content and methods of teaching must be re-examined. This applies particularly to Surgical Nursing, Obstetrical Nursing and Children's Nursing, which were substantially below the provincial average.

Since the results in Nursing Lab at the completion of the graduate's program were not significantly correlated with the results of the graduate in the work setting, the method of determining Nursing Lab grades should probably be reviewed. It is wise to notice however, that the results are nearly significant and that the grades have a restricted range. For example, one student may be considered a high 3, another student a low 3, but, the grade would still be only a 3.

X

THE END OF THE FIRST PHASE OF AN EXPERIENCE

Not all the factors of this first move of nursing education into a College of Applied Arts and Technology in Ontario can be measured definitively in terms of success or failure by the documentation of the development and implementation of the first two years of the nursing diploma program at Humber College. Many chapters have yet to unfold. Not all of the attributable potential has been achieved. There is sufficient evidence, however, on the basis of the data included in the documentation to predict that given comparable conditions to that in which the Humber College nursing diploma program developed, nursing education can be a viable and valuable reality in the setting of a college of applied arts and technology.

This final section will attempt to summarize some of the important inclusions in, and considerations raised, by the documentation. In many instances, referral will be made back to the preliminary evaluation of the nursing diploma program, described in section VIII.

The original plan proposed for St. Joseph's School of Nursing, Toronto, to phase into Humber College as a department or division had many advantages. It permitted the use of a large portion of a nursing diploma program which had been already tested. It permitted the use of faculty who were comfortable in working together, and were familiar with the curriculum. It permitted the use of resources of the school of nursing and major clinical agency to supplement that of a new and growing department. The most obvious advantage was that it permitted the operation of the college program by provision of clinical facilities, at a time when the College could not have operated a program without these facilities.

Along with the advantages, however, came many disquieting, if not disadvantageous situations. As described in the evaluation of the first year of the program, the faculty had really two loyalties, one to the College, and one to the former school. In making

decisions, the faculty had to consider what it believed would be the viewpoint of each institution. Theoretically, since the employer was Humber College, the weighting of the decision was obvious. In practice, some decisions were more difficult. It is to the credit of the co-operation of both institutions that major disadvantages did not exist. The potential for major difficulties should be recognized however, in similar types of nursing education movements.

The cohesiveness of the faculty, an advantage from one point of view was potentially a disadvantage from another. Integration of nursing faculty with other college faculty probably occurred more slowly because of the previous relationships. Nursing faculty who came to Humber College in the second year of the program seemed to relate more with other non-nursing faculty members. By the end of the second year, all faculty seemed to be more out-reaching, assisted possibly by the interdepartment professional development sessions.

One further disadvantage that probably is worthy of mention is the unencouraged competition that existed between the students of the two schools. Students who entered the first year of the program were particularly uncomfortable with comments made by the St. Joseph's students. Comparisons between the two groups of students by nursing service personnel were a source of concern to the two faculties.

A FINAL ASSESSMENT OF THE CURRICULUM

Based on the Post-Graduation Employment Study and the analysis of the factors contributing to the success or failure of the Humber College nursing students, the preliminary assessment of the beliefs, objectives, and curriculum content (completed by the nursing faculty in November 1971) appeared to be reasonably valid.

There seemed to be a discrepancy between the fact that results of the Humber College graduates in the psychiatric nursing component of the nursing registration examination were above the provincial averages, and yet, both head nurses and the graduates rated the performance of the graduates in the psycho-social area less well. The graduates appeared to have good knowledge, but had difficulty in application of the knowledge in the psycho-social area.

Although the averages of the Nursing Registration Examination results of the Humber College graduates were below the provincial averages in all but psychiatric nursing, results from National League for Nursing Achievement tests and the comments by students as to their placement of emphasis in study for the examinations tended to suggest that the major area for curriculum improvement was surgical nursing. Among specific deficiencies noted were knowledge related to diagnostic tests and drug therapy.

The description of a first level position in nursing appeared to require re-assessment in the light of the actual work responsibilities the graduates were undertaking. Beliefs by the faculty that the new two year graduate would be required to accept responsibility less quickly appeared to be invalid. If both the graduate and the nursing service personnel believed the graduate is not prepared for the reality of assuming responsibilities such as team leadership, does the educational institution not have some responsibility to meet this need?

The study pointed out a need to improve the ability of the graduate to work with and delegate to registered nursing assistants and other auxilliary health personnel. Possibly, experience in working with registered nursing assistants should have been given earlier in the program. The existence of a nursing assistant program at Humber College may permit better planned experiences in this area, as well as promotion of a greater colleague relationship between the two groups.

In most other responsibilities of a first level nurse, the study indicated that the graduate was carrying out his responsibilities reasonably well. The head nurses rated 65% of the graduates at an "above average" level in nursing performance; the other 35% were rated as showing satisfactory nursing performance.

There was not a great deal of data in the study to measure how well the graduate contributed to the preservation and promotion of health. What data there was, for example health teaching and assisting the patient and family in seeking the help of community agencies tended to support the need for more emphasis in this area.

As in the "Preliminary Evaluation" the Humber College graduates were rated highly in the study in their respect for the personal dignity of man, and in their self-direction in developing sound personal goals as a nurse and a citizen.

SOME CONSIDERATIONS RAISED BY THE TWO YEAR EXPERIENCE

AND FOLLOW-UP STUDY

Some methods to improve results should be fairly easily implemented. Other measures required to improve and possibly expand the curriculum may not be so easily achieved because of certain confines already recognized by the faculty in the Preliminary Evaluation.

There is sufficient evidence to warrant either a raising of the academic admission requirements, or a better selection process. With the available evidence, Humber College policy should permit revisions in this area.

However, since high school results do not reflect achievement in the registration examinations, alteration in admission requirements will not entirely improve results.

To remove certain components of the curriculum to strengthen weaker areas may decrease results in areas in which the Humber College graduates have made a strong showing. To increase certain components of the curriculum, as seems to be indicated by the results of the study and registration examination, may require that the program's length be increased. One of the hazards of suggesting an increase in nursing curriculum, is the temptation to decrease the general education component of the total curriculum. Although the Preliminary Evaluation questioned the validity of a whole semester for each of Philosophy and General Ethics, the faculty and students supported the value of other general electives in the college. Too great a reduction in the general education component decreases the validity of nursing education in a general education setting, and may decrease results in the general performance of the graduates.

In assessing difficulties related to student success, the quality of teaching cannot be ignored. In terms of formal preparation and background experience to cover the major areas of nursing care, the teachers were well prepared at the time of selection.

The implementation of team teaching at Humber College created many difficulties, as has been outlined in the Preliminary Evaluation. As the faculty attempted to implement changes in the method to compensate for difficulties such as lack of library resources, discrepancies in the method of using team teaching became apparent. How much the difficulties with team teaching led to difficulties in student learning is hard to assess. It is safe to say that it probably created more difficulties for students with lower academic potential. One of the reasons for using the student-centered rather than teacher-centered method of teaching was to create a learning situation whereby the student would be self-directive in his approach to meeting situations. That this objective was well met is not in doubt. Although it is probable that team teaching, as enacted at Humber College, will have to be either modified substantially or eliminated, it is important that any new methods do not lose the very positive aspects of this method. Any change to a more teacher-centered method of teaching could mean that the time factor for those parts of the curriculum which are valid would need to be increased.

