

MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE  
April 4, 1983

The meeting of the Human Services Committee held April 4, 1983, at 2:00 p.m., in Room 224A of the Capitol Building was called to order by Chairman Marjorie Hart. All members were present except Reps. Keyser, Jones and Seifert, who were absent, and Reps. Connelly and Swift, who were excused.

HOUSE JOINT RESOLUTION 37

REP. DRISCOLL, sponsor. This resolution requests that an interim committee be assigned to study the feasibility of offering the complete coursework for a baccalaureate degree in nursing at the extended campuses of the Montana State University's School of Nursing and to study the need for more clinical training within the nursing degree program. He said there should be one school where you could get a nursing degree.

TOM MONAHAN, Billings, outlined the track a person follows in order to acquire a Bachelor of Science in nursing. You take two years of prerequisites. Having all the prerequisites you may now apply to the School of Nursing for admission. You are then sent to Bozeman where you complete two to three quarters of basic nursing. Having completed these, you go to one of four extension schools which are located in Butte, Missoula, Great Falls and Billings. Upon completion of this two year course, you are now graduated with a Bachelor of Science in Nursing and qualified to take state boards and become a registered nurse. This track might seem to make sense except what would you do if you were a 33 year-old mother of three, no husband, and working as an aide in Butte--you would continue working as an aide in Butte. He thought it was discriminatory and unfair not to have these five classes in Butte, Missoula, Great Falls and Billings so a person would not have to move to Bozeman for these two quarters work. It has been said the quality of education would suffer. Why? It would be the same administration, the same curriculum, the same program and the same instructors. There are about 600 students going through the Bozeman facility. There are under 300 students in the extension classes. That means we are losing five out of six students between Bozeman and the extension classes. There are a lot of reasons for this--one of them is availability. The school in Bozeman is full of Bozeman students but they can't get out of there and into the extension program. Bozeman has only 32 students in the extension program. We are maintaining exclusivity of five classes at Bozeman--for what reason? There are people here who have a very keen concern regarding the curriculum and they will speak now.

PROPONENTS:

GLENDAL. NIELSEN said the nursing program as it now exists makes it extremely inconvenient if not impossible for people (students) to complete the nursing program. The major obstacle being that of relocation for 17 credits of basic nursing skills (EXHIBIT 1).

MARILYN WHITE EASTER, Registered Nurse, said that present Montana State University student nurses and graduates make an alarming number of BASIC nursing clinical errors leading to a grave concern for safe patient care and legal consequences. Numerous students and graduates interviewed have expressed their concern and desire for increased and improved clinical preparation beginning earlier in the program. The 17 credit requirement on the Bozeman campus makes no sense. A good quality nursing program should be offered in the locations where there are hospitals enough to provide clinical experience simultaneously with the theory. These courses can be taught on the extended campuses with little or no additional cost (EXHIBIT 2).

DIANE DAVIS, Montana State University graduate, stated that basic nursing skills need to be experienced not just read about before a nurse is to be graduated (EXHIBIT 3).

APRIL MILLAR, Montana State University graduate, said she desired changes in the clinical aspect of the curriculum (EXHIBIT 4).

PAT BARRETT, said according to a survey of 36 people associated with nurses in diverse areas, the overwhelming majority expressed concern with the lack of clinical skills taught nursing students at Montana State University today (EXHIBIT 5).

DOROTHY McVEIGH, instructor at Missoula High School in health areas and a registered nurse, said the nursing group she represents are concerned about the areas of need and if nurses are actually meeting these needs to the community. The product coming out of the School of Nursing oftentimes feels very incompetent and uncomfortable. They feel they cannot do a just job for the hospital and often find themselves wanting to get out of nursing. They feel there has to be a greater flexibility and accessibility to the nursing programs. The passing of this resolution would reduce the costs of having to move to another campus to get needed classes. She urged support of HOUSE JOINT RESOLUTION 37 (EXHIBIT 6).

BILL LEARY, President, Montana Hospital Association, said one of the major problems identified has been a significant lack of clinical experience and it is therefore the desire of the Montana Hospital Association that more clinical skills be taught to professional nursing students during the various phases of their educational process (EXHIBIT 7).

OPPONENTS:

IRVING DAYTON, Commissioner of Higher Education, said there are really two issues raised--one is the issue of program content and the other is the issue of program access. Program content is something that is under continual review. It is not that there hasn't been study--there has been a great deal of study but some people don't like the answers. He didn't think the legislative study is a way to get at the program content issue. Regarding the program access issue--there has always been a pressure to reduce duplication in the university system. Each institution has some unique responsibility. There has been no attempt to make all institutions the same. We are getting from all areas a great deal of pressure to bring the program to the student. The issue of access goes far beyond nursing. He pointed out that this study is going to cost money and not to vote for it unless you are prepared to vote for full funding of the system. If you aren't prepared to pay the cost, then I think we have to live with the situation. We are doing the best we can to provide educational opportunity but we cannot provide every educational opportunity to every student in every location.

DR. BILL TIETZ, president of Montana State University, said there are three programs that lead to educational qualifications that permit taking the licensing examination for a registered nurse.

1. Associate degree--a two year program--with a summer session and is offered in two locations in Montana--Havre and Miles City
2. Diploma system which is a three year program with a summer session added.
3. Bachelor of Science in Nursing conducted at Montana State University and at Carroll College.

In previous testimony it was brought out there were 600 students for two terms at Montana State University. There are only 800 students in the whole program. In regard to monitoring, Montana State University and other nursing schools in the state are monitored by the Montana State Board of Nursing. They conduct a four-year review of the curriculum, of the facilities, and the activities that are taking place. In addition, the National

League of Nursing conducts a periodic assessment that leads to accreditation and any major change in the curriculum must pass the approval of the National League of Nursing. The classical geometry for a basic Bachelor of Science in Nursing is associated with the Health Center. This is usually the situation which would occur around a large hospital--a four-year program associated with the university--the clinical activity in one place and the basic studies in one place. The whole program is in a single location. This is possible in large metropolitan areas. Montana cannot be all things. We do not have the resources. What we have tried to do in educational programs is take advantage of what we do have and do the best possible job. What we have done at Montana State University is develop a system whereby the basic programs are provided in a setting that is optimal to produce that kind of education. The success of the program is attested to by the success of our students taking the boards (98%). The number of students dropping out of the program is below the national average. He cited the faculty of Montana State University who utilized Warm Springs and the Boulder Hospital in order to give their students the kind of interest and caseload in order to produce the best possible product. One comment has been regarding clinical experience--in medicine--no matter where you go, no graduate is going to have enough clinical experience. We will always have a disparity between what is expected by the practitioner, what is expected in the receiving area and what is produced by the schools. We want to become true health representatives in the health care program. We will be willing to participate in any system proposed by the Legislature.

DAVID R. CORNELL, Administrator, Montana Deaconess Medical Center, said passage of this resolution would result in four different schools of nursing and would dilute the concentration of educators at Bozeman. The extended campuses cannot have the same caliber of education without additional hiring of teaching staff. In the long run, this will affect the quality of the program, jeopardize accreditation of the program, and the quality of education. His second category of reasons relates to the effect of such a study and potential change in curriculum on other colleges and programs with the "system." If such a change is to be done for nursing, then what reasons will be given to other programs should they wish to also locate their complete programs at extended campuses?

His third category of reasons is perhaps the most dangerous to the higher educational system in Montana. The Legislature appoints a body known as the Board of Regents to act in its behalf and govern the higher educational system in Montana. The Board of Regents has, on at least two and perhaps three different occasions, studied this very subject and recommended that the nursing program at MSU remain as it is with the extended campus concept. This by itself is a break from the tradition and provides many individuals in Montana the opportunity to work on the majority of their nursing education at a site closer to their homes. Finally, he felt that spending non-existent dollars on an already-studied situation seems unwise (EXHIBIT 8).

SHARON DIEZIGER, representing the Montana Nurses' Association, expressed opposition to HOUSE JOINT RESOLUTION 37 in its present form. One of their biggest concerns about the resolution was the lack of definition of an appropriate interim committee. One of the functions of the interim committee is to review and critique previous studies that have been done by MSU and the Board of Regents regarding the feasibility and cost of offering the entire nursing course at all MSU extended campuses. For an interim committee to intelligently critique these previous studies, the committee would have to be composed of members with a great deal of expertise in nursing education. Since this resolution seems to question the validity of the studies done by MSU and the Board of Regents, the Montana Nurses' Association believes that the only way to adequately critique these studies and to perform the other functions listed in the resolution would require the Legislature to obtain the services of nursing educator consultants from outside the state of Montana. The other item she was concerned about was why this bill asks the medical community to determine clinical training needed in the nursing programs--instead of the nursing community (EXHIBIT 9).

MARTY RHEA, representing the Faculty Organization of Montana State University School of Nursing, spoke in opposition of HOUSE JOINT RESOLUTION 37. She said Montana State University School of Nursing provides quality education through its current design of one school, one faculty organization, one curriculum, and one student body. Requiring one school be duplicated and fragmented into four small, competing schools would certainly diminish the quality and excellence of the faculty, curriculum, and student body (EXHIBIT 10).

NANCY DeKLYN, a senior at the Missoula extended campus of the MSU Nursing program, represented the campus as president of the student council. She said the Student Council, after extensively looking the situation over, has taken a stand against moving the lower division courses to upper division campuses for the following reasons: 1. Not only are the basic 17 credits of nursing classes offered at lower division, but credits must also be taken in courses such as microbiology, infectious disease, inorganic and organic chemistry, anatomy and physiology, nutrition courses, child and adult development, psychology and sociology. 2. There are only so many upper division slots at any one campus. The number of slots does not change unless patient population increases. 3. There are potential students, and non-traditional potential students from towns in Montana who have no part of the program at all in their area. These people must move for four years to complete their degree. 4. The present system also allows for mobility within the system. 5. Other curriculums require moves in order to attain a degree. 6. Lines 12-16 on page 3 of the bill indicate that present staff are adequate to take on the teaching load of the lower division courses, thus reducing expansion costs. These instructors are already taking on a large load. If you put an increased work load on these people, you will threaten the quality of teaching they are putting out in their field of expertise. They will also be faced with an increased advisory load (EXHIBIT 11).

JILL VAN NICE STEINER, a senior in her last quarter at the Billings Extended Campus, felt that HOUSE JOINT RESOLUTION 37 oversteps the boundaries of state law in that the Board of Regents has been designated as the body to oversee curriculum design within the state system. It was her concern that the Legislature feels the need to become involved in curriculum change when many of the legislators are not familiar with nursing education requirements (EXHIBIT 12).

JUDI duTOIT, senior at the MSU nursing program, currently enrolled at the Butte Extended Campus, spoke in opposition of HOUSE JOINT RESOLUTION 37. She chose to return to college; two factors that she had to keep in mind was motivation and finances. She chose nursing, knowing that she would have to go to Bozeman for two quarters. She said that if the lower division nursing courses were provided at each extended campus, students would be at a disadvantage as they would miss out on this unification and consistency in lower division nursing course content. Nursing is attempting to promote professionalism; HJR 37 would be a barrier to that goal as well as a barrier to the continuing high quality of nursing education (EXHIBIT 13).

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CHRISTINE L. MAGHRAK, Assistant Professor of Nursing, Montana State University, responded to the "need for more clinical training within the program." If one wants a broad base of knowledge from which to make clinical decisions and problems solved and if one wants to be considered as a true nursing professional capable of providing care (not techniques) to consumers, then one must consider all the components of baccalaureate education in nursing (EXHIBIT 14).

DAVID B. LACKMAN, representing the Montana Public Health Association, said this is more duplication in an already overburdened university system. There would never be enough money to have a complete program on all four campuses (EXHIBIT 15).

THERESE SULLIVAN, Carroll College, said the purpose of all baccalaureate education, not just nursing, is to prepare the graduate for vocational/job-training as well as the education of this whole person in the liberal arts/general education. This resolution presents a potential threat to the autonomy of the nursing profession regarding its right and obligation to control the standards of educational programs preparing future members of the profession (EXHIBIT 16).

