

Imp.

FACTS ABOUT YOUR SCHOOL FOR THE 1946 LIST

City _____? State _____? Date _____?

- Name of your school of nursing (please give exact title) U. of Md. School of Nursing
- Name of hospital with which school is connected _____
- In what year was your school of nursing established 1889?
- Is the school of nursing organized under hospital control _____? university control _____? other (specify) _____?
- Is your school connected with a religious denomination no? If so, which one _____?
- Is your school fully approved _____? or only tentatively approved _____? by the State Board of Nurse Examiners in your state? (check which)
- Check the type of hospital with which your school is connected:

General _____? Maternity ... _____? Children's _____?
 Nervous and Mental .. _____? Tuberculosis .. _____? Other (specify) _____?

8. a. How many beds _____? bassinets _____? total _____? are there in your hospital?

b. How many of these beds are for the use of private patients 111 _____? 39 + 33 + 21 = 111

3
39
13
18
50
14
36
27
18
206

9. Please report the daily average number of patients in each of the following services during your latest hospital year. (If you can not give the daily average patients, give the total patient days). Do not include newborn infants. Be sure that the sum of the figures reported for the individual services equals the total daily average patients in your hospital exclusive of newborn. If you do not have the information for individual services, make certain you report the total for the hospital anyway.

Service	Daily av. patients	Service	Daily av. patients
Medical .. <i>general medicine</i> ..	<u>1605</u>	Tuberculosis .. <i>respiratory med.</i> ..	_____
Surgical (inc. gyn., urol., and orthoped.)	<u>4409</u>	Other communicable disease ..	_____
Obstetric (mothers only) ..	<u>2532</u>	Eye ..	<u>961</u>
Pediatric ..	<u>372</u>	Ear, nose and throat ..	_____
Nervous and mental ..	<u>40</u>	Other (specify) <i>oncology</i> ..	<u>59</u>
<u>206 all in hospital</u>		Total daily average patients in hospital (excl. newborn) .. <u>10,800</u>	

10. Have you an outpatient department yes? If so, what was the total number of visits during your latest hospital year (include both old and new patient visits) 72,736?

11. a. What was the total number of regular students, including preclinical, first year, second year, third year, (fourth and fifth year, if you have any), and those absent on affiliation, enrolled in your school of nursing on January 1, 1946 _____? (Do not include any students affiliating with you from other schools.)

b. Of these students, how many are white all? how many are Negro _____? other (specify race and nationality) 2 South American? If you have none enrolled now, does your school accept Negro students _____?

c. How many are men _____? how many are women _____? If you have none enrolled now, does your school accept men students _____?

12. a. Does your school offer either a 4- or 5-year combined program leading to a college degree or a 3-year degree program _____? If so, what is the name of the college or university offering the degree _____? What degree is granted _____?

b. If you offer a combined undergraduate degree program, how long is it 5? How many years does the student spend in the academic part of the program _____? How many years in the professional part _____? When during the course is the academic work taken _____?

c. How many students are enrolled in your degree program at the present time 13 _____?

13. a. Check below the minimum amount of education which you require for entrance to your school:
- | | |
|---------------------------------|----------------------------|
| High School graduation .. ✓ ..? | 2 years college? |
| 1 year college? | 3 years college? |
| | 4 years college? |
- b. Do you require students entering your school to be in the upper half? upper third? of their high school class; or do you have no such requirement? (check which)
14. Do you require that applicants to your school take prenursing tests yes?
15. How old do you require that a student must be at the time she begins her preclinical course 18?
16. Do your students (those who are **not** members of the U. S. Cadet Corps) pay tuition (cost of registration fees, books, and uniforms should **not** be considered tuition)? If so, state amount each student pays in her first year? in her second year? in her third year? total tuition for course
17. For each of the following items what are the expenses which students (those who are **not** members of the U. S. Cadet Corps) must meet during their entire program?

	Expense		Expense		Expense
Uniforms	<u>100</u>	Health fee		Graduation fee .	
Books	<u>78</u>	Library fee		All other fees ..	<u>85.00</u>
Prenursing tests	<u>12</u>	Affiliation fee ...		Total expenses	
Registration or matriculation fee .		Laboratory and breakage fee .		(exclusive of tuition) ...	

18. Do you pay allowances to your students (those who are **not** members of the U. S. Cadet Corps)? If so, please state how much money a student receives per month in each part of her program:
- | | | | |
|----------------------------|-----------------|--------------------------|-----------------|
| Preclinical period | per month.....? | Second year | per month.....? |
| Remainder of first year .. | per month.....? | Third year, 1st half ... | per month.....? |
| | | 2nd half .. | per month.....? |
19. a. How many months are in your full nursing program including all vacation periods? Of this total, how many months are spent in the preclinical period 6? how many in the senior cadet or supervised practice period 30?
- b. Did you accelerate your program during the war? If so, do you plan to continue acceleration?
20. How many weeks of vacation is a student given: each year? during her entire program 8?
21. What is the total number of hours which you plan that a student shall spend on the wards during her entire preclinical period 236? (Be sure to give the total hours, not the number of hours per day).
22. Enter in the table below the number of hours per week your students spend in classroom instruction, in planned clinical instruction, and in practice on the wards when they are on day assignment and also when they are on night assignment?