A general observation that became apparent over the two years at Humber College was the need for teachers to find some way of

maintaining competence in nursing. With the little flexibility in time available because of the teacher's commitments, and with the removal of the teachers from the hospital setting, some method will need to be determined to assess clinical expertise to ensure competence of the teacher in the area for which he/she is responsible.

THE FUTURE OF NURSING EDUCATION
IN COLLEGES OF APPLIED ARTS AND TECHNOLOGY

The faculty of nursing at Humber College were particularly fortunate to have the administration's support and co-operation, as it worked through the problems and changes necessary for the nursing diploma program to develop. Certainly, there was sufficient financial and other resources to permit the development of the program in an orderly fashion. Although changes were made, no change was so great that it could not be absorbed without chaos. The Director of the nursing program was particularly fortunate in that she had direct access to the Vice-President, so that differences in education for the health professions could be interpreted accurately. No differences of opinion, such as those related to selection of nursing students, although frustrating, seemed beyond solution.

At the same time as the faculty recognized the support given to it, there was realization of the potential dangers that could exist for nursing education in a college of applied arts and technology, where this type of support was absent. The nursing faculty recognized the potential danger early in their transfer to Humber College and strove to insure that nursing education would be in a position to speak for its special concerns either as a division itself or as a health sciences division. As the two years progressed, the faculty believed that the creation of a health sciences division would be more advantageous. It would permit persons who work together to learn together. It would provide an identity with groups that would have similar concerns. At the same time, isolationism would be prevented. The Health Sciences Division became a reality in 1971 at Humber College, and did much to strengthen the confidence for the future of nursing education in that setting.

In conclusion, the two year experience in nursing education at Humber College would tend to support the belief of the faculty outlined in the Preliminary Evaluation that:

- a) nursing education is viable in a college of applied arts and technology
- b) there are many advantages for students and faculty in the college setting
- c) graduate nurses of Humber College provide sound nursing care in health agencies.

EPILOGUE

Between the time the first nursing graduates of Humber College entered the work force in 1971 and the time that this documentation of the development, implementation and evaluation of the Humber College Nursing Diploma Program was completed, many changes occurred in the Nursing Diploma curriculum. Some of these changes were a response to the initial evaluation of the Nursing Diploma Program which was done for the College of Nurses at the completion of the first two years of the program.

Foremost among these changes was the formation in 1971 of a Health Sciences Division which reflected a focus on an interdisciplinary health core curriculum for all its students. The Nursing Diploma Program was one of the three initial programs which formed the new Division.

Another significant change was the introduction of an experimental Nursing Assistant Program which facilitated the planning and implementing of a common semester for both diploma nursing and nursing assistant students, thus providing for career mobility.

Other changes were the result of the on-going evaluative process of the curriculum and an attempt to continue strengthening the program. A further influence was the announcement by the Ontario Government in January, 1973, that authority for all diploma schools of nursing would be transferred to the Colleges of Applied Arts and Technology, effective September 1, 1973. As a result of this transfer the Osler and Quo Vadis Schools of Nursing became a part of Humber College and St. Joseph's School of Nursing, which had played such a significant role in the initial development of the Humber College Nursing Diploma Program, became part of George Brown College.

It is not the purpose of this epilogue to denote all the changes that have taken place, or even to respond to all the suggestions and/or considerations raised by the documentation of the first Nursing Diploma Program at Humber College. Rather, several key areas of change and current direction have been selected for presentation at this time.

In an attempt to improve understanding of medical-surgical nursing, more specific and less complex medical and surgical illnesses were introduced in the second semester (first year) of the nursing program, although the "needs approach" was still maintained.

Because the students had difficulty in applying and transferring principles of nursing in the care of adults to children, paediatric nursing was taught as an entity in the second year of the program. Comprehensive examinations of about two hundred items were introduced into the program to determine the students' level of integration of previously taught essential nursing content.

The introduction of the nursing assistant program in September, 1972, and the participation of both the nursing assistant and diploma students in the same studies in Semester I is felt to have created for the Humber College diploma nurse an increased understanding and appreciation of the role of the nursing assistant and other health care team members.

The inclusion of a course in Community Health in the first semester of the Nursing Diploma Program was seen as improving the understanding of the nursing student in the area of preservation and promotion of health. This course also provides an opportunity for interdisciplinary education for the diploma nurse with other allied health students.

Within a year of the graduation of the first Humber College nursing students a 60% average was required for admission to the program and interviewing as a selection procedure was refined. At the present time, continuous work is being undertaken to develop pre-testing material that will isolate factors that are seen by the nursing faculty as crucial for success in the Humber College Nursing Diploma Program.

In response to the College of Nurses' assessment that the general education component was heavy in relation to the nursing content, elective courses and a course in Philosophy were removed from the program of studies, and a shorter "core" course in Moral and Ethical Issues in Health was introduced. In addition, the faculty believed that while the program was essentially a four semester program with summer sessions, the time element did not permit the continued inclusion of the elective courses without sacrificing the nursing content.

Team teaching as previously interpreted has been modified so that content is taught by individual teachers after group planning. The new method not only provides for input from experts in each "specialty" area working together as a team in the development and evaluation of the content, but it also encourages flexibility in that it permits variations in teaching styles and methods. One faculty member is assigned the leadership role within the team in the planning and evaluative stages, but, in implementing the content, each teacher has a group of 25 - 35 students.

At the present time, teachers of nursing are being encouraged to work in the clinical setting as part of their professional responsibility in order to maintain clinical competence.

Currently, a new nursing diploma curriculum is being developed by representatives from the nursing diploma programs at the North Campus and the two satellite campuses which were formerly Osler and Quo Vadis Schools of Nursing. Undoubtedly, the new curriculum will draw from the strengths of the three existing Nursing Diploma Programs and from Humber College's experience in being the first Community College in Ontario to offer a nursing diploma program. Hopefully, the sharing of these important experiences will reflect new insights and will provide better and more varied ways of preparing graduate nurses for their future roles in a changing health care delivery system.

APPENDIX A

Recommendations of the Sub-committee of the Nursing Education Management Committee of St. Joseph's School of Nursing.

1. The Director of St. Joseph's School of Nursing be appointed Director of Nursing at Humber College.
2. The faculty of St. Joseph's School of Nursing be appointed as the faculty of nursing at Humber College as of September, 1970.
3. In September, 1969, St. Joseph's School of Nursing send all nursing students to Humber College for all academic subjects (i.e. an integrated program).
4. That consideration be given by Humber College to permit nursing students to take academic courses with non-nursing students.
5. In September, 1970, St. Joseph's School of Nursing become totally associated with Humber College (i.e. autonomous program).

APPENDIX X

6. Because of the copy of St. Joseph's School of Nursing, all nursing students be offered a course in theology.
7. That consideration be given by Humber College to permit nursing courses to be conducted by the team teaching method with the total class (i.e. 100-120 students).
8. St. Joseph's Hospital be used as one affiliating agency when St. Joseph's School of Nursing becomes autonomous with Humber College.