JENIFER SHEEHY, Montana State University senior, said that having moved three times in pursuit of a nursing degree, she believed the personal sacrifice to be worthwhile. The present division of course work allows students to learn and practice nursing skills in a small group of no greater than ten (EXHIBIT 17).

MARY D. MUNGER, registered nurse, Carroll College, spoke in opposition of HOUSE JOINT RESOLUTION 37 (EXHIBIT 18).

PHYLLIS McDONALD, Board of Nursing, also opposed HOUSE JOINT RESOLUTION 37 (EXHIBIT 19).

WILLIAMINA ROSE, representing Montana State University, submitted written testimony (EXHIBIT 20).  
Additional testimony is submitted at EXHIBIT 21.  
REP. DRISCOLL closed.

#### QUESTIONS:

REP. DOZIER: You said you studied the cost. Would you elaborate?

TOM MONAHAN: It is wasteful right now because we are not graduating students that start. I think the Legislature has every right to study the cost where taxpayers' dollars are concerned.

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REP. FABREGA: What are the actual enrollment figures?

DR. TIETZ: Freshman - 183  
Sophomores - 217  
Juniors - 167  
Seniors - 160

No where are there 600 Juniors or 600 Seniors. The total is 762 students.

CHAIRMAN HART closed the hearing on HOUSE JOINT RESOLUTION 37.

#### HOUSE JOINT RESOLUTION 38

REP. BARDANOUVE, sponsor. This resolution is simply a nice gesture to Kumamoto, Japan, expressing the hope for lasting friendship, understanding, and communication. He said Japan is organized like the United States. They have states and they have legislators. The Governor visited over there a year ago in an attempt to establish international relationships and friendship. He felt they would be very pleased to have the Montana Legislature recognize them in this form.

#### PROPONENTS:

GENE HUNTINGTON, Governor's Office, appeared in support of this resolution, and said it is an important gesture to maintain continuity with the state of Kumamoto. We have had 100 Japanese farmers visit Montana as well as participate in a student exchange program. The relationship has some promise for international trade.

IRVING DAYTON, Commissioner of Higher Education, said that next year there will be a psychology professor from Montana State University who will be a visiting professor at Kumamoto University for a year. We have arranged to have an exchange of students each year from Kumamoto to Montana. Montana State University has arranged a management seminar (20-25 university students led by a faculty member). They will go to the Kumamoto University of Commerce which will include an internship experience in Japanese business or industry. We expect a return visit the following summer from Japanese students. He proposed the following amendments:

1. Page 1, line 16.

Following: "; and"

Insert: "WHEREAS, the institutions of higher education in Montana and Kumamoto are developing student and faculty exchanges and educational programs which will increase mutual understanding; and"



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2. Page 2, line 10.

Following: "prefecture."

Insert: "BE IT FURTHER RESOLVED, that the Legislature  
also endorses cooperation between the institutions  
of higher education in Montana and Kumamoto."

3. Page 2, lines 11 and 12.

Following: "hopes" on line 11

Strike: "this relationship"

Insert: "these relationships"

OPPONENTS: None

REP. BARDANOUVE closed saying he would have no opposition  
to the amendments.

CHAIRMAN HART closed the hearing on HOUSE JOINT RESOLUTION 38.

EXECUTIVE ACTION  
HOUSE JOINT RESOLUTION 38

REP. BARDANOUVE, sponsor.

REP. BROWN: Moved that HJR 38 DO PASS. She also moved that  
the amendments BE ACCEPTED.

The motion to accept the amendments was voted on and PASSED  
with REP. DRISCOLL voting no.

REP. BROWN: Moved that HJR 38 DO PASS AS AMENDED.

The motion was voted on and PASSED with REP. DRISCOLL voting  
no. REP. CONNELLY voted yes by proxy.

REGULAR SESSION  
HOUSE RESOLUTION 5

REP. KITSELMAN, sponsor. This resolution honors the First  
Special Service Force for its sacrifices and accomplishments  
during World War II and supports the placement of a memorial  
during the celebration of the 40th anniversary of the allied  
liberation of Rome.

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PROPOSERS:

ROBERT DURKEE, representing the Veterans of Foreign Wars and the Special Service Force, said the program is endorsed by the President of the United States, the Canadian Minister of Veterans Affairs and General Mark W. Clark, USA. All they are asking is that the Legislature recognize the Montana unit which was the first Special Service Force (EXHIBIT 22).

OPPOSERS: None.

REP. KITSELMAN closed.

QUESTIONS:

REP. HANSEN: How many of you came back?

ROBERT DURKEE: About 500 of the original 1500.

CHAIRMAN HART closed the hearing on HOUSE RESOLUTION 5.

EXECUTIVE ACTION

HOUSE RESOLUTION 5

REP. KITSELMAN, sponsor.

REP. MENAHAN: Moved HOUSE RESOLUTION 5 DO PASS.

The motion was voted on and PASSED UNANIMOUSLY.

REP. CONNELLY voted yes by proxy.

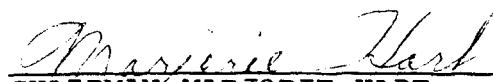
HOUSE JOINT RESOLUTION 37


REP. DRISCOLL, sponsor.

REP. FABREGA: Moved to TABLE HOUSE JOINT RESOLUTION 37.

The motion was voted on and PASSED with REPS. DRISCOLL, WINSLOW, DOZIER and HANSEN voting no. REP. CONNELLY voted no by proxy.

The meeting adjourned at 3:30 p.m.

  
\_\_\_\_\_  
CHAIRMAN MARJORIE HART

  
\_\_\_\_\_  
Secretary

WITNESS STATEMENT

Name Glenda L. Nielsen Committee On Human Services  
Address 6010 Longview Dr. Msls, Mt. Date 4-4-83  
Representing Self and many others in Support \_\_\_\_\_  
same situation.  
Bill No House Joint Resolution # 37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. I support the need for upgrading from an LPN status to that of an RN - in my case - I prefer to be bachelors prepared. The nursing program as it now exists, makes it extremely inconvenient if not impossible for people (students) to complete the Nursing program. The major obstacle being that of relocation for 17 credits of basic nursing skills.
- 2.
- 3.

4. I Believe LPNs should be able to challenge some of those basic nursing skills - if unsuccessful - then take the courses as offered.

Being a non traditional student, that worked both full and part time while attending the U of M in pre-nursing - I feel that you can combine school + work quite successfully. The added expense + stress with relocation to the Bozeman Campus for skills that I've been practicing for the past 10 years frustrates me + makes me question the present inflexibility of the present program.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

FIRST



2 Stat

275 MG TABLETS

**ANAPROX<sup>®</sup>**  
(NAPROXEN SODIUM)  
**An Analgesic**

THEN



q6-8h

I'm Glenda Nielsen an LPN from Missoula, I desperately urge you to support joint house resolution #37. I've practiced as an LPN in Emergency Departments in (Denver, Billings) & Missoula) during the past 10 yrs.

Recognizing the need to upgrade to an RN status to remain employable, I returned to school at U of M. Only to find that in order to complete my <sup>Nursing</sup> degree it ~~is~~ was necessary for me to relocate to Bozeman for a minimum of one quarter & preferably two.



FIRST



2 Stat

275 MG TABLETS

**ANAPROX<sup>®</sup>**  
(NAPROXEN SODIUM)**An Analgesic**

THEN



q6-8h

My husband and I are buying our home and have recently started a business in Msls. We also have a two year old child. At this time, it is impossible for me to continue my education due to the relocation factor. It is extremely important to me to continue ~~in pursuit of~~ <sup>in pursuit of</sup> my BS degree in Nrsng. ~~but I have dropped out of the nursing program.~~ <sup>I have dropped out of the nursing program.</sup> ~~forced to drop out of the nursing program.~~

After talking to student nurses who have been to Bozeman and taken the required classes



FIRST



2 Stat

275 MG TABLETS

**ANAPROX<sup>®</sup>**  
(NAPROXEN SODIUM)

**An Analgesic**

THEN



q6-8h

~~that are required~~ I am  
convinced that further  
investigation is indicated.

Furthermore -  $\bar{p}$  10 years  
of practice as an LPN I  
believe I, along  $\bar{c}$  other LPNs  
who wish to continue their  
education, could challenge  
such basic nursing skills  
as

the art of bedmaking  
temp - VS  
bed bathing etc.

Please support this resolution  
investigating Nsg education in Mt



## WITNESS STATEMENT

Name Marilyn White Easter RN Committee On Human Services  
Address P.O. Box 3991 Missoula Date 4/4/83  
Representing Hospitals & MSN Students Support Enthusiastically!  
Bill No. HJR-37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## Comments:

1. I would hope this committee will listen and heed my concerns due to my 30 years of nursing experience and involvement locally and nationally.
2. Present M.S.N. student nurses and graduates make an alarming number of BASIC nursing clinical errors leading to a grave concern
3. for safe patient care and legal consequences.
4. Numerous students and graduates interviewed have expressed their concern and desire for increased and improved clinical preparation beginning earlier in the program.

The 17 credit requirement on the Bozeman campus makes no sense. A good quality nursing program should be offered in the locations where there are hospitals enough to provide clinical experience simultaneously with the theory. These courses can be taught on the extended campuses with little or NO additional cost. Please do the

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

study and it will be proved.

Thank you

WITNESS STATEMENT

Ex 3  
HJR

Name DIANE DAVIS Committee On \_\_\_\_\_  
Address Rt 1 Box 206 STEVENSVILLE MONT Date 4/4/83  
Representing SELF & FUTURE RN'S Support Yes  
Bill No. HOUSE JOINT RESOLUTION # 37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

- 1) INCONVENIENCE OF RELOCATING WHEN COURSES COULD BE TAUGHT ON LOCATED CAMPUSES
- 2) NURSING STUDENTS SHOWING AN EVER DECREASING ABILITY IN BASIC HANDS ON NURSING SKILLS
- 3.
- 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.



My name is Diane Quies. I am ~~an~~ staff msu graduate presently working as a staff nurse in a msu hospital. In the past I have been a school nurse through the MSU public health dept.

I would like to address the inconvenience, expense and stress of family ties that is placed upon students of nursing because of having to relocate to continue their education. I can speak from personal experience. For me to continue with nursing I had to leave my home in Billings - relocate in Bozeman denying my 8 yr old son a mother and adding additional stress to my marriage. I feel the classes that I was required to take at Bozeman could very well have been taught at the extended campus in Billings.

I would also like to address what I see as a decrease in basic nursing skills being obtained by nursing students at the msu program today. I graduated from Bozeman 6 years ago. At that time the curriculum was an integrated one combining theory and clinical experience simultaneously.

At that time skills in sterile technique, hospital equipment and general nursing procedures were emphasized along with the theories of mental and community health.

Recent observations has lead me to believe this is not the case with the MSU student nurse today. It is imperative to me and to you as future patients that basic nursing skills need to be experienced not just read about before a nurse is to be graduated.

Thusly I urge you to support Joint House Resolution #37.

WITNESS STATEMENT

Name April Mullar Committee On Human Services  
Address 336 S 4th W Date 4-4-83  
Representing Self Support ✓  
Bill No. HJR 37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Support the philosophy and theory of a Bachelor of ~~science~~ science in nursing. I desire changes in the clinical aspect of the curriculum
2. Increase in clinical ~~ap~~ skills with nursing theory. Application of these skills into the hospital setting to allow student nurses to have
3. a ~~the~~ well rounded curriculum.  
I felt lack of preparation from present curriculum in dealing with the realities of the work world. I should of learned these skills within a four year period, especially two years of which were scheduled in a clinical setting
- 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

My name is April Miller  
I graduated from Montana  
State University June of 1980. I  
wish to speak from the staff  
nurse point of view.