HOURS PER WEEK

Students in:	Day				Night			
	Instruction		Practice	Total	Instruction		Practice	Total
	Class-room	Planned clinical			Class-room	Planned clinical		
First year (after preclin. period)	<u>4</u>	<u>10</u>	<u>7</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Second year	<u>8</u>	<u>35</u>	<u>3</u>	<u>45</u>				
Third year—1st half .	<u>3</u>	<u>35</u>	<u>2</u>	<u>40</u>				
Third year—2nd half .								

23. a. What is the total number of hours of classroom and planned clinical instruction, including any received during affiliation, that you plan each student shall receive during her entire program 1377? +100
- b. Of this total: (1) how many hours of planned clinical instruction does she receive during her entire program 100? (2) how many hours of classroom instruction does she receive during her preclinical period 852

24. During a student's entire program, how many **different assignments** to night duty does she have 3? What is the **total** number of weeks she spends on night duty during her entire program 14 wks?

25. a. Please indicate in the appropriate columns the number of weeks of experience your students receive in each service before they begin their senior cadet or supervised practice period. If the experience is given in the home school, enter the number of weeks in column 1; if it is given at some other school or agency, enter the number of weeks in column 2. If an experience is offered only as an elective, please indicate that fact by writing "elective" beside the number of weeks in the proper column. If the experience is not provided, put a check in column 3. If you offer only classroom instruction in a service, that does not count as experience. Be sure you make an entry in at least one of the three columns for each type of nursing practice.

EXPERIENCE Excluding any received during senior cadet or supervised practice period	WEEKS SPENT IN PRACTICE		
	(1) At Home School	(2) At Other School or Agency	(3) Not Given
Medical Nursing	124		
Diet Therapy Practice	54		
Surgical Nursing	107		
Operating Room	44		
Obstetric Nursing	104		
Pediatric Nursing	84		
Psychiatric Nursing		84	
Tuberculosis Nursing	with med.		
Other Communicable Disease Nursing			
Outpatient Department	30		
Nursery School			
Community Health Nursing			
Other (specify)			

b. Please list below the services in which you offer experience during your senior cadet or supervised practice period, and indicate the number of weeks you provide in each service. If the service is offered at the home school, indicate the number of weeks in column 1, if it is provided at some other school or agency indicate the number of weeks in column 2, at a Federal hospital in column 3.

EXPERIENCE During senior cadet or supervised practice period	WEEKS SPENT IN PRACTICE		
	(1) At Home School	(2) At Other School or Agency	(3) Federal Hospital
.....			
.....			
.....			
.....			
.....			
.....			

c. Do you plan to include in your curriculum a supervised practice period for students who were admitted after October 15, 1945 ng?

26. If in Question 25 you checked any of the following services as being offered at some school or agency other than the home school, will you please fill in the name and address (city and state) of the institution to which you send your students.

Service	Institution where service is offered	City	State
Psychiatric Nursing
Tuberculosis Nursing
Other Commun. Disease Nursing
Community Health Nursing

27. Please tell us how many professional graduate nurses were regularly employed in your school and hospital as of January 1, 1946, in each of the following positions. List each nurse only once and be sure the sum of all entries equals the total professional graduate nurses employed in your school and hospital. (Do not include private duty nurses or any nurses working on part-time basis.)

	Number employed
Director of school and/or nursing service	1
Assistant directors	1
Instructors of science and of nursing arts	2
Clinical instructors (full time spent in teaching)	2
Day and evening supervisors and assistants who teach	8
Day and evening supervisors and assistants who do no teaching.	6
Night supervisors and assistants who teach	1
Night supervisors and assistants who do no teaching	1
Head nurses and assistants who teach	3
Head nurses and assistants who do no teaching	6
General staff or general duty nurses (full-time)	24
All other graduate nurses (full-time)	2
Total professional graduate nurses employed on Jan. 1, 1946	53 + 4 pt. time

28. How many full-time practical nurses or attendants (workers who give the major part of their time to the personal care of patients) were employed in your hospital as of January 1, 1946

29. Do you offer any courses to students from affiliating schools? If so, please indicate below the number of weeks you offer to those affiliating students in each course:

	Weeks		Weeks
Medical Nursing	2	Orthopedic Nursing	
Diet Therapy Practice ..	4	Tuberculosis Nursing	
Surgical Nursing	4	Other Commun. Disease Nursing	
Operating Room	8	Eye Nursing	
Obstetric Nursing	12	Ear, Nose, and Throat Nursing ..	
Pediatric Nursing	12	Outpatient Department	4
Psychiatric Nursing		Other (specify)	

30. Do you offer any clinical courses to professional graduate nurses? If so, in what services are such courses given

Signed.....
Director of the School of Nursing

Director of the School of Nursing

(Please print or type your name on the above line so that we may be absolutely certain we are interpreting your signature correctly.)

Please fill in and return one copy of this form together with your latest school announcement to the National League of Nursing Education, 1790 Broadway, New York 19, New York