1
 Sub-committee of the Nursing Education Management Committee;
 Report to the Nursing Education Management Committee of
 St. Joseph's School of Nursing Concerning the Feasibility
 of an Association of St. Joseph's School of Nursing, Toronto,
 with Humber College, July, 1968, p.11

APPENDIX A

Recommendations of the Sub-committee of the Nursing Education Management Committee of St. Joseph's School of Nursing.¹

1. The Director of St. Joseph's School of Nursing be appointed Director of Nursing at Humber College.
2. The faculty of St. Joseph's School of Nursing be appointed as the faculty of nursing at Humber College as of September, 1970.
3. In September, 1969, St. Joseph's School of Nursing send all nursing students to Humber College for all academic subjects (ie. an integrated program)
4. That consideration be given by Humber College to permit nursing students to take academic courses with non-nursing students.
5. In September, 1970, St. Joseph's School of Nursing become totally associated with Humber College (ie. autonomous program)
6. Because of the present philosophy of St. Joseph's School of Nursing, all nursing students be offered a course in theology.
7. That consideration be given by Humber College to permit nursing courses to be conducted by the team teaching method with the total class (i.e. 100-120 students.)
8. St. Joseph's Hospital be used as one affiliating agency when St. Joseph's School of Nursing becomes autonomous with Humber College.

¹ Sub-committee of the Nursing Education Management Committee: Report to the Nursing Education Management Committee of St. Joseph's School of Nursing Concerning the Possibility of an Association of St. Joseph's School of Nursing, Toronto, with Humber College, July, 1968. p.13

APPENDIX BAssumptions of St. Joseph's School of Nursing Faculty concerning the Proposed Transfer of St. Joseph's School of Nursing, Toronto, into Humber College, November 1968.¹

The proposed transferral of St. Joseph's School of Nursing, Toronto into Humber College is based upon the following assumptions, that:

1. the transition may take place without altering the basic curriculum, i.e. "without interfering with the continuity and sequence of the program".
2. the same minor courses will be provided (including Theology).
3. there are approximately 200 hours of theory that may be removed from the present curriculum without interfering with the College of Nurses' minimum requirements.
4. the School is presently aware of possible unnecessary theory hours in its curriculum, specifically,
 - (a) areas of repetition between Nursing Developmental Psychology and Sociology in Term I,
 - (b) areas in Term II in which more depth is provided than is necessary for the development of the theme.
5. provision is made in the agreement with Humber College for the continuance of the relationship of the School of Nursing with the Sisters of St. Joseph (possible through Board membership).

1

from data collected by D.M.A. Barras, First Year Co-Ordinator St. Joseph's School of Nursing, Toronto, during planning at St. Joseph's School of Nursing, Toronto.

APPENDIX CConsiderations raised by St. Joseph's School of Nursing Faculty
Concerning the Proposed Transfer of St. Joseph's School of
Nursing, Toronto, into Humber College, November 1968.¹

1. Will it be possible to equalize the salaries of the teachers in the second year of the program with those of the teachers at Humber College in September, 1970?
2. Will personnel policy benefits be transferable to Humber College?
3. A concerted effort must be made by St. Joseph's to inform prospective students and guidance teachers of the benefits of a nursing diploma program in a College of Applied Arts and Technology.
4. Studies presently being done in the School of Nursing denoting interest in nursing programs at a College of Applied Arts and Technology should be evaluated carefully.
5. Will the College of Nurses of Ontario consider some leniency in the law requirements of the Nurses' Act as long as the quality of the curriculum is maintained?
6. Will Etobicoke General have facilities for second year students of St. Joseph's School of Nursing?
7. Will residence facilities for girls of Humber College be available at St. Joseph's School of Nursing at a reasonable rate?

¹ from data collected by D.M.A. Barras, First Year Co-ordinator St. Joseph's School of Nursing, Toronto, during planning at St. Joseph's School of Nursing, Toronto.



APPENDIX D

March 26, 1969

Miss Iola Smith, Inspector
College of Nurses of Ontario
33 Price Street
TORONTO 3, Ontario

Dear Miss Smith:

Enclosed is the proposed curriculum plan for the diploma nursing program at Humber College of Applied Arts and Technology. This material has been prepared to show the relationship of the nursing program to the total structure and function of Humber College, as well as to show nursing curriculum detail. Courses other than the nursing courses are open to all students at the College, although these courses have been carefully selected and placed to correlate with nursing theory.

The content for Nursing I has been developed fully according to units based on the basic needs of man. The need for oxygen has been developed in Nursing II and Nursing IV and V as an example of the way in which the "needs" theme is carried vertically throughout the curriculum. Included, also is Nursing III based on the "Need for Reproduction" to show the inter-relationship of normal and general interferences with the normal.

Broad objectives have been developed for each Semester. In addition, the behavioural description for Year I, Semester I, and the theory and laboratory objectives for the Need for Oxygen in Year I have been included to demonstrate the method by which the broad objectives are broken into specific behavioural terms.

Team Teaching will be employed. The choice of specific teaching methods for the total program will be similar to those shown for Nursing I, ie. approximately 70% small and large group discussion, 30% observation, with lecture used only as necessary. Class laboratory practice will be used preceding hospital practice wherever possible to allow the student to gain some assurance and skill in a minimal stress situation. Nursing laboratory aids to be used are listed with the principles and objectives by which the structure of these aids will be developed.

Re. the budget: Included is a five year plan for the personnel needed in the expansion of the nursing diploma program. This would be subject to revision in the light of the following possible extensions in the nursing program:

Miss Iola Smith

- 2 -

March 26, 1969

- a) non-credit courses to the general public in which nursing knowledge and skills would be of value, eg. home nursing.
- b) post-graduate courses in conjunction with R.N.A.O.
- c) diploma nursing courses offered on an evening extension basis.*

The Advisory Committee is presently being formed, and should have its first meeting shortly.

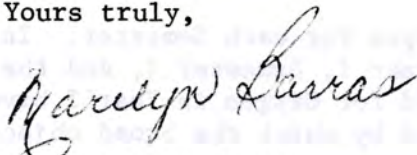
Negotiations are currently under way for specific arrangements for clinical practice at St. Joseph's Hospital and Lakeshore Psychiatric Hospital, and should be completed within a week.

If there is any further information required or clarification needed on any of the material that is enclosed, I would be pleased to supply this.

The meeting at Humber College, North Campus, will be in President Wragg's office. Present at the meeting will be President Wragg, Dean Light, Sister Mary Herbert, Mrs. A. Vujicic, Mrs. S. Cormier and myself.

We look forward to meeting with you Tuesday, April 1st at 10:00 a.m. Thank you.

Yours truly,



Mrs. Marilyn Barras
Director of Nursing Program

MB/p

cc: President Wragg
Dean Light
Sister M. Herbert
Mrs. Vujicic
Mrs. Cormier

enclosures

- * Because the Nursing Diploma Program was planned and operated within the Applied and Liberal Arts Division between 1969 and 1971, many of the projected costs for the program were incorporated within the Division. For this reason, the budget that was submitted to the College of Nurses with this letter is not included here to prevent misinterpretation of the figures as total budget costs.

THE BOARD OF GOVERNORS OF THE HUMAN COLLEGE OF APPLIED ARTS AND TECHNOLOGY, hereinafter called "The College" OF THE FIRST PART

AND THE SISTERS OF ST. JOSEPH FOR THE DIOCESE OF TORONTO IN UPPER CANADA, hereinafter called "The Sisters" OF THE SECOND PART

WITNESSES "The Sisters" own and operate a hospital in the City of Toronto, known as St. Joseph's Hospital, hereinafter called "The Hospital".

AND WHEREAS "The Hospital" has established a School for the training of nurses known as St. Joseph's Hospital School of Nursing, hereinafter called "The School".