Although I support the  
philosophy and theory of a  
bachelor of science in nursing;  
I desire changes in the clinical  
aspect of the curriculum

I felt that my technical  
nursing skills were lacking  
after graduation, while my theory  
of the nursing process was good.  
I spent the first year of work  
on nights, which is a common  
practice in hospitals for graduate  
nurses. I had to do numerous  
procedures for the first time  
without guidance. I had started  
one IV on a patient, inserted one

foley catheter on a comatose patient, <sup>prior to graduation</sup> I had never had more than two patients to give ~~care~~ <sup>nursing</sup> care while in school. Out in the real world of working my patient work load was 10 and many the time I was the change nurse on nights I found this lack of preparation for my position as a staff nurse frustrating. I feel that I should of learned these skills within the a four year period.

I feel nursing students should have more application of their nursing theory within the clinical setting. This would mean additional patient care giving.

I support this resolution and sincerely hope this committee will pass it to ensure quality nursing education and patient care.

WITNESS STATEMENT

Name Pat Barnett Committee on Human Services  
 Address 438 So. 6<sup>th</sup> E Missoula Mt Date April 4<sup>th</sup> 1983  
 Representing Self Support ✓  
 Bill No. HJR - 37 Oppose \_\_\_\_\_  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. According to a survey of 36 people associated with nurses in diverse areas the overwhelming majority expressed concern with the lack of clinical skills
2. taught nursing students at MSU today

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

WITNESS STATEMENT

Name Mc Leigh, Dorothy Committee On Human Services  
Address 230 Crestwood Lane Missoula Date 4/4/83  
Representing Montana Nursing Montalasa Support X  
Bill No. HJR 37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: Critical Areas of concern regarding Nursing Education

1. Graduates from school not competent or comfortable with role they must slot into
2. Accessibility and flexibility of nursing program to nurses wishing to advance their nursing education.
3. Financial Economics -
4. Could remain in community, with family, can maintain working position. Could gain educational degree at a lesser cost.

The campus at each of the extended facility has already been established - all we need is to add the 5-6 introductory classes. These could be taught at a Vocational Technical

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Center and then transferred into MSN

Lets use our facilities wisely and cut down on the financial burden it is at the fall down.



# Montana Hospital Association

(406) 442-1911 • P.O. BOX 5119 • HELENA, MONTANA 59604

## TESTIMONY IN SUPPORT OF HJR 37

Presented by William E. Leary, President, Montana Hospital Association

In late fall of 1981 the member hospitals of the Montana Hospital Association, who are the major employers of nursing personnel in the state of Montana, recognized there was a need to increase the quantity of, and improve the quality of registered nurses graduating from the various Montana schools of nursing. A special Task Force on Nursing was created to do several things encompassed in the MHA Position Paper on Montana Nursing Problems attached to this testimony.

Task force members, along with the nursing advisors, have identified several problems which relate to the current education of registered nurses and their ability to function within the institutional setting following graduation. One of the major problems identified has been a significant lack of clinical experience and it is therefore the desire of the Montana Hospital Association that more clinical skills be taught to professional nursing students during the various phases of their educational process.

We have also identified a need for a ladder concept so two year nursing students might enroll in a continuing R.N. program without having to repeat common curriculum.

We identified a lack of communication among the various organizations interested in the promotion of adequate educational training for registered nurses with very little communication between the users, i.e. hospitals and nursing homes, and the nursing schools as well as the State Board of Nursing.

Early in February, <sup>1982</sup> several members of the task force along with nurse advisors met with Dr. Tietz, president of Montana State University, and Dr. Anna Shannon, dean of the School of Nursing at MSU, to discuss a better utilization of MSU in the provision of more and better clinically trained RNs. Also attending the meeting was Dr. Stu Knapp, vice president for academic affairs at MSU. That meeting was worthwhile as we explored our concept of the utilization of preceptors in hospitals of all sizes and we identified the need for development of specific criteria for preceptors.

As a result of our meeting with officials from MSU, we had a much better understanding of the problems they are confronted with and I am certain they had a better understanding of our needs and our desire to work with them to increase enrollment.

A few days following that meeting, we met with Dr. Frank Kerins, president of Carroll College and Therese Sullivan, dean of the nursing program at Carroll College. We were well received and genuine interest was displayed in the utilization of more preceptors, particularly in the small and mid size hospitals. They also expressed a desire to work with the Montana Hospital Association to increase enrollment in their school of nursing. A followup meeting with Dr. Shannon and Dr. Knapp at MSU on July 1, 1982 achieved one of our goals - the acceptance of the specific criteria for nurse preceptors, copy attached. However little progress was being made towards encompassing more clinical experience under the nurse preceptor proposal and in fact, Dr. Shannon indicated that MSU does have a technical problem in encompassing the nurse preceptor program in the curriculum as a permanent part of the curriculum before 1986. We did, however, agree in principle that the nurse preceptor program could be offered as an elective and would be available to nursing students as early as September of 1983, provided that MSU's curriculum committee would approve this change. IF MSU's curriculum committee has made the change, we have not received any notification so we do not know if the nurse preceptor program will be available during the summer of 1983.

The continuing nagging problem of why a full nursing program could not be provided at the University of Montana was once again discussed and Dr. Shannon indicated that presently all but 17 units of the MSU nursing program are provided on the University of Montana campus. There was concern expressed that this is a serious hardship on students who reside in Missoula and have attended the University of Montana for a majority of their course work but then have to move to Bozeman for the 17 units of credit. Dr. Shannon stated she probably would not provide the 17 units of credit in Missoula even if she could as there is more to the MSU program than just the 17 credits. It appeared to us that we had reached an impasse relative to our goal of having career ladders eventually established as well as getting a permanent part of the curriculum to recognize more clinical experiences than are currently being offered.

While the Montana Hospital Association in working with the leadership of MSU had hoped to forestall bringing this problem to the legislature, it now appears that perhaps having a legislative interim committee study the issue will be the best way to resolve the problem.



If HJR 37 is passed and the interim committee structured, I will turn over to that committee my complete file covering our efforts to resolve the problems outside of legislative action.

We encourage your support and passage of House Joint Resolution 37.



# Montana Hospital Association

(406) 442-1911 · P. O. BOX 5119 · HELENA, MONTANA 59601

## MHA POSITION PAPER ON MONTANA NURSING PROBLEMS

Presented by the MHA Task Force on Nursing - February 24, 1982

Accepted by the MHA Board of Trustees - March 8, 1982

\* Addition by MHA Board of Trustees

- I. PROBLEM: A nursing shortage exists in Montana and will increase in the future.

RECOMMENDATION: The Montana Hospital Association should establish a program to recruit high school students in Montana to the nursing programs available in the State. The association should allocate resources to develop brochures and other information which identify the Montana nursing education programs, the requirement for entrance, and to encourage member hospitals to utilize these brochures in the development of nursing recruitment programs in their local schools.

In addition, a coalition between the Montana Hospital Association and Montana schools of nursing should be formed to market nursing programs to the residents of Montana outside their local schools.

- II. PROBLEM: Nursing students in Montana are in need of additional clinical training and experience.

RECOMMENDATION: The Montana Hospital Association should, through the Nursing Task Force, work with the schools of nursing to provide additional clinical training through, 1) nurse preceptor programs, 2) extern and intern programs, and 3) summer employment for nursing students.

Nurse preceptors would be provided by Montana hospitals at no cost to the nursing program. They would be mutually agreed upon by the hospital and the nursing program. The hospital, with the cooperation of the schools of nursing would provide job descriptions for student nurses wishing to be employed in a student-nurse capacity during the summer months to expand their clinical experience. Hospitals would determine the number of openings and wage scales for these positions. Hospitals with the cooperation of the nursing schools could offer intern and extern programs for student nurses. These arrangements would be made between the hospitals and the nursing schools with assistance and direction from the Montana Hospital Association and the Montana State Board of Nursing.\*

The Nursing Task Force should also work with nurse educators to develop the upward mobility concept in Montana, to provide for various levels of nursing education. Nursing schools should also be encouraged to extend their nursing programs to other Montana campuses and communities where possible, in their fullness, so that potential nursing students are not required to uproot their families for one or two semesters to complete their education.

- III. PROBLEM: Inter-agency communication.

RECOMMENDATION: The Montana Hospital Association, through the Nursing Task Force, should continue to communicate on a regular basis with the various nursing schools in Montana to be sure progress is being made in the areas mentioned above.



# Montana Hospital Association

(406) 442-1911 · P. O. BOX 5119 · HELENA, MONTANA 59601

## SPECIFIC CRITERIA FOR NURSE PRECEPTORS

Hospital administrators, directors of nursing and nurse educators have discussed at some length what qualifications nurse preceptors should have, how they should be selected and how they should be evaluated for the proper utilization of nurse preceptors in Montana's nursing education programs.

The MHA Board of Trustees accepted the report of the Task Force on Nursing Education and agreed to the following specific criteria for nurse preceptors.

1. A baccalaureate degree is desirable for nurse preceptors, but not always possible.
2. In addition to academic credentials, nurse preceptors must have proper clinical skills.
3. The selection of preceptors should be a joint responsibility of the hospital and participating educational institution. It was suggested, for example, that the hospital could select preceptors, subject to the approval of the educational institution.
4. There would be no reason for a nurse to be required to spend time at an educational institution prior to assuming the role of preceptor, as has been suggested by one school of nursing program.
5. There will be a need to clearly outline what the educational institution hopes to have achieved during the student's stay at the hospital so the preceptor is aware of what is expected to be accomplished.
6. There is a need for hospitals and preceptors to know what skills the student nurse possesses and one way to accomplish this might be to develop a checklist of nursing skills which the institution would complete on each nursing student assigned to a hospital.
7. There should be a method developed so the clinical experience provided in the hospital by the nurse preceptor can be properly evaluated.



# MONTANA DEACONESS MEDICAL CENTER

April 4, 1983

Human Services Committee  
House of Representatives  
State of Montana  
Helena, Montana 59601

Dear Committee Members:

This letter will serve as my testimony in opposition to HJR 37 calling for an interim study on the feasibility of offering the complete coursework for a baccalaureate in nursing in Great Falls, Billings, Butte, and Missoula and on the need for more clinical training within the nursing degree program.

My reasons for opposing HJR 37 basically fall into three categories. The first of these relates to the effect of an eventual change from the present nursing program and curriculum at MSU to potentially four complete nursing programs in the above-mentioned cities. While many educators will speak to these program and curriculum problems, I would like to touch on a few. First of all, the nursing shortage of the late 1970's has for all practical purposes abated. The need to turn out nurses as fast as possible is no longer necessary. This being the case, I do not believe exceptions should be made from the normal educational process. Establishing four different schools of nursing, which in reality is the effect of a recommendation to change, under one administrative direction, namely MSU, will dilute the concentration of educators at Bozeman. Additionally, the extended campuses cannot have the same caliber of education without additional hiring of teaching staff. In the long run, this will definitely affect the quality of the program, jeopardize accreditation of the program, and defeat the exact purpose of any educational program, quality of education. Great Falls is the only city with an extended campus that does not have a State of Montana educational system college or university. How will this affect the study or final recommendation? If the answer is to locate the extended campuses with the new complete program in cities with State schools, then, I would wonder about the prudence of the plan.

My second category of reasons relates to the effect of such a study and potential change in curriculum on other colleges and programs with the "system." If such a change is to be done for nursing, then what reasons will be given to other programs (i.e. - engineering, law, etc.) should they wish to also locate their complete programs at extended campuses? I know I would personally request that Dr. Bucklew locate an extended law school in Great Falls. Being a "non-traditional" student myself, I'm sure I could find a decent number of individuals who face "hardships" and cannot travel to Missoula to obtain a law degree. In order to be non-discriminatory, the same considerations would need to be given all students as would be given the nursing students. As far as "hardships" are concerned, we all have them. I remember driving 70 miles one way every day in order to obtain my MBA. It does not seem to me that a semester or two in Bozeman presents tremendous "hardships" over and above anyone else.

My third category of reasons is perhaps the most dangerous to the higher educational system in Montana. The Legislature appoints a body known as the Board of Regents to act in its behalf and govern the higher educational system in Montana. The Board of Regents has, on at least two and perhaps three different occasions, studied this very subject and recommended that the nursing program at MSU remain as it is with the extended campus concept. This by itself is a break from the tradition and provides many individuals in Montana the opportunity to work on the majority of their nursing education at a site closer to their homes. We should applaud MSU for this undertaking. If the Legislature is to propose a Joint Resolution every time a small group of individuals does not agree with a decision of the Board of Regents, then why have a Board at all? This undermines the authority and credibility of the Board.