AND WHEREAS "The College" wishes to establish a diploma course in nursing and in order to carry out this objective has requested affiliation with "The Hospital" for the use of the facilities of "The Hospital" for clinical instruction of students enrolled in the Nursing Program and for assistance in establishing a curriculum and faculty.

NOW THIS AGREEMENT WITNESSETH that in consideration of the premises and the agreements hereinafter contained the parties hereto agree as follows:

1. "The College" shall establish a two-year course leading to a Diploma in Nursing, under an appropriate Division of "The College".

2. The first year of such a two-year course will commence in the Fall of the school year 1970-1971. "The College" will receive, in the Fall of the school year, 1970-1971, and thereafter, students for enrolment in both the first and second years of such two-year course.

3. During the first year of such two-year course, and during the first year of the second year of such two-year course, "The College" will provide for the enrolment of 35 students in each of the said years of the said course.

APPENDIX E

THIS AGREEMENT made in duplicate the day of April, 1969.

B E T W E E N:

THE BOARD OF GOVERNORS OF THE HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY, hereinafter called "The College" OF THE FIRST PART

AND : THE SISTERS OF ST. JOSEPH FOR THE DIOCESE OF TORONTO IN UPPER CANADA, hereinafter called "The Sisters" OF THE SECOND PART

WHEREAS "The Sisters" own and operate a hospital in the City of Toronto, known as St. Joseph's Hospital, hereinafter called "the Hospital",

AND WHEREAS "the Hospital" has established a School for the training of nurses known as St. Joseph's Hospital School of Nursing, hereinafter called "the School",

AND WHEREAS "The College" wishes to establish a Diploma Course in Nursing and in order to carry out this objective has requested affiliation with "the Hospital" for the use of the facilities of "the Hospital" for clinical instruction of students enrolled in its Nursing Programme and for assistance in establishment of a curriculum and faculty,

NOW THIS AGREEMENT WITNESSETH that in consideration of the premises and the agreements hereinafter contained the parties hereto agree as follows:

1. "The College" shall establish a two-year Course leading to a Diploma in Nursing, under an appropriate Division of "The College".
2. The first year of such a two-year Course will commence in the Fall of the School Year 1969-1970. "The College" will receive, in the Fall of the School Year, 1970-1971, and thereafter, applications for enrolment in both the first and second years of such two-year Course.
3. During the first year of such two-year Course, and during the first year of the second year of such two-year Course, "The College" will provide for the enrollment of 35 students in each of the said years of the said Course.

4. Requirements for admission and tuition fees will be established by "The College", and all students enrolled in the said Course shall be students of "The College".
5. "The Hospital" shall admit for enrolment in the first year of the Two-Year Course of "the School" not more than 90 students for the School Year 1969-1970, subject to the approval of the Ontario Hospital Services Commission.
6. The Nursing Programme of "The College" shall be under the direction of a person known as the Director of the Nursing Programme, hereinafter called "the Director" who shall be appointed by "The College" subject to the concurrence of "the Hospital". "The Director" shall be an employee of "The College" and "The College" shall determine and fix her salary.
7. "The College" shall establish a Committee to be known as The Nursing Advisory Committee which shall consist of 12 members. One of such members shall be "the Director". Two of such remaining members shall be appointed by "the Hospital". The remainder of the members of the said Committee shall be appointed by "The College".
8. Members of the Nursing Advisory Committee shall be appointed for a two-year term and may be reappointed for a further term of two years, provided that no member of the said Committee shall be appointed for more than two consecutive terms, save and except "the Director" and the Executive Director of "the Hospital".
9. The Nursing Advisory Committee shall:
 - (a) consider and make recommendations to "The College" in respect to the integration of the Nursing Programme with other programmes of the Applied and Liberal Arts Division of "The College".
 - (b) examine annually the budget and facilities of "The College" applicable to the Nursing Programme.
 - (c) interpret to the community the role of the nurse and the Nursing Programme.
10. The curriculum of the Nursing Programme shall be divided into three main categories, consisting of: Physical Health and Illness, Mental Health and Illness, and Health of Mother and Child. Under the said headings, provision shall be made for studies in the humanities, including philosophy with discovering religion, and such other subjects as may be recommended by "the Director" and approved by "The College".
11. "The Director" shall appoint to the staff of the Nursing Programme, subject to the approval of "The College" Co-ordinators for each of the three main categories of the Nursing Programme.

12. "The Hospital" shall provide, at "the Hospital", facilities for the clinical instruction of 35 students enrolled in the Nursing Programme of "The College", and for such greater number of students as may from time to time be mutually agreed between "the Hospital" and "The College". The use of the clinical facilities of "the Hospital" shall be subject to the approval of the Director of Nursing Services of "the Hospital".

13. Nothing herein shall prevent "The College" from entering into an Agreement or Agreements with any other hospital or hospitals to provide facilities for the clinical instruction of students enrolled in the said Nursing Programme of "The College" in excess of 35 students or such greater number of students as may have been agreed between "the Hospital" under Paragraph 12 herein.

14. Nothing contained herein shall be deemed to preclude "the Hospital" from continuing to operate "the School".

15. The provisions of this Agreement are subject to the Nursing Programme of "The College" receiving approval from the College of Nurses of Ontario.

16. This Agreement may be terminated by either party as of the 31st day of July in any year by notice in writing to the other party given at least one year prior to the date of termination.

THIS AGREEMENT shall enure to the benefit of and be binding on the parties hereto their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have hereunto executed this Agreement.

THE BOARD OF GOVERNORS OF THE HUMBER
COLLEGE OF APPLIED ARTS AND TECHNOLOGY

THE SISTERS OF ST. JOSEPH FOR THE
DIOCESE OF TORONTO IN UPPER CANADA

APPENDIX FCOURSE DESCRIPTIONS, SEPTEMBER 1969.NURSING COURSESNURSING I

Beginning consideration of the role of the nurse in the health field, with emphasis on the role of the student nurse. This course studies the "normal" person, his needs and how he meets his needs. Nursing focus is assisting the person to prevent illness and improve health. A beginning study of how hospital admission affects man's needs, regardless of his illness, and the resultant nursing care. Consideration is given to all major age groups. Selected experiences are provided in the community and its agencies (including the hospital) to increase comprehension of theory and learn nursing skills.

NURSING II

Study of patients with general interferences with man's satisfaction of needs without consideration of any specific disease diagnosis. Consideration is given to all major age groups. Concurrent experience is provided in nursing of selected individuals to learn more complex nursing skills and increase comprehension of theory.

NURSING III

Nursing care of the family before, during, and after childbirth. Selected experiences in community agencies including the hospital. Emphasis is on the normal aspects of childbirth with some consideration given to general interferences.

NURSING IV AND V

A more detailed study of the role of the nurse, with discussions of current trends in nursing service and education. This course studies patients with specific disease conditions which represent the types of disease which can affect the needs of children and adults. Consideration is given to how this disease interferes with the patient and his family's needs. Nursing care is directed towards the acute stage of illness as well as rehabilitation. Current world health problems are studied as well as the role of nursing and other professional health organizations. Selected experiences in nursing individuals and families to increase nursing skills as well as augmenting theory comprehension.

NURSING VI

A concentrated experience of nursing in the hospital setting that provides an opportunity to meet the needs of the patient during a twenty-four hour period. Electives such as Nursing of Mothers and Infants, Psychiatric Nursing, Paediatric Nursing, Intensive Care Nursing will be offered.

PHILOSOPHY AND GENERAL ETHICS

A study of the nature of philosophy in general and logical reasoning in particular, as well as the nature of ethics and the purpose of ethical study. Various theories of the moral standard are considered related to specific (contemporary) problems and issues.

SOCIOLOGY

An introduction to the study of sociology; understanding the meaning and implications of culture and society, social organization, small groups, socialization, family, bureaucracy, race and ethnic relations.

DEVELOPMENTAL PSYCHOLOGY

A study of the major issues and concepts of development, i.e. heredity and environment, motivation, personality, etc., as well as the physical and psychological characteristics of the major stages of development from infancy to senescence. Intelligence, aggression and punishment, and reinforcement are studied as they relate to the stages of development.

BIOLOGICAL SCIENCE

An integrated course of human anatomy, physiology, chemistry, and physics organized according to the needs of man. Theory is supplemented by laboratory work.

APPENDIX GNURSING ADVISORY COMMITTEE 1969-1971

Dr. K. Alt
General Physician
Toronto, Ontario

Mrs. J. Budrys
Head Nurse
St. Joseph's Hospital
Toronto, Ontario

Mr. C. E. Burns
Principal, Mimico High School
Chairman
Nursing Education Management
Committee
St. Joseph's School of Nursing
Toronto, Ontario

Dr. A. Curtin
Member, Board of Governors
Humber College,
Rexdale, Ontario

Dr. J. Flaherty
Associate Professor
Department of Adult Education
Ontario Institute for Studies
in Education
Toronto, Ontario

Dr. A. Griffin
School of Nursing
University of Western Ontario
London, Ontario

Mr. C. C. Hunt
Administrator
Etobicoke General Hospital
Rexdale, Ontario

Sister Janet
Administrator
St. Joseph's Hospital
Toronto, Ontario

Miss R. Kent
Director of Nursing
Department of Public Health
Etobicoke, Ontario

Dr. J. McIntyre
Director, Department of Surgery
St. Joseph's Hospital
Toronto, Ontario

Sister Josephine Conlin
Director
St. Joseph's School of Nursing
Toronto, Ontario

Mr. D. Shaver
Associate Director
Ministry of Colleges and Universities
Toronto, Ontario

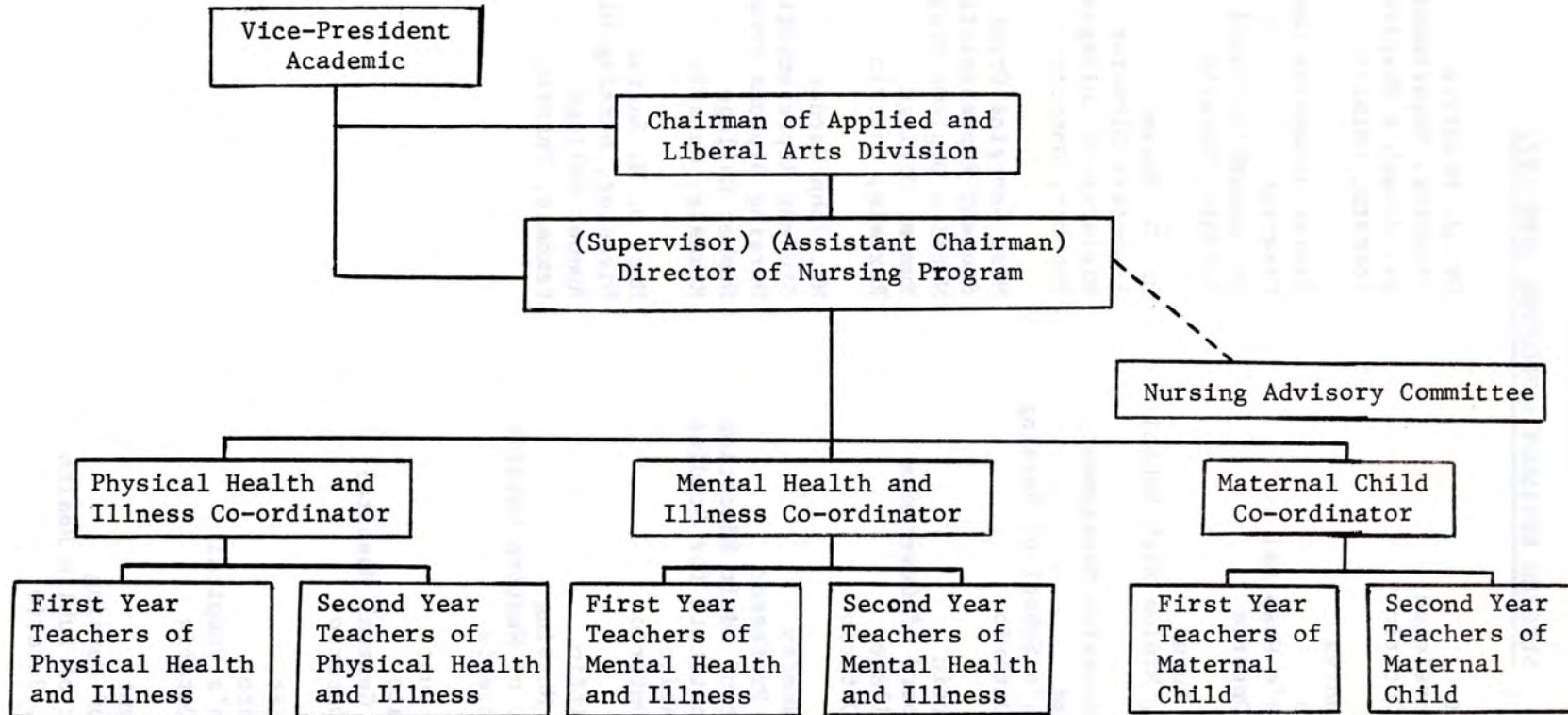
Miss Georgina Grech
Student Representative (1969-70)
Nursing Diploma Program
Humber College
Rexdale, Ontario

Mr. John Warner
Student Representative (1970-71)
Nursing Diploma Program
Humber College
Rexdale, Ontario

Mrs. D. M. Barras
Director, Nursing Diploma Program
Humber College
Rexdale, Ontario