Finally, I feel that spending non-existent dollars on an already-studied situation seems unwise. However, I also believe that if there is concern that the graduates of nursing programs need more clinical training, this is already being studied by the Montana Society for Nursing Service Administrators, an affiliate of the Montana Hospital Association and a consortium which is comprised of the four Deans of the Montana schools of Nursing. If such a study as proposed by HJR 37 is to be undertaken, then, I believe the committee structure needs to be carefully addressed. Representation from many health disciplines must be involved, including physicians, nurses, educators, administrators, and others to afford the broadest possible spectrum with which to perform the study.

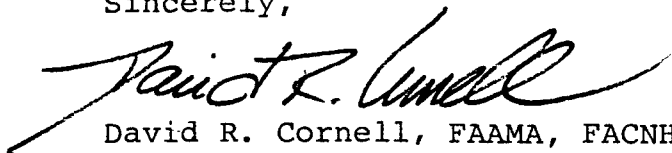
Human Services Committee

Page 3

April 4, 1983

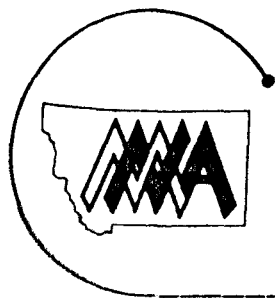
I thank you for the opportunity to present my concerns to you.  
Should you have any questions, please do not hesitate to contact  
me.

Sincerely,

A handwritten signature in cursive script, appearing to read "David R. Cornell". The signature is written in dark ink and is positioned above the printed name.

David R. Cornell, FAAMA, FACNHA  
Administrator

DRC:jb



# Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

TESTIMONY ON HOUSE JOINT RESOLUTION 37:

*Carol Henningsen*

The Montana Nurses' Association is opposed to HJR 37 in its present form. One of our biggest concerns about the resolution is the lack of definition of an appropriate interim committee. One of the functions of the interim committee is to review and critique previous studies that have been done by MSU and the Board of Regents regarding the feasibility and cost of offering the entire nursing course at all MSU extended campuses. For an interim committee to intelligently critique these previous studies, the committee would have to be composed of members with a great deal of expertise in nursing education. The Committee would have to be very knowledgeable about such things as national accreditation standards for schools of nursing, content of nursing curriculum nationally, availability of qualified nursing instructors, and staffing patterns not only for university instructors but more specifically for schools of nursing since clinical education is a very costly, time-consuming part of the educational requirements for students in a nursing program and the instructor has to have small classes to do an adequate job of teaching clinical skills. Since this resolution seems to question the validity of the studies done by MSU and the Board of Regents, the MNA believes that the only way to adequately critique these studies and to perform the other functions listed in the resolution would require the Legislature to obtain the services of nursing educator consultants from outside the state of Montana. This would probably be a very costly study if it is to be done properly and cover the areas listed in the resolution.

TESTIMONY ON HOUSE JOINT RESOLUTION 37:

The other thing that I would like to address in the bill is item (4) on page 3 since I cannot help but wonder why this bill asks the medical community to determine clinical training needed in the nursing programs -- instead of the nursing community. The largest number of nurses working in Montana work in hospitals under the direction of supervisory nurses and directors of nursing.



WITNESS STATEMENT

Name Nancy Deklyn Committee On \_\_\_\_\_  
Address Lolo Creek rd, Lolo, MT Date 4-4-83  
Representing MSU School of Nursing Support \_\_\_\_\_  
Bill No. 37 Oppose \_\_\_\_\_  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: See prepared statement: Attached

1.

2.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

My name is Nancy DeKlyn. I am a senior at the Missoula extended campus of the MSU Nursing program. I represent that campus as president of the student council there.

Student Council has been involved with the extension issue since early this fall. After extensively looking the situation over, we have taken a stand against moving the lower division courses to upper division campuses for the following reasons:

1. Not only are the basic 17 credits of nursing classes offered at lower division, but credits must also be taken in courses such as microbiology, infectious disease, inorganic and organic chemistry, anatomy and physiology, nutrition courses, child and adult development, psychology and sociology. Line 17 of page 2 of Senate Bill 37 refers to "unrelated" courses. I cannot be sure which courses are being referred to here, but courses such as English must be taught to prepare us to write college level papers, required in both lower and upper division and to prepare us for writing research, which is a University program focus. Courses such as speech prepare us to talk in front of groups, which is often a nursing function and help us to develop our assertiveness and ease in dealing with the public.

At this time only the U of M in Missoula and IMC at Billings are prepared to teach all of the lower division courses. This would necessitate students from Great Falls and Butte to still travel to finish their degree and might even threaten these campuses with closure. If that were to happen students from these areas would have to move not for just a few quarters, but for 4 years.

2. There are only so many upper division slots at any one campus. The number of slots does not change unless patient population increases. If Billings and Missoula become preferred campuses they can still only take the same number of students. This means that although a student would take his or her lower division on his/her home campus, it would not guarantee that there would be a slot available for that student in the upper division section on the campus.

If Great Falls and Butte would have to close down, this would drastically reduce the accessibility of the program, with which this bill seems to be concerned.

3. There are potential students, and non-traditional potential students from towns in Montana who have no part of the program at all in their area. These people must move for 4 years to complete their degree. With a systems program, such as MSU, they may be fortunate enough to be able to commute to a campus in or close to their area for at least part of the program. In a state the size of Montana the accessibility of a systems design makes sense.

4. The present system also allows for mobility within the system. Students whose spouse is transferred to another city can easily transfer to another, closer campus. A student who fails a course in one campus may choose to retake the course at another campus, and at this time this can easily be done.

5. Other curriculums require moves in order to attain a degree. Curriculums such as Forestry or Agriculture often require moves. I wonder if they can match the accessibility our program affords in making such moves?

6. Lines 12 - 16 on page 3 of the bill make the point that present staff is adequate to take on the teaching load of the lower division courses, thus reducing expansion costs.

a. First of all, these instructors are already taking on a large load, putting in as much clinical time in supervision, as much course time in lecturing and as much study time in preparing and evaluating course materials and required papers and exams as we students do. And I can tell you, that's more than a 40 hour week. If you put an increased work load on these people you will threaten the quality of teaching they are putting out in their field of expertise.

b. Not only will they be faced with an increased course load but with an increased advisory load.

c. If my Upper Division instructors have any free time,

I want them spending it improving present course, offering more electives relevant to upper division work, taking classes themselves in order to expand their knowledge base and keep up with present trends and finally, doing research. There is a strong emphasis on research in a University nursing program, please do not negate the importance of spending time doing it and preparing students for conducting research themselves.

I do not want to see my Upper Division instructors going back to where I have already been by teaching lower division courses, but going on ahead of me so they can even further my educational growth.

Please, do not sacrifice what appears to be convenience to some for the greater accessibility to the larger number, and please, do not sacrifice the quality of my education in the interest of reducing costs.

Thank-you for your time.

Jill Van Nice Steiner  
1209 N. Broadway  
Billings, Montana 59101

Ex 12  
HSL 37

Madame Chairman Marjorie Hart and Members of the Human Services Committee:

My name is Jill Van Nice Steiner. I am a non-traditional student - I am 29 years old, married, and a senior in my last quarter. I am currently attending the Billings Extended Campus.

I feel that the House Joint Resolution #37 oversteps the boundaries of state law in that the Board of Regents has been designated as the body to oversee curriculum design within the state system. It is my concern that the legislature feels the need to become involved in curriculum change, in particular, when many of the legislators are not familiar with nursing education requirements.

I oppose this resolution not only for the many other reasons mentioned by other opponents, but because the legislature is inadequately prepared to become involved in the academic arena.

*Jill Van Nice Steiner SN*

MS. Chairman and Members of the Committee:

Name: Judi du Toit

Address: 108 Rocky Mountain Lane, Butte, MT

I am a senior in the MSU nursing program, currently enrolled at the Butte Extended Campus. I wish to speak in opposition of HJR #37.

When a person with a family makes the decision to return to school, motivation and finances are two of the necessary requisites. One must be willing to work hard and make sacrifices - but most importantly, the family must be able to survive without an income from that returning student, or at least, survive with an appreciably reduced income. When I chose to return to college, I did so with these factors in mind. I also chose to live in Butte and keep my children in school there. Based on economics, I could have attended Montana Tech and pursued one of their degrees with less cost. If I had chosen to attain a B.A. in business administration I would have had to attend the University of Montana in Missoula. If I wanted to go into law I would have had to go to Missoula where the law school is located. But, I chose nursing, knowing it required that I attend the Bozeman Campus for a period of time. In my case, I had to spend my Mondays through Fridays in Bozeman for two quarters. The additional expense of this requirement was less than \$1,500 - not much when compared to the overall cost of getting a degree. I could have eliminated this additional cost and inconvenience if I had chosen to pursue a degree at Montana Tech in my hometown of Butte. But, I chose nursing.

My two quarters at the MSU campus in Bozeman provided me with an opportunity to experience a feeling of unity with all of the other nursing students who were getting ready to go off to the various smaller extended campuses. Classes and study groups with this larger number of future nurses increased my exposure to a variety of ethical and nursing issues and philosophies I may not have otherwise explored. Learning the basic skills and nursing theory needed for upper division from a limited number of faculty members at the Bozeman campus provided all of us with an identical knowledge base from which to proceed. It was a kind of "pulling it all together" after we had come from a variety of lower division educational experiences and before we again spread out to the various extended campuses. If the lower division nursing courses are provided at each extended campus, students would be at a disadvantage as they would miss out on this unification and consistency in lower division nursing course content.

A poll of the students now attending the extended campus in Butte shows that out of 49 students, 24 were originally from the Butte area. Of those 24, six have families. Five of those six attended Montana Tech for their lower division non-nursing requirements and then transferred to the Bozeman campus for two quarters to pick up their lower division nursing courses. Although they felt this was an inconvenience, it did not keep them from choosing to get a degree in nursing. The general concensus was, "sure it would have been easier not to have had to travel to Bozeman, but then, it would have been easier not to have returned to school at all." The other 18 students who were from Butte families chose to attend the Bozeman campus for most, or all, of their lower division courses and not attend Montana Tech at all. The six students with families and who are now attending the Butte extended campus entered upper division staggered over three separate quarters, i.e., two entered the fall of 1981, one entered the fall of 1982, and three entered in winter quarter, 1983. It would hardly seem feasible to provide the additional faculty needed to teach only 2 or 3 students the lower division nursing classes every quarter.

If there is to be "easy access" to the school of nursing degree program, why not also provide this "easy access" to other professional schools such as law, medicine, architecture, or petroleum engineering. Nursing is attempting to promote professionalism; HJR #37 would be a barrier to that goal as well as a barrier to the continuing high quality of our nursing education.

R+14  
HJK 7

This letter is to state my opposition to the request for an interim committee study of MSU School of Nursing, as proposed in House Joint Resolution No. 37.

As there are so many things I could respond to I find the need to limit my comments to a single area addressed within the resolution document: "The need for more clinical training within the program."

In my own baccalaureate program I spent a semester commuting 100 miles to a larger city for three days a week in order to obtain 'more clinical training' in particular specialty areas because they were not available in my locality. I can't believe that in another rural state this would be different. Travel to obtain necessary experience is the rule in rural centers, not the exception.

Baccalaureate education is intended to provide a broad base of knowledge which includes clinical and theoretical nursing courses for specific knowledge, and firmly developed roots in the basic physical and social sciences. These courses may appear to be unrelated to some, when in fact they serve as a base for making more thorough assessments and for the planning of more effective quality care which is consistent with consumer needs and life styles. If one has a strong foundation of basic physical and social sciences from which nursing courses are built, then one can learn new techniques and skills; and know the reasons they are doing the task, what outcomes to anticipate and why.

If what is wanted is a place to obtain multiple techniques (which makes for technicians) then I would suggest the diploma or hospital school route. If one wants a broad base of knowledge from which to make clinical decisions and problem solve and if one wants to be considered as a true nursing professional capable of providing care (not techniques) to consumers, then one must consider all the components of baccalaureate education in nursing.

My final concern relates to the availability and accessibility to quality learning experiences for students. I can address the reality of the limited opportunities for my own students in terms of available community mental health clinical placements. My real concern comes for consumers who are hospitalized and in need of rest and comfort. If I was a consumer of hospital services I would not want to be barraged on days and eves by students needing clinical experience.

Who will speak for the consumer on this issue? I feel I must. I want my services from quality professional caregivers, not technicians. My suspicion is that most consumers want the same, not the mechanistic service delivery approach.

CHRISTINE L. MAGHRAK RN MN  
Christine L. Maghrak, RN, MN  
Assistant Professor  
Montana State University School of Nursing



WITNESS STATEMENT

Name <u>David B. Lackman</u>	Committee On <u>House Human Services</u>
Address <u>1400 Winne Ave. , Helena , MT 59601</u>	Date <u>April 4, 1983</u>
<u>Lobbyist</u>	
Representing <u>Montana Public Health Assn.</u>	Support <u></u>
Bill No. <u>HJR 37 ( B.S. Nursing program</u>	Oppose <u>XXXXXXXXXX</u>
<u>at 4 campuses )</u>	Amend <u></u>

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. This is more duplication in an already overburdened university system .  
If this was followed to a logical conclusion one could ask - Why not all professional programs at each university ?
2. The B.S. in nursing program at MSU in Bozeman is an excellent one . There would never be enough money to have a complete program ~~at~~ on all four campuses. Such a scheme would result in diluting the program at MSU .
3. Part of the program can already be taken on these campuses. People in other programs have to travel to a designated campus to take specific professional degree programs . Is nursing any different ?
4. We have advanced beyond the days when transportation was a major problem; and ~~there~~ was some justification for multiple campuses. I hark back to the days of the Durham report when the recommendation was made to close Western and Havre. However , the conclusion was made that this would be "politically unfeasible." In light of the present "hassle" about financing the university system , I thoroughly agree with Senator Gary Aklestad that we must face up to the fact that limiting enrollment in the university system is worth considering.  
Since 1950 I have been on the visiting faculty of either UM or MSU. My observation has been that we have a fine student body in the system . However , there are those who shouldn't be there , and who are a burden on the taxpayer. It is a dis-service to encourage such students.

( I have an important meeting Monday morning , and may not be finished in time for this hearing- so am leaving this with the secretary this afternoon 4/1/83)

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

WITNESS STATEMENT

Name Therese Sullivan PhD RN Committee On Health + Human Resources  
Address 633 Lehigh Date April 4 1983  
Representing Lehigh College Support \_\_\_\_\_  
Bill No. HJR 27 Oppose ✓  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. - The purpose of all baccalaureate education, not just nursing, is to prepare the graduate for vocational job-training, as well as the education of the whole person in the liberal arts / general education.
2. - This resolution presents a potential threat to the autonomy of the nursing profession regarding its right to control the standards of educational programs preparing future members of the profession.
3. - This resolution may also pose a threat to MSN's national accreditation from the National League for Nursing. Most graduate schools now require graduation from an MSN accredited program for entry into graduate schools.
- 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

WITNESS STATEMENT

Name Jenifer Sheehy Committee On Human Services  
 Address 63 Apsaruke, EMC Date April 4, 1983  
 Representing MT. STATE UNIVERSITY Support \_\_\_\_\_  
 Bill No. HJR # 37 Oppose  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. as a senior MSV nursing student at the Billings extended campus, I question the need to study
2. the program to determine feasibility of establishing sites for complete course work at each extended campus.
3. Having moved three times in pursuit of a nursing degree, I believe the personal sacrifice to be worthwhile one; the present
4. division of course work allows students to learn and practice nursing skills in a small group of no greater than ten. A small group such as this is essential to the acquisition of the many and varied nursing skills.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

WITNESS STATEMENT

Name Harold D. Menger R.N. MSN. Committee On Human Service  
Address P.O. Box 4177 Date 4/4/83  
Representing Self Support \_\_\_\_\_  
Bill No. HJR#37 Oppose ✓  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Page 1 line 12413 is incorrect because Carroll College, Helena also offers a baccalaureate degree & have students from all parts of the state & out of state.
  2. The number of students entering schools of nursing in Montana has consistently increased even though the number of schools has decreased over the past 2 years from 23 to 4.
  3. It is unfortunate that clinical experience for students in baccalaureate programs are negatively compared to the clinical experience nursing student had when they attended hospital schools as apprentices & staff of hospitals. - Times have changed & so has the demands for nursing & their education.
  4. Nursing education in colleges have to meet the college's requirements for a degree & have to have the curriculum reviewed through normal college channels.
  5. When new graduates are employed they are too often expected by their employer to take responsibility for beyond their preparation or experience. Compare new nursing student with new engineers, new lawyers, new doctors etc.
- Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

## V. SCHOOLS OF NURSING

Near the end of the 19th Century in Montana as elsewhere, people were accepting the idea of greater social responsibility for public health. Along with this development was an increase in health science at all levels. One example was the improved skill and knowledge of practicing physicians. Another was the rise of nurse training institutions. In this latter case, the guiding spirit was that of Florence Nightingale, whose ideal school would be supported by public funds or endowments and be directed by a nurse. Its association with a hospital would be only to utilize that institution as a part of the educational apparatus. But this ideal could not often be realized, and early nursing schools were adjuncts of hospitals, with instruction to students secondary to carrying on the hospital's service to its patients.

A step forward came with accreditation, or formal approval by an examining agency such as NLNE, the Montana Examining Board for Nursing, and the Association of Collegiate Schools of Nursing. Insistence on their standards led to the closing of some small schools, consolidations among others, and a general strengthening.

Assisting in this improvement were: cooperation of physicians, participation in WICHE, support of nursing associations, affiliation with colleges, and association with specialized hospitals for experience in tuberculosis nursing and in psychiatric nursing.

Montana's first nursing school was opened in 1894 by Columbus Hospital in Great Falls, only about 30 years after such training was instituted in the eastern states. Many schools came and went during the next 60 years, until by 1960, one hundred years after Florence Nightingale's first school, there were four schools of nursing in Montana, all showing great progress toward meeting her standards. From the first, Montana schools of nursing had nurses as their directors, but there was a new emphasis on educa-

tion in colleges and less on training in hospitals, and as is shown in the following sections of this chapter, the education of nursing students was increasingly in the hands of degree-holding faculty members. A Master's degree and teaching experience were generally required for the rank of assistant professor in the collegiate schools of nursing. The details of these developments are the subject of the following pages of this chapter.



Great Falls, Montana, about 1918.

### 1. STANDARDS ESTABLISHED FOR SCHOOLS

The Montana schools of nursing were reviewed by the Examining Board which was created by the 1913 legislature. One of the duties of this board was the accrediting of nursing schools. In addition, in establishing standards for registration of individual nurses, the question of formal training was involved, which again brought the schools under the jurisdiction of the board.

Immediately after appointment, the board undertook the work of outlining minimum educational standards for schools of nursing. A basic ruling provided that such schools must be "in connection with a hospital having not less than twenty-five beds and a daily average of not less than twelve patients. The course of instruction shall not be less than two years . . ." Guided by this initial set of rules the board began at once to evaluate the schools of the state, with the president of the board ex officio the inspector of such schools. In 1919, an amendment provided for a salaried secretary for

the board, with the duties of inspector assigned to her office, but no funds were provided for this function until 1930 so the amendment remained a dead letter.

The 1913 legislation carried a provision for the registration without examination of graduate nurses currently engaged in practice, and 672 certificates were soon granted on applications by such nurses. After July 1, 1919, registration was awarded only on the basis of a successful examination. Also, a ruling was made by the Examining Board that applicants must show at least one year of high school in addition to the nurses' training. However, if the superintendent of the hospital operating the training school saw fit, she could administer a special examination to a girl seeking admission without this required year of high school. This examination supposedly was on the academic subjects normally covered in the ninth grade and was meant to assure the student's reasonable proficiency in reading, gram-

mar, practical arithmetic, and writing. The passing of this test to the superintendent's satisfaction would be accepted by the board in lieu of the formal schooling.

The board appointed in 1913 busied itself at once in the matter of examining the Schools of Nursing for accreditation, and in 1915 announced its first list, consisting of two in Butte, those at the St. James and Murray Hospitals; likewise two in Helena, at St. Peter's and St. John's; and the Deaconess Hospital in Bozeman. Apparently, the remaining nursing schools of the state were not necessarily rejected at this time, but accreditation was withheld temporarily until some requirements of the examiner could be met. Accordingly, the report of 1919 showed fifteen schools with full accreditation. The report prepared by the board in 1953 has two tables tracing changes in the schools. The first table shows that the number of schools decreased while the students and the full-time faculty have increased. There was an increase from 580 students in 1936 to 978 in 1946 during World War II while the Cadet Nurse Corps was functioning.

The standard of education required for admission into a nursing school was slow to rise. The Montana Nurses' Association's annual convention of 1924 went on record as favoring a change in the law to require two years of high school work. Not until 1933 was the nursing law changed to require high school graduation as a minimum requirement for admission

to a school. Nevertheless, a trend toward encouraging education even into college work was seen as early as 1918, when the State College at Bozeman announced a one-year pre-nursing course at the college level.

During World War I, Dean D. B. Swingle, Head of Botany and Bacteriology Department at Montana State College and later the Dean of the Division of Science, initiated a War Emergency Program (including courses in chemistry, dietetics, English, history, physiology, school and public health nursing) to aid in advancing the education of nurses in Montana. The college cooperated with hospitals in the state by offering this one year of scientific study, and students who successfully completed the program entered the hospitals for the two years of experience in nursing care required to complete their nursing program.

In the autumn quarter of 1922, nursing students at the Bozeman Deaconess Hospital began to enhance their education as Miss Edith R. Ackerman, Superintendent of the Hospital, arranged for them to take one campus quarter during each of the three years of their program if they so elected. This arrangement continued until 1930.

In 1937, the Bozeman Deaconess Hospital became a unit of the Consolidated Deaconess Schools of Nursing which was affiliated with Montana State College. This will be described more fully later in this chapter.

TABLE 1  
MONTANA SCHOOLS OF NURSING, 1919-1960

Year	Total Number Schools of Nursing	Total Number Students	Total Number Full-Time Instructors
1919	15	265 (approx.)	Not Known
1923	17	291	8
1927	17	453	20
1934	12	370	13
1939	9	580	14
1946	6	978*	29
1950	6	645**	35
1953	6	646	39
1960	4	617	51

Source: State Accredited Schools of Nursing, Published by NLNE.

\* Does not include Holy Rosary Unit, Presentation School of Nursing, which had 102 students on December 31, 1946.

\*\* Does not include Holy Rosary Unit, Presentation School of Nursing, which had 78 students on December 31, 1950.

This table shows the number of schools, the number of students, and full-time instructors.

Table 2 lists the schools of nursing in Montana that prepared students from 1894 to 1960. The number of schools reached seventeen in 1923, then declined to twelve in 1934 and four in 1960. The Examining Board set up requirements that a school of nursing must meet if graduates were eligible to take the licensing examination. This caused many schools to close. The requirements that this board formulated were changed through the years. They were in-

fluenced by the standards set forth by the National League for Nursing. These requirements have included: hospital patients average which increased from 25 to 100 as the years passed; number of faculty and their preparation; a professional type of student with a high school education; good health; a curriculum offering courses basic to and including medical-surgical nursing, maternal-child care nursing, and psychiatric nursing; and a separate budget for the operation of the school.