APPENDIX H

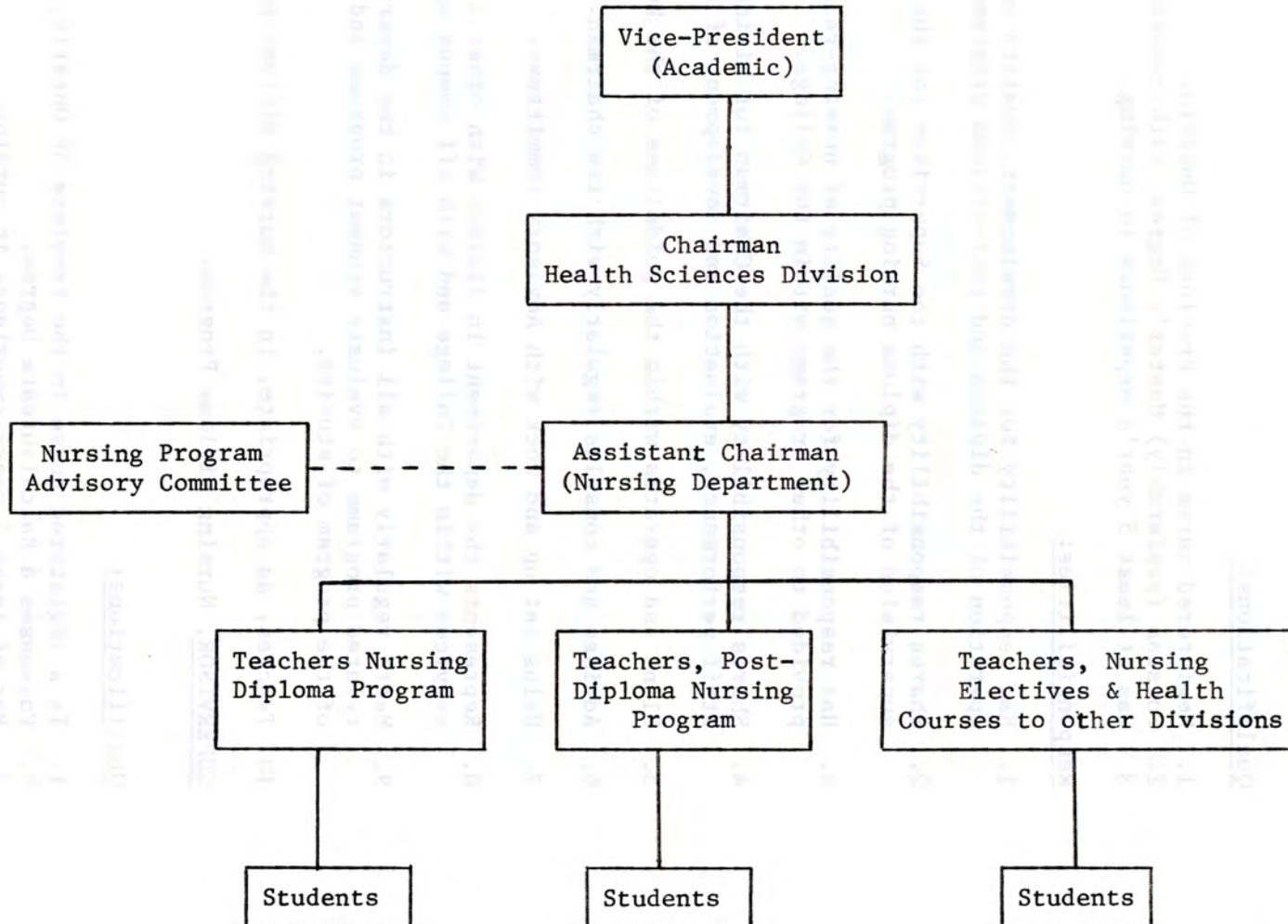
NURSING DIPLOMA ORGANIZATION (AS PROPOSED IN 1969)



APPENDIX I

HEALTH SCIENCES DIVISION

NURSING DEPARTMENT ORGANIZATION



APPENDIX JJOB DESCRIPTIONS AS REVISED FOR SEPTEMBER, 1971ASSISTANT CHAIRMAN (Director of the Nursing Program)Qualifications:

1. Registered nurse in the Province of Ontario.
2. Possess (preferably) Master's Degree, with courses in education.
3. Has at least 5 year's experience in nursing.

Responsibilities:

1. Has responsibility for the development, quality and daily operation of the diploma and post-diploma programs in nursing.
2. Shares responsibility with the Supervisor for the daily supervision of the diploma nursing program.
3. Has responsibility for the quality of nursing-related courses provided to other programs within the College.
4. Shares responsibility with the Chairman for hiring, staffing, staff performance, evaluation and development of staff.
5. Plans and operates within the guidelines of the budget.
6. Advises and consults regularly with the chairman.
7. Helps set up and work with Advisory Committees.
8. Represents the department in liaison with other divisions and services within the College and with off campus agencies.
9. Meets regularly with all instructors in the department and related programs to evaluate student progress and the quality of the program of studies.
10. Teaches, as appropriate, in the nursing diploma program.

SUPERVISOR, Nursing Diploma Program.Qualifications:

1. Is a registered nurse in the Province of Ontario.
2. Possesses a Baccalaureate Degree.
3. Has at least 5 years experience in nursing

Supervisor, Nursing Diploma Program.

Responsibilities:

1. Teaches an average of 14-16 hours/week in the nursing diploma program.
2. Shares responsibility with the Assistant Chairman of Nursing for the daily guidance of the diploma nursing program.
3. Provides guidance to teachers in curriculum development and in decisions related to the approved nursing diploma program.
4. Advises and consults regularly with the Assistant Chairman (Nursing).
5. Assists the teachers in the evaluation of the nursing diploma program and makes appropriate suggestions for change to the Assistant Chairman (Nursing).
6. Assists the teachers regularly and particularly in unit planning sessions.
7. Meets with the teachers regularly and particularly in unit planning sessions.
8. Represents the Assistant Chairman (Nursing) in her absence.
9. Answers correspondence from prospective students pertaining to the nursing diploma program.
10. Interviews "special" students who wish information or guidance to enter the nursing diploma program.

TEACHERS OF NURSING

Qualifications:

1. Is a registered nurse in the Province of Ontario.
2. Has a Baccalaureate Degree or has completed one year or more of study at a university and is taking courses towards completion of a Baccalaureate Degree.

Responsibilities:

1. Teaches content in the nursing diploma program requiring nursing knowledge and skills.

Teachers of Nursing

2. Teaches subject outside the diploma nursing program, where nursing knowledge and skills are required.
3. Contributes to the teaching in post-diploma programs of nursing under the guidance of a subject specialist.
4. Yearly teaching average = 20 hours/week.
5. Develops in co-operation with other teachers, objectives and learning experiences in the nursing diploma program.
6. Evaluates student's achievement according to program objectives.
7. Evaluates each semester's content and makes appropriate suggestions for change to the Supervisor.
8. Secures human and physical resources for the conduct of the nursing diploma program through the Supervisor.
9. Makes suggestions to the Supervisor regarding special needs in the nursing diploma program.
10. Represents the department of nursing, where necessary on College committees.

APPENDIX KCRITERIA FOR GENERAL PERFORMANCE OF NURSING TEACHERS, SEPTEMBER, 1969.

1. Displays understanding of themes and strands of the nursing curriculum in curriculum planning.
2. Displays initiative and self-directedness in carrying out assigned roles.
3. Displays knowledge of recent trends and developments in nursing and education.
4. Recognizes limitations.
5. Exercises flexibility.
6. Works co-operatively and productively with other faculty members, (displaying understanding of own roles as well as those of other faculty members).
7. Utilizes policies of Humber College, and Department of Nursing guidelines for decision making.
8. Develops objectives for Department of Nursing which are consistent with Humber College objectives.
9. Develops objectives for individual units of study which are consistent with Department of Nursing policies.
10. Displays knowledge of principles of curriculum development in selection and organization of learning experiences.
11. Evaluates the student's achievement in accordance with Department of Nursing and Humber College policies.
12. Contributes to continuous evaluation of the Department of Nursing curriculum.
13. Contributes to Humber College goals and activities outside the Department of Nursing.