**TABLE 2**  
**SCHOOLS OF NURSING, 1894-1960**

School of Nursing	Location	Years
St. Ann's Hospital	Anaconda	1924-1934
Billings Deaconess Hospital (now MSC)	Billings	1927-1942
St. Vincent's Hospital (now Carroll)	Billings	1913-1943
Butte Deaconess Hospital	Butte	1918-1930
Murray Hospital	Butte	1907-1933
St. James Hospital (now Carroll)	Butte	1906-1943
Bozeman Deaconess Hospital (MSC until 1950)	Bozeman	1911-1938
Montana State College	Bozeman	1938-
Deaconess Hospital	Conrad	1916-1924
Forsyth Hospital	Forsyth	1916-1926
Frances Mahon Deaconess Hospital	Glasgow	1912-1930
Columbus Hospital	Great Falls	1894-
Montana Deaconess Hospital (Now MSC)	Great Falls	1902-1938
Kennedy Deaconess Hospital	Havre	1926-1936
Sacred Heart Hospital	Havre	1921-1954
St. John's Hospital	Helena	1905-1943
St. Peter's Hospital	Helena	1909-1933
Sisters of Charity—Carroll College	Helena	1943-
General Hospital	Kalispell	1916-1932
St. Joseph's Hospital	Lewistown	1919-1959
Our Rosary Hospital	Miles City	1916-1943
St. Vincent's Hospital	Miles City	1943-1960
St. Patrick Hospital	Missoula	1908-
Sidney Deaconess Hospital	Sidney	1915-1927
Milwaukee Hospital Association	Three Forks	1915-1921

Listed above are the names and the locations of schools of nursing in Montana including the years these schools were organized and discontinued unless they are still functioning.

The board undertook to standardize curricula and textbooks, and to work toward some integration of nurses' schools with the curriculum set up in the state by boards of education and the colleges. The

minutes of the board indicate much time spent in considering the cases of individual applicants for registration who offered less than satisfactory levels of general knowledge.

Old Columbus Hospital, 1893, currently used for nurses home.



WITNESS STATEMENT

Name Mary D. Menger R.N. MSN. Committee On Human Service  
 Address P.O. Box 4177 Date 4/4/83  
 Representing Self Support \_\_\_\_\_  
 Bill No. HJR#37 Oppose ✓  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Page 1 line 12413 is incorrect because Carroll College, Helena also offers a baccalaureate degree & have students from all parts of the state & out of state.
2. The number of students entering schools of nursing in Montana has consistently increased even though the number of schools has decreased over the past 2 years from 23 to 7.
3. It is unfortunate that clinical experience for students in baccalaureate programs are negatively compared to the clinical experience nursing student had when they attended hospital schools as apprentices & staff of hospitals. Times have changed & so has the demands for nursing & their education.

4. Nursing education in colleges have to meet the college's requirements for a degree & have to have the curriculum reviewed through normal college channels.

5. When new graduates are employed they are too often expected by their employer to take responsibility for beyond their preparation or experience. Compare new nursing student with new engineers, new lawyers, new

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Dr. etc.



WITNESS STATEMENT

Name Phyllis McDonald Committee On Human Services  
Address 1424 Ninth Ave Date 4/4/83  
Representing Board of Nursing Support \_\_\_\_\_  
Bill No. H. Joint Resolution No. 37 Oppose X  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1.

2.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Ms. Chairman and Members of the Committee

Name: Williamina Rose

Address: 838 West Mercury, Butte, MT 59701

I oppose H.J.R. #37 for the following reasons:

1. The development of complete coursework for a baccalaureate degree in nursing at the Extended Campuses of Montana State University's School of Nursing is a mismanagement of human resources and a duplication of services. The School of Nursing is presently using its scarce human resources in the best economical manner by centralizing lower division courses in Bozeman, allowing a small number of faculty to teach a large number of students. The presentation of each lower division course on Extended Campuses would necessitate an increase in faculty.
2. The full campus concept could lead to high competition for available resources; i.e., faculty members, monies, support services, equipment. This would be very destructive to the cooperative use of resources we now experience.

These are two of the reasons I oppose H.J.R. #37.

Ex 20  
HJR 7

Ms. Chairman and Members of the Committee

Name: Williamina Rose

Address: 838 West Mercury, Butte, MT 59701

I oppose H.J.R. #37 for the following reasons:

1. The development of complete coursework for a baccalaureate degree in nursing at the Extended Campuses of Montana State University's School of Nursing is a mismanagement of human resources and a duplication of services. The School of Nursing is presently using its scarce human resources in the best economical manner by centralizing lower division courses in Bozeman, allowing a small number of faculty to teach a large number of students. The presentation of each lower division course on Extended Campuses would necessitate an increase in faculty.
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2. The full campus concept could lead to high competition for available resources; i.e., faculty members, monies, support services, equipment. This would be very destructive to the cooperative use of resources we now experience.

These are two of the reasons I oppose H.J.R. #37.

Madame Chairman, Members of the committee: My name is Kate Bratches. I am a student at Montana State University, in the School of Nursing. I wish to speak in opposition to House Joint Resolution #37. I speak in opposition for the following reasons:

#1 I refer to line 17, page #2, of House Joint Resolution #37, with regard to fewer unrelated courses.

I disagree strongly that there be fewer unrelated courses. I chose to come to Montana State University, due to the fact that it offered the baccalaureate degree in Nursing, and the reputation of its Biological Science department. Nursing students take 7 classes of Science. These 7 classes of Science reinforce one another, to enable the student to have a strong background in the nursing process for a professional practice. In all of the curriculums, such as Engineering, Agriculture and Education, the students are required to take unrelated courses to round out their education. Nursing is a profession, and the Nursing School's curriculum sees to it, that, that is the quality of education the student receives. It is not a Technical Nursing program. It is a program that offers a broad base in the sociological/psychological/biological/physiological areas, that a professional Nurse needs, enabling her/him to meet whatever challenge awaits them, from a rural setting in Montana, to working on a Masters degree.

#2 I refer to line 9-10, page #3 of House Joint Resolution #37, with regard to attrition due to the non-traditional student.

I am a non-traditional student. I own a home in Helena, and have a daughter. I have family that live in Helena and my daughter's father, grandmother, grandfather, and various other relatives live in Helena. When I decided to further my education, I chose to come to MSU, knowing that in the Nursing program, similar to the Engineering and Medical programs, I would have to move after two years of lower division courses. The catalog clearly states: "The Nursing program

is a four year collegiate education which includes two years of lower division study which includes at least two quarters at the campus in Bozeman and two years of upper division study taken at one or more of the extended campuses."

I chose to come. I empathize with the Nursing students who feel they are uprooted and must leave their home, yet on a National level the availability of a baccalaureate program in one's home town, or free of moves, is small.

#3 I trust and value the faculty of MSU to handle the problems and concerns regarding its School of Nursing. It seems that this became a doubt in the minds of many after the article in the Dec. 16, 1982, Billings Gazette, by Mr. Thomas Monohan and subsequently House Resolution #37, was introduced.

Mr. Monohan made various statements regarding the Nursing program that were quite obviously made by someone who is unaware of what the baccalaureate program of Nursing is. The Nursing program is more than making beds. The five Nursing classes are more than "Mickey Mouse". The five classes comprise the History of Nursing, Nursing responsibilities, Ethical matters, and the Nursing process, to name a few. The five classes not only pull together what Nursing is, but also prepare the student for the Upper division campus. Moving the five classes to four extended campuses, in the long run would not be cost effective nor consumer effective. I feel that it is a benefit to having a core group of Educators, not limited to a handful of Educators, that we would ultimately have on five extended campuses. The benefits of having instructors utilize each others knowledge of current information, the ongoing research available, due to their University standing, thus keeping the student current and ready to face the complex profession she/he has chosen, far outweighs the limitations of five mini Nursing schools.

For these reasons I am opposed to House Resolution #37.

Dr. Bob Rogers  
and

WITNESS STATEMENT

Name Montana State Univ. Campus Health Committee On \_\_\_\_\_  
Address 612 Eddy - Missoula, Mt. Date April 4, 1983  
Representing M.S.U. Nursing Faculty Support \_\_\_\_\_  
Bill No. 37 Oppose X  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Nursing is a complex process which requires a knowledge base.
2. We refute the assumption that there is a "need for more clinical training and lower 'unrelated' college course requirements" in the program.
3. We refute the statement that "the present staff and facilities at the extended campus would be adequate to provide the required base coursework".
4. We express concern about the possibility of interference in the Nursing curriculum design by those not knowledgeable in the profession in question.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

## TESTIMONY OF VALERIA WILLIAMS OPPOSING HOUSE JOINT RESOLUTION #37

I am Valeria Williams, Assistant Professor, Montana State University School of Nursing, Great Falls Extended Campus. I reside at 3234 7th Avenue South, Great Falls, Montana.

I am speaking in opposition to House Joint Resolution No. 37.

I would like to address the quality of the nursing program at Montana State University and the necessity to maintain this quality.

Last year the Montana State University School of Nursing was reviewed and received continued accreditation by the National League for Nursing. The voluntary accreditation process evaluates the nursing program against nationally agreed upon educational standards. The standards established for bachelor of science professional nursing programs assures that the quality of education is such that the graduates are prepared to give high quality nursing care to patients and their families in all settings.

The nursing program at Montana State University is a professional program that combines nursing courses with general education courses. 50% of the MSU nursing program consists of nursing courses, and 50% general education courses. The number of nursing credits required by the MSU program exceeds the national average for accredited schools by 15 to 20%.

HJR #37 would jeopardize the quality of education because:

- 1) There would be a loss of control of the lower division courses which provide the base for the professional and clinical upper division courses which are offered at the extended campuses.
- 2) The number of qualified faculty needed to duplicate teaching of the lower division common core offerings may not be available.
- 3) A precedent will be set which would affect all educational programs. Currently the Board of Regents makes decisions regarding higher education in Montana.

HJR changes that by giving the legislature authority to dictate how professional education is conducted in our state.

All of the above changes would necessitate a re-evaluation by NLN with a possibility of a loss of accreditation.

It is the responsibility of MSU to assure Montana students that the quality of the Nursing program is maintained so the graduates are prepared to practice professional nursing in our mobile society and have the educational background to study at the masters level.

We should not short change our Montana nursing students by compromising quality education or jeopardizing the national accreditation that was reaffirmed in 1982.



WITNESS STATEMENT

Name MRS. RITA SHEEHY Committee On Human Services  
Address 925 N. Rodney - Helena Date 4-4-83  
Representing self Support \_\_\_\_\_  
Bill No. HJR 37 Oppose ✓  
Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. As a parent of a senior nursing student of MSU - doing her hospital work in Billings, I oppose this resolution.
2. I would prefer <sup>that</sup> the Board of Regents would wrestle with curriculum matters.
3. This should not be a political decision. I want my daughter to get a degree in nursing because I would hope she would have a complete education of the whole woman - rather than as just a technician -
- 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

## WITNESS STATEMENT

Name DAWN K. KING Committee On Human Services  
 Address 911 N. 23rd Billings, MT Date April 4, 1983  
 Representing MSU School of Nursing Support \_\_\_\_\_  
 Bill No. HJR #37 Oppose X  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## Comments:

1. "Nontraditional students" represent a minority of the students enrolled at the M.S.U. School of Nursing. To cater to their needs seems unfair to those students who might enjoy the academic experience at a larger university such as M.S.U. in Bozeman.

3. Nursing is a multi-faceted profession and involves psycho-social aspects of the human condition as well as the physical. By increasing the amount of time spent in clinical training, we may be able to obtain more opportunities in performing nursing skills, but at the expense of learning about sociology, psychology, philosophy, and history - subjects relevant ~~and~~ to learning about the nature of our patients - human beings.

I will soon graduate from the M.S.U. School of Nursing and can say that I am pleased with the quality of education I have received. The nursing profession demands that I be learned in physical and social sciences, liberal arts, and humanities. To imply that these areas of study are "unrelated" to nursing is incomprehensible.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Ex 21  
HJR 7  
Dawn King  
911 N. 23rd  
Billings, Montana  
59101

Madame Chairman Hart and members of the Human Services Committee:

House Joint Resolution #37 appears to be concerned only with the needs of "nontraditional students", i.e. those who might be terribly inconvenienced because of family considerations, by taking coursework at the School of Nursing Bozeman campus. House Joint Resolution #37 also implies that there is a need for more clinical training and less "unrelated" coursework.