CRITERIA FOR TEACHER PERFORMANCE DURING LABORATORY PRACTICE PERIODS

1. Selects learning experiences to assist students in meeting the objectives of the laboratory.
2. Selects learning experiences consistent with the level of the individual student.
3. Interprets to appropriate hospital personnel the objectives of student laboratory experiences.
4. Confers with appropriate hospital personnel in the selection of student laboratory experiences.
5. Utilizes policies of the affiliating agency as guidelines in decision-making.
6. Displays accuracy in performing nursing skills in the laboratory.
7. Guides students to achieve objectives of laboratory utilizing understanding of principles of learning.
8. Pre- and Post-Laboratory Conferences are utilized to achieve the established purposes.

APPENDIX L

SELECTION AND ORIENTATION

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

Box 1900, Rexdale, Ontario

QUESTIONNAIRE

for

GRADUATES OF THE

HUMBER COLLEGE NURSING DIPLOMA PROGRAM

Name of Graduate: _____

Place of Employment: _____

Type of Unit: _____

Date Questionnaire Completed: _____

A. SELECTION AND ORIENTATION

1. Were you employed following an interview
with your prospective employer? Yes ____ No ____
with your prospective head nurse? Yes ____ No ____
with any other person? (Please state role)

2. Did you have any preference regarding the kind of unit in
in which you would like to be employed?
Yes _____ No _____
If so, what type of unit? _____

3. Were you given a preference by your employer in the type
of unit in which you would like to work?
Yes _____ No _____
If so, what choices? _____
Were there any restrictions as to units in which you were
not eligible to work? Yes _____ No _____
If so, which units? _____

4. Did you use a resume similar to that provided through the
Placement Department? Yes _____ No _____
Did you feel this resume helped you in obtaining employment?
Yes _____ No _____
Why? _____

5. Were you satisfied with the unit placement you received?
Yes _____ No _____ Why? _____

6. Would you describe briefly the orientation you received

a) to the hospital (please use back of sheet if you need more space).

b) to the unit (please use back of sheet if you need more space).

7. a) On an average, how many patients did you have as a daily assignment during your first week of employment?

How soon after commencing employment did you feel you were given a full patient care load? _____

What is considered to be a "full load" for an individual assignment? _____

b) How soon were you assigned responsibility for a registered nursing assistant? _____

c) Is team nursing used in your unit? Yes _____ No _____

Have you taken responsibility as Team Leader?

Yes _____ No _____

How soon following employment were you placed as Team Leader? _____

d) How soon following employment were you placed on the evening tour of duty? _____

on the night tour of duty? _____

Did you accept full responsibility when you were placed on evening and night tours of duty, or was extra assistance available in some way? Yes _____ No _____

Explain: _____

8. How long did you take, (or do you expect you will take) to work as a fully functioning member of the unit?

9. Have you had to perform any nursing skills with which you did not feel competent? Yes _____ No _____

What were these skills?

What steps were taken when you met such a situation?

10. What were the major adjustments for you in your first month of employment?

11. Did you consider your orientation satisfactory?

Yes _____ No _____

In what ways do you feel the orientation might be strengthened?

B. THE HUMBER COLLEGE NURSING DIPLOMA PROGRAM AND THE GRADUATE

1. What do you feel were the strengths of the Humber College nursing diploma program in preparing you for your present responsibilities?

2. What do you feel were the weaknesses of the Humber College nursing diploma program in preparing you for your present responsibilities?

3. Have you noticed any difference in your performance as compared with other new graduates of two year programs?

Yes _____ No _____

If so, what were these?

4. In your examinations for registration, how did your actual results compare with your expectations, i.e., with what you felt you knew and understood about each type of nursing?

A) Please check appropriate response.

	Did Better	Did as Well	Did Less Well
MEDICAL NURSING			
SURGICAL NURSING			
PSYCHIATRIC NURSING			
OBSTETRICAL NURSING			
PAEDIATRIC NURSING			

b) What factors do you believe might have contributed to your doing "less well" than you expected?

5. What are your future short-term career goals?

6. What are your future long-term career goals?

7. Did you join the Registered Nurses' Association of Ontario?

Yes _____ No _____

Why?

8. Please provide any comments you feel might be pertinent in the future preparation of nurses at Humber College of Applied Arts and Technology.

A) Please check appropriate responses.

	Not at all	Not so well	Very well
MEDICAL NURSING			
SURGICAL NURSING			
PSYCHIATRIC NURSING			
POSTNATAL NURSING			
PEDIATRIC NURSING			

C. NURSING GRADUATE EVALUATION

Please rate yourself on each of the following behaviours according to whether you always, almost always, generally, infrequently, or never demonstrate that behaviour

EXPLANATION OF KEY

- | | |
|----------------------|--|
| <u>Always</u> | - i.e. without exception has demonstrated the behaviour |
| <u>Almost always</u> | - i.e. on a few occasions has not demonstrated that behaviour |
| <u>Generally</u> | - i.e. usually demonstrates the behaviour, but has not demonstrated the behaviour on a number of occasions |
| <u>Infrequently</u> | - i.e. sometimes demonstrates the behaviour, but generally does not do so |
| <u>Never</u> | - i.e. without exception has not demonstrated the behaviour |

APPENDIX M

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

Box 1900, Rexdale, Ontario

QUESTIONNAIRE

for

EMPLOYERS OF HUMBER COLLEGE

GRADUATES OF NURSING DIPLOMA PROGRAM

Name of Graduate _____

Date Questionnaire Completed _____

Date of Employment _____

EMPLOYER'S QUESTIONNAIREA. SELECTION OF GRADUATE

1. Was the Humber College graduate hired following an interview?
Yes _____ No _____
2. The Humber College graduate was hired for the following reasons:

B. PLACEMENT

1. In which clinical unit was the graduate placed? Why?

2. Was the graduate given a choice of clinical units in which to work? Yes _____ No _____
3. Were there any clinical units which you did not feel were suitable for the placement of the Humber College graduate?
Yes _____ No _____ Why?

C. FUTURE

1. In future, would you consider hiring another Humber College graduate? Yes _____ No _____
Why?

APPENDIX N

SELECTION OF GRADUATE

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

Box 1900, Rexdale, Ontario

PLACEMENT

QUESTIONNAIRE

for

HEAD NURSES IN UNITS

IN WHICH

THE HUMBER COLLEGE

NURSING DIPLOMA GRADUATE IS EMPLOYED

FUTURE

Name of Graduate: _____

Date Questionnaire Completed: _____

HEAD NURSE QUESTIONNAIREA. CHARACTERISTICS OF UNIT AND STAFFING PATTERNS

1. size? _____ beds
2. Types of patients in unit? (please check) male _____
 female _____ surgical _____ medical _____
 birth-12 years _____ 12-18 years _____ 18-40 years _____
 40-65 years _____ 65 years ↑ _____ acute _____
 semi-acute _____ chronic _____
3. patient care pattern? individual _____ functional _____
 team nursing _____
4. Would you describe briefly any unit orientation program you might have for new graduates?

 with the assistance of a registered nursing assistant?

5. Could you describe generally what you would consider an average patient care load on the day tour of duty for the new graduate without the assistance of a registered nursing assistant?

 with the assistance of a registered nursing assistant?

6. Are there any nursing skills or procedures in your unit that you consider especially important? If so, would you list these?

7. Do you determine in any way during the orientation period the competency of the graduate to perform nursing skills? If so, in what way? _____

8. How long (days, weeks, months) in your opinion should the "average" new graduate take to function: _____

- a) with a total patient care load _____
- b) before having responsibility for an R.N.A. _____
- c) before becoming a Team Leader _____

B. SELECTION AND ORIENTATION OF GRADUATE NURSE

1. Were you involved in the hiring of the Humber College graduate? Yes _____ No _____. Did you believe that your unit was a suitable placement for the Humber College graduate? _____ Why?

2. Was adaptation necessary in your planned orientation program to the unit? Yes _____ No _____
 - a) If so, why?

 - b) In what way did you have to adapt your program?

3. How long (approximately) did the Humber College graduate take:
 - a) to function with a total patient load _____
 - b) before having responsibility for an R.N.A. _____
 - c) before becoming Team Leader (if applicable) _____

If he/she has not yet reached the above levels, indicate how long you anticipate will be required? _____

4. Are you aware of any specific nursing skills with which the graduate required "special" assistance in order to carry out the skill(s) by him or herself. Yes _____
 No _____
 If so, what were these skills?

C. NURSING BEHAVIOUR EVALUATION

Please rate each of the following behaviours of the nurse graduate according to whether he/she always, almost always, generally, infrequently, or never demonstrates that behaviour.

EXPLANATION OF KEY

- | | |
|----------------------|--|
| <u>always</u> | - i.e. without exception has demonstrated the behaviour |
| <u>almost always</u> | - i.e. on a few occasions has not demonstrated that behaviour |
| <u>generally</u> | - i.e. usually demonstrates the behaviour, but has not demonstrated the behaviour on a number of occasions |
| <u>infrequently</u> | - i.e. sometimes demonstrates the behaviour, generally does not do so |
| <u>never</u> | - i.e. without exception has not demonstrated the behaviour |

EXPLANATION OF TERMINOLOGY

- | | |
|-----------------------|---|
| <u>NEEDS-FOR-HELP</u> | - any measure or action required and desired by the individual and which has potential for restoring or extending his ability to cope with demands implicit in the situation ¹ |
|-----------------------|---|

- | | |
|----------------------------|--|
| <u>DIRECT OBSERVATIONS</u> | - those observations taken first hand by the nurse e.g. observation of cyanosis in the patient |
|----------------------------|--|

- | | |
|------------------------------|--|
| <u>INDIRECT OBSERVATIONS</u> | - those observations taken initially by another person e.g. written data from charts, verbal and written reports, information from the family concerning the patient |
|------------------------------|--|

¹ Weidenbach, E. Clinical Nursing - A Helping Art. Springer Publishing Co. Inc., New York. 1964. p.117.

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
I IDENTIFICATION OF NEEDS - FOR - HELP					
1. Identifies the signs and symptoms of major health problems e.g.) cancer, myocardial infarction					
2. Determines the significance of the results of common diagnostic tests					
3. Identifies the needs-for-help of the patient:					
a) anatomical-physiological					
b) Psycho-sociological					
c) spiritual					
4. Identifies the needs of the family arising from an individual's health problems.					
II PLANNING OF PATIENT CARE					
1. Plans nursing care of patient's based upon:					
a) knowledge of the patient's health problem					
b) direct observation					
c) indirect observations					
2. Plans nursing care according to priority of patient's needs					

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
3. Contributes constructively to the nursing care plan maintained for the patient by the unit.					
III PROVISION OF NURSING CARE					
1. Assists the patient to meet his needs-for-help arising from a health problem:					
a) anatomical-physiological					
b) psycho-social					
c) spiritual					
2. Performs nursing skills safely.					
3. Assists the patient's family in meeting its needs-for-help arising from the patient's health problem.					
4. Records data accurately and completely on the patient's chart.					
5. Effectively teaches the patient and, if necessary family, preventative and rehabilitative measures where applicable.					
6. Shares information regarding community agencies with the patient and his family.					

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
7. Makes referrals where indicated, through appropriate channels.					
8. Maintains the therapeutic regimen planned by other members of the health team. e.g.) doctor, dietician					
IV EVALUATION OF NURSING CARE					
1. Determines the effectiveness of nursing actions using direct and indirect observations of the patient and family.					
V MODIFICATION OF NURSING CARE PLAN					
1. Selects alternate nursing actions utilizing a problem-solving approach if previous nursing action did not meet needs-for-help of patient and family.					
VI ORGANIZATION					
1. Demonstrates ability to organize a nursing assignment on the:					
a) day shift					
b) evening shift					

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
c) night shift					
VII LEGAL RESPONSIBILITIES					
1. Administer drugs in accordance with the Canadian drug laws.					
2. Carries out nursing actions within the scope of legal nursing practice.					
3. Accepts responsibility for decisions and actions as a nursing diploma graduate.					
4. Acts within the policies of the hospital or health agency.					
VIII ETHICAL RESPONSIBILITIES					
1. Holds in confidence all privileged information of the patient and family.					
2. Sustains the patient's confidence in the physician and other members of the health team.					
3. Provides nursing care in accordance with the patient and family's cultural and religious beliefs regarding various medical or related practices.					
4. Acts in accordance with the I.C.N.'s Code of Ethics in giving nursing care.					
5. Recognizes limitations in giving nursing care, and seeks appropriate resources.					

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
IX RESPONSIBILITIES TO OTHER MEMBERS OF THE HEALTH TEAM					
1. Seeks and utilizes the services of the various members of the health team in meeting the needs of the patient and his family.					
2. Is co-operative and courteous to all members of the Health Team.					
3. Assists other members of the Health Team in planning and implementing their planned therapeutic regimen.					
4. Delegates appropriate activities to the registered nursing assistant or other auxillary personnel.					
5. Provides appropriate guidance for auxillary personnel in planning and giving effective nursing care.					
X RESPONSIBILITIES AS A MEMBER OF A PROFESSION					
1. Is self-directive in fulfilling nursing goals.					
2. Seeks and utilizes learning opportunities constructively.					
3. Displays self-confidence in the performance of nursing activities.					
4. Evaluates professional growth continuously.					
5. Keeps abreast of recent trends.					

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

NURSING BEHAVIOUR EVALUATION

	always	almost always	generally	infrequently	never
6. Contributes positive suggestions for change, through appropriate channels where changes in policy or procedure might be indicated.					
7. Maintains personal appearance appropriate to the setting					

D. SUMMARY

1. Please list what you consider to be the strengths and weaknesses of this Humber College graduate employed in your unit:

STRENGTHSWEAKNESSES

2. In future, would you consider taking another Humber College graduate in your unit _____. Why?
3. Are there any special comments or observations you would like to make?

APPENDIX O

D. SUPPLEMENTARY

HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

Box 1900, Rexdale, Ontario

WISCONSIN

STRENGTHS

QUESTIONNAIRE

for

INSERVICE PERSONNEL IN INSTITUTIONS

IN WHICH

THE HUMBER COLLEGE

NURSING DIPLOMA GRADUATE IS EMPLOYED

Is there any special comment or observation you would like to make?

INSERVICE PERSONNEL QUESTIONNAIRE

1. Would you describe very briefly, or attach a prepared description (if more convenient) of your planned orientation program for new graduate nurses?

2. When the Humber College graduate was orientated, was adaptation necessary in your planned orientation program because of:
 - a) employment situation e.g. holidays, ill staff?
 Yes _____ No _____
 If so, in what way?

 - b) the qualities that the Humber College graduate brought to the employment situation? Yes _____ No _____

3. Have you had continuing contact with this graduate nurse?
 Yes _____ No _____ In what way?

Would you please note below any particular strengths or weaknesses you have observed.

STRENGTHS

WEAKNESSES

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