To address the first point, we must remember that these "nontraditional students" represent a minority of the students enrolled at the Montana State University School of Nursing. To cater to their needs seems unfair to those students who might enjoy the academic experience at a larger university such as M.S.U. in Bozeman.

In reference to the statement about "unrelated" coursework within the baccalaureate program, I wonder which courses are deemed "unrelated". It is my belief that a person broadens his or her experience by taking courses in a variety of disciplines. One might think that a course in Native American Studies would be "unrelated" to nursing until one finds himself giving care to a hospital patient who is a Native American Indian. Having knowledge about such a culture enhances the ability to give nursing care to that person, not detract from it.

Nursing is a multi-faceted profession and involves training in the psycho-social aspects of the human condition as well as the physical. By increasing the amount of time spent in clinical training, one may be able to obtain more opportunities in performing nursing skills, but at the expense of learning about sociology, economics, philosophy and history - subjects relevant to learning about the nature of our patients - human beings.

I will soon graduate from the M.S.U. School of Nursing and can say that I am pleased with the quality of education I have received. The nursing profession demands that I be learned in the physical and social sciences, liberal arts, and humanities. To imply that these areas of study are "unrelated" to nursing is incomprehensible. Giving quality patient care involves more than performing a skill when a patient presses a button.

The baccalaureate program in nursing offered at M.S.U. stresses nursing theory, care of the patient in all phases of the life-span, and the professionalism of nursing. House Joint Resolution #37 would serve to weaken the present program, thus I am opposed to the proposed resolution.

Respectively yours,

*Dawn K. King*  
Dawn K. King  
M.S.U. Nursing Student

WITNESS STATEMENT

Name Kathy Shelton Committee On Human Services  
 Address 2701 2nd Ave So, Great Falls Date 4/4/83  
 Representing MSU students Support \_\_\_\_\_  
 Bill No. HJR #37 Oppose X  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

- Comments: Many non-traditional students have made the necessary sacrifices
1. to achieve career goals. A career should be chosen because of its desired value not because of its easy accessibility.
  2. Proposed curriculum changes could lose NLN accreditation for nursing school and so MSU nursing graduates could have difficulties in being accepted into Masters programs.
  - 3.
  - 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Testimony of Kathy Shelton opposing House Joint Resolution #37  
April 4, 1983

EX-21  
HJR

I am a married senior nursing student and a permanent resident of Great Falls. I am a second degree student and in order to pursue a nursing career I had to leave my husband and my home in Great Falls and attend class in Bozeman for six months. It was a very difficult choice to make because it meant putting a financial and emotional burden on my marriage. I had to decide whether or not a nursing career was important enough to me to make those necessary sacrifices. I discovered that nursing was important to me and that any professional intent on pursuing their career goals do what is necessary to achieve them. A professional does not choose a career or attend a school because it is convenient to them, or easy to obtain or better than no education at all.

I want to be a professional nurse, I don't just want a job. Presently MSU offers a high quality, professional nursing education and HJR 37 threatens the quality of that education. It seeks to create four separate schools of nursing, each sharing only the name MSU School of Nursing and no common experience for students. Accreditation would be needed for four schools, not one yet failure to gain accreditation standards by one campus would threaten all campuses. That threatens the value of my hard earned degree and thus my career. Masters programs are very selective about their candidates and any curriculum changes that threaten accreditation, threaten the acceptability of MSU nursing graduates into higher levels of education.

Ex 21  
HJ237  
Dana Druivenga  
649 Parkhill, #5  
Billings, Montana 59101

Madame Chairman Marjorie Hart and members of the Human Services Committee,

I would like to speak to the statements of "additional time and money" in completing the Montana State University nursing program at two locations, tremendous personal sacrifices, and the idea of a fragmented educational program.

Life is a process of prioritizing those events which are most important and valuable to one's goals. It is a process of "pulling together" of fragmented events/sequences into a comprehensible whole. As such, relative amounts of time and money are required to accomplish goals as pre-established by the individual. If the value of those goals are of such priority, then the individual will choose to or make personal sacrifices, as deemed necessary, to accomplish those goals.

Participation in Montana State University's School of Nursing, which challenges the individual to experience the process of becoming a professional person while enhancing personal integrity, is a high priority goal for me. This opportunity commands personal sacrifices, but no more than for other types of programs.

The current educational system of the Montana State University nursing program is comprehensive and structures the fragmentation of personal life experiences into manageable components for the individual who has sacrificed for career goals. Creation of four separate nursing campuses would increase fragmentation and decrease comprehensiveness. Who would suffer?

One misconception of this bill is that it equates "Bozeman" with the five required nursing courses. Bozeman provides accessibility to a wider range of supportive minor and background courses. In addition, the "Bozeman experience" provides a foundation for the incorporation of personal life experiences and career goals.

Will you intervene in the State Boards which are offered in Helena? This is inconvenient for many people. Perhaps State Boards should be offered at each state system school to prevent this inconvenience.

Considering the above thoughts, I am opposed to House Joint Resolution Number 37.

Sincerely,



Dana Druivenga  
B.S. Psychology, ISU  
MSU/BEC Nursing Student

Ex 21  
HJR 3  
Lavonne Rice  
641 Ave. D.  
Billings, Montana 59102

Madam Chairman Hart and Members of the Human Services Committee:

My name is Lavonne Rice and I am a non-traditional senior nursing student at Billings Extended Campus. I oppose House Joint Resolution #37 for the following reasons:

1. At this time there is not a nursing shortage in Montana.
2. Hospitals can offer only so much clinical experience to students. At this time the Billings health care facilities are providing clinical experience to as many students as they can handle.
3. The cost and inconvenience of going to another campus for 17 credits (usually two quarters) is minimal compared to sacrifices students in other curriculum have to make.
4. The high success rate of the MSU nursing students on the state boards of 98.8% indicates the high quality program that exists at MSU at this time.

Respectfully,



Lavonne Rice, M.S.U.S.N.

Jay A. Kintzing  
128 Wyoming Ave.  
Billings, Montana 59101

Ex 21  
HJR 37


Madam Chairman Marjorie Hart and Members of the Human Services Committee:

My name is Jay A. Kintzing and I am a non-traditional nursing student in the sense that I am a married, 31 year old, male senior attending the Billings Extended campus.

My personal views which are in opposition to House Joint Resolution #37 are that the resolution was probably drafted with good intentions, however, I fear its goals would soon destroy the value and high standards of the baccalaureate nursing program in Montana for the following reasons:

1. The resolution's proposal to increase the work load of faculty at extended campuses to include seventeen extra credits would most likely cause the most experienced and talented faculty to leave the program.
2. The cost of putting together complete BS programs at all the extended campuses would not seem affordable at the smaller campuses.
3. The so-called fragmented education, being a major reason for the resolution's call for change, was in fact a most rewarding experience for myself and others - an experience that greatly outweighed the apparent disruption of moving and job changes.

Respectfully,

  
Jay A. Kintzing, M.S.W.S.N.



Ex 2  
HJR 3  
Heather Frost  
3211 Reese Creek Road  
Belgrade, Montana 59714  
April 4, 1983

Madam Chairman Marjorie Hart and  
Members of the Human Services Committee:

I am Heather Frost, an MSU Nursing Student presently enrolled in my final quarter and attending classes at Billings Extended Campus. I am writing this letter to address the proposal currently before you regarding the MSU School of Nursing. This represents my personal view of the situation.

I am well aware of the financial and emotional hardships involved in attaining a baccalaureate degree in nursing from Montana State University. I have spent the majority of the past three years living away from my husband with the added financial burden of maintaining two households. Many personal sacrifices have been made through the course of my education, but I feel the quality of the education I have received to be worthy of those sacrifices.

The curriculum developed by the MSU School of Nursing is well planned, and the nursing educators involved are continually striving for the highest standards of nursing education. The foundation of our lower division program maintains a consistent basis to be built upon in upper division classes where each student obtains a broad spectrum of nursing experiences.

As a student, I believe your time and money would be more wisely spent in addressing issues of greater importance. This would be more beneficial than changing areas of the program which already produce satisfying results.

Issues which appear to me to be of value include appropriation of more funding available for nursing research, including a special fund to enable nursing students to enact the proposals developed through their research classes. Another critical area of need would be the improvement of library facilities at extended campuses. These facilities are continuously utilized and provide the most current information related to the rapidly changing technology and knowledge base so important in nursing practice.

With a sound theoretical background, graduate nurses are well prepared to enter clinical practice and further develop their technical skills. This could be supplemented by providing more consistent orientation programs at rural institutions throughout the state. These are merely a few areas of need which I feel are of greater priority to the quality of nursing education and practice.

The depth and perspective of nursing can be fully understood only by persons intimately involved in nursing education. It is those individuals to whom we should look for direction and guidance related to needs and changes in nursing education.

I ask that you consider these points when making your decision related to the proposal in question.

Thank you,

*Heather Frost*

Heather Frost

HF:kb

WITNESS STATEMENT

Name Pamela A Webb Committee On Human Services  
 Address 2704 1st Ave N. Great Falls Date April 4, 1983  
 Representing MSU Students Support \_\_\_\_\_  
 Bill No. HJR #37 Oppose X  
 Amend \_\_\_\_\_

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. HJR #37 would allow for all nursing courses to be taught at each extended campus. This could threaten accreditation for the MSU <sup>school</sup> ~~school~~ of Nursing and thus jeopardizing acceptability of MSU nursing graduates into graduate programs.
2. HJR #37 ~~it~~ sets a precedent which would allow other curriculums to be disbanded. It would allow various groups to insist that classes needed for a college degree be moved to a more central location, which would be more ~~convenient~~ convenient for that particular group of persons.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

# Testimony of Pamela A Webb Opposing House Joint Resolution

April 4, 1983

I am Pamela A Webb, a senior nursing student attending Montana State University School of Nursing at the extended campus in Great Falls.

I am writing in opposition of House Joint Resolution 37.

One of my prime goals after graduation is to pursue a master's degree in nursing. To attend a graduate program, one must have a degree in nursing from an accredited program. Should HJR 37 pass and all nursing courses were offered at each nursing campus, it would appear that the unity of the MSU School of Nursing would be lost. The National League of Nursing, who has the authority to accreditate schools of nursing, might have to re-evaluate each campus in order to validate standards required for accreditation purposes. The possibility that the MSU School of Nursing could lose its ~~accreditation~~ <sup>accreditation</sup> exists and thus directly affects those of us who wish to obtain a higher degree of education.

House Joint Resolution 37 affects not only the nursing curriculum at MSU, it affects every curriculum in the university system as well. HJR 37 sets a precedent that

encourages disbanding of any curriculum. For example, if a group of people from a rural area wanted to obtain a degree in agricultural engineering, but then decided that they could not afford the financial or emotional burden to go to Bozeman to obtain that degree, they need not look further than HJR 37 to insist that the necessary classes be brought to a more central location. This is not to say that this situation will occur, but merely implies that this situation could occur, should HJR 37 be passed.

I strongly feel that the integrity of Montana State University and of the university system be kept intact and that the excellent quality of education offered by the MSU School of Nursing be preserved. I urge that House Joint Resolution 37 not be passed.

Thank you for your time and consideration.

Pamela A Webb

APRIL 4, 1983

FROM: Faculty/MSU School of Nursing  
Missoula Extended Campus

REGARDING: House Resolution #37

The purpose of this testimony is:

- 1) to describe the nature and complexity of Nursing in today's world,
- 2) to refute one of the assumptions underlying this resolution, i.e., that there is a "need for more clinical training and fewer 'unrelated' college course requirements within the baccalaureate program for a nursing degree",
- 3) to refute the statement that "the present staff and facilities at the extended campus would be adequate to provide the required MSU coursework",
- 4) to express concern about the possibility of interference in the Nursing curriculum design by those not knowledgeable in the profession in question.

PURPOSE 1: Describe the Nature and Complexity of Nursing in Today's World

Nursing is a discipline that deals with clients as a whole and has many facets, a statement which is true of other professions as well. At the core of Nursing is caring, caring for people who are ill, people who need assistance in remaining healthy or are in some way in transition. Further, caring signifies both the art and science of nursing. A sophisticated knowledge of science and development of communication skills form the base of nursing and provide the framework for designing the care of patients and clients. The art of nursing is employed in the process of communicating with individuals and families, in assessing needs, interpreting care, listening to expressions of pain, suffering, bewilderment, and in actually carrying out the required tasks. Nursing makes use of the knowledge of other disciplines, physical, behavioral and social sciences, and its own knowledge of caring. Nurses carry out their roles in a variety of complex settings in which the art and science are mixed and knowledge, concern and skill are brought to bear to promote health, relieve suffering, carry out and monitor a medical regimen or provide support to people in need of care.

The baccalaureate curriculum prepares students to consider psychological, biological, and developmental needs of individual patients and their families. In the context of complex theoretical and technological advances in acute care and community settings, immediate, independent nursing judgements must frequently be made without benefit of consultation. In more specific terms we find that patients in hospitals today are more acutely ill than ever before, and the care they require grows increasingly complex and intensive. Today's hospital nurse, as the principle provider of around-the-clock clinical care, is central to patients' well-being and to operational effectiveness of the hospital. Management of a large array of patient care technologies has become an essential complement to nurse's traditional caring roles.

Electrical monitoring is one care technology that has become an adjunct to the gathering of clinical information on patients. Many of our small rural hospitals have electrical monitoring equipment in their critical care unit and/or emergency room. While use of these instruments is usually initiated by the physician, nursing assumes responsibility for monitoring the hour to hour outputs. The operation and use of instruments requires manual and manipulative skills and the findings contribute significant information for use in medical and nursing interventions. The use of these instruments does not negate the need for the nurse to assess the whole patient. These instruments are but adjunct to necessary observational skills; it is the evaluation of findings, judgement as to the meaning of the findings, and actions taken as a result that are crucial to patient outcomes.

Instruments from which information is obtained change frequently requiring that nurses learn new operational procedures, however, the type of information obtained and the need for a sound theoretical background that provides intellectual capabilities for assessment, evaluation, judgement, and decision making remain constant. The change in technology and increasing complexity of patient care will no longer allow for nurses to be "trained to do procedures in just one way".

Nurses can no longer be prepared to work only in the hospital. Although hospitalized patients are sicker, their stay in the hospital is shorter--many are discharged from the hospital still needing assistance with management of their care. Therefore, the aim of baccalaureate education is to provide a graduate with intellectual and clinical skills for functioning in hospitals and other health care agencies today and in the future. Nursing practice must be flexible, creative, individualized and socially oriented, and based on a sound theoretical background that provides for such practice.

PURPOSE II: "---there is a need for more clinical training and fewer unrelated courses."

It certainly would be ideal for any education program to have "more time" to prepare its students for the world. Increasing the number of clinical hours, however, is not synonymous with improving a student's clinical skills. For example, low census days are frequent occurrences in Montana hospitals. A student may on such a day spend eight hours in a clinical setting but if there are no patients, this provides little in the way of clinical education for that student.

The notion that students of nursing should be "finished products" the day they graduate needs to be strongly refuted. To quote Duane D. Walker, RN, MS, F.A.A.N., Associate Hospital Director/Director of Nursing Service, Stanford Hospital:

"Nursing directors must stop proselytizing that new graduates don't learn enough 'hands on' care. Student experiences don't thoroughly cover how to 'catheterize, enemize, IVize.' Nursing educators don't teach enough 'procedurizing.' A more realistic expectation of the nursing director is acceptance of the neophyte practitioner and his/her related learning needs. A move from student status to practitioner, in any profession, requires an investment of the hiring party for any type of professional. Hospitals are complex organizations and nursing is a sophisticated practice, transitional support needs of new graduates and students should be recognized by the nursing administrator and helping them to meet these needs in a realistic expectation."

PURPOSE III: To refute the statement that "the present staff and faculty at the Extended Campuses would be adequate to provide the required MSU coursework."

The assumption stated in the resolution that the present staff and facilities at the extended campuses would be adequate to provide the required MSU coursework is erroneous for the following reasons:

- 1) Faculty in Nursing education are not interchangeable, but are hired for their expertise in a particular practice area. For example, a faculty member prepared at the Master's level in obstetrical nursing could not provide safe and effective clinical supervision in the cardiac intensive care area. A faculty member who has developed expertise in cardiac intensive care, would quickly lose that expertise if assigned to teach fundamentals of Nursing.
- 2) The cost of classroom and office space alone, not to mention cost for additional faculty to teach and advise the students taking the five lower division courses cannot be ignored.
- 3) Clinical <sup>facilities</sup> ~~faculty~~ are already being used to capacity in many areas. To add additional students would be problematic and in some instances impossible.

PURPOSE IV: To express concern about the possible interference in Nursing or other professional curricular design by those not knowledgeable in the profession.

This last issue is our deepest concern as university faculty. There are reviewing bodies which are appropriate vehicles for evaluating professional and educational departments

The legislature has given the authority and responsibility of overseeing University programs to the Board of Regents. The Board has studied the ideas proposed in Resolution 37 at length and has made its judgement on the matter. It is our belief that this judgement should be supported.

# NEW EXEC OUTLINES "CRITICAL ISSUES"

"There are many critical issues encroaching on the practice of nursing today. Some of these issues are problems which must be dealt with now, and resolved before definitive action is taken. The paramount issue facing practicing nurses is how will changing the requirement for "entry into practice" change the profession and health care, as we know it today, see it for the future, and envision it for posterity. Philosophically, we all agree that the Baccalaureate level of education should be the entry level for the profession, however this is not the time to enforce the change.

"The objectives of Association of Diploma Schools of Professional Nursing will be championed by our Chariman Ms. Gloria Corbo, and given administrative support by myself to accomplish those goals. We intend to represent the interests of those Registered Nurses (70%) who graduated from non-BSN programs, and all the future nurses who still desire Associate or Diploma programs.

"It is time for this silent majority to come forth and make their voices heard on these issues, to assert their professionalism to meet the health care needs of the clients they serve and insist that the 20% of those R.N.'s representing the profession represent the grassroots and not the elitist group that creates the impetus for a change which may have devastating effects on the profession, as well as health care delivery.

"In review of some of these issues, I remind you that these are only a few and I cannot detail the potential ramifications they may represent. I would like to add that I invite your comments and ideas.

They will do much to help us elucidate our position on nursing education and practice. These are the QUESTIONS:

1. Why is the BSN being forced upon the profession when Baccalaureate programs are so diverse and performance capabilities still questionable?
2. Why produce only professionals who will command higher salary for service because of educational time and money spent, when the health care system is straining to be cost effective? (Overall nursing salaries are another issue.)
3. Should the Diploma graduate be penalized because she is capable of providing competent, quality care services, but lacks some liberal arts credit, or lacks the undefined 'upper division' nursing theory?
4. Why is there no equity in nursing education, to recognize transfer credits from other collegiate programs, as well as equitable articulation for graduates from Associate and Diploma programs?
5. Why has there not been a viable blueprint for the utilization of all graduates, and a utilization program to which all health care agencies and institutions conform?
6. Why propose a system which will dilute the quality of hands-on care and reduce the labor force of nursing professionals at a time when quality care is needed more than ever to demonstrate viability of the NURSE, and shortages of nurses exist.
7. Since studies have validated the BSN graduate has a high attrition rate because of 'reality shock' and 'burnout' in acute and intensive care settings, who will replace the nurse? Technicians?
8. Where are the continuing education programs to upgrade theoretical base, increase knowledge and competency of practicing nurses?
9. Who will finance the elaborate orientation/skill training programs for new BSN graduates in institutions?
10. Why do we have one license for three levels of education? We blame the licensing regulations, why not the employers of nurses, who only see the license, and/or the educational programs who do not promote the competencies of their graduates, nor recommend to hiring agencies the proper utilization of the respective skills and knowledges of their educational product?

"Enough said, please become actively involved in these issues. Write to us, and better yet, write to your Professional Association representatives, your legislative representatives, and to your colleagues. Let them know where you stand and what you think. Don't let changes come about before all the issues are resolved, the ramifications considered and reconciled, and there is EQUITY and ARTICULATION."

Eileen J. Alessandro, R.N., M.A.  
Executive Director, ADSPN

# ADSPN EDITORIAL: WHAT SKILLS ARE NEEDED?

The July-August 1980 Issue of New Jersey Nurse, the official NJSNA newsletter, ran a front page article by Dorothy Ozimek, Ed. D., R.N., entitled: "What Every R.N. Needs to Know about Baccalaureate Nursing Education — Fact or Fancy."

On its surface, the article presents a formidable point of view, an argument that would be hard to refute. Closer inspection, however, reveals contradictions.

Why should an R.N. seek a BSN? To prepare one for service as a generalist, with a broad general and nursing education, says Dr. Ozimek. This answer presumes that a broad base is necessary for professional skills and competence. Decades of Diploma graduates have asserted their professional skills and competence with successful transference to a predetermined level of cognition and conceptual mastery in the field. Broad base education has its merits, but there is no substantial evidence proving its exclusive domain for professional development.

Do all R.N.'s need a Baccalaureate Degree in nursing? The article's emphatic "NO" is contradicted by its statement, "However, if you are seeking a career goal-change, and you wish to advance . . ." a BSN is required. You will be locked into that job at the time of grandfathering, never to be allowed movement until you earn a BSN.

How does the "R.N." proceed once the decision is made to study for the "First Professional Degree"? This is a derogatory statement, implying you are not now, and never will be, considered a Professional unless you possess a BSN. My years of associations with Diploma School graduates have never given me

the impression that we are less than professional.

In general, ALL graduates demonstrate gradations of professionalism and competence, regardless of their educational background. All programs have their superior students and their borderline cases. Perhaps the "professionalism" we speak of is not from education but from maturity.

Programs offering R.N.'s an opportunity to articulate are great resources. However, the applicant is evaluated, tested, and re-tested to prove she once learned nursing. The presumption is that no nursing education is valid, unless Baccalaureate.

Unity requires common ground, common respect, and common sense. One cannot be practicing if one has not passed a minimal standards examination for licensure, and learned certain prescribed basic foundations in nursing theory. Let's give credit for the time and efforts spent producing a nurse and develop specific course work to supplant nursing theory and broaden exposure to the myriad of career options of the health care industry.

Present transfer and advanced standing credit formulas demean the long-standing heritage of nursing born in the Diploma Schools. Nursing would not be what and where it is today if "Professional" Diploma School nurses had not had the vision to organize into professional groups and associations for economic and professional interests. If Diploma nurses were professional then, the graduates of today should be all the more sophisticated professionals.

The "bona-fide" degree issue is another problem. Nurses seek Baccalaureate degrees in other

disciplines to compliment their nursing skills. Nurses have many talents, and transcend the "nurse is a nurse" image. They assume responsibilities and functions that only they can do best, because their skills have been enhanced by additional education.

The BSN movement argues that their "outside" degrees are irrelevant. That may be true for the nurse who wants to remain a primary care giver, but not for those performing a vast number of other health care functions.

These professionals choose further education to meet their specific needs, and should have an opportunity to reenter nursing specialization should they choose, through open Master level programs. Remember, these persons have learned basic nursing through their Diploma or AD education. A BSN is a first level education, too. With a relevant Baccalaureate degree, one should be allowed access to a Masters of Nursing program.

When one decides to reenter nursing practice in its pure form, then a BSN may be considered. If the nurse is in a different sphere of health care she should have the option of selecting education that enhances her capacity to perform. An R.N. does not need to be "bona-fide", she is already licensed.

Do not be swayed by BSN propaganda. Articles such as this will no doubt renew NJSNA attempts to reinstate the "1985" resolution. As I have indicated, much is untold about the ramifications of a "1985" proposal at this time. We must show our "professional force" and attend the convention to subdue any new attempts to change multiple level entry into practice.





# Our Undertrained Nurses

MY TURN/Alice C. REAM

**E**arly in September an Associated Press item stated that an estimated 56,000 patients in the United States may die each year because of urinary-tract infections contracted while they were using bladder catheters in a hospital. Researchers have found that getting this kind of infection nearly triples the death rate among hospital patients.

We lost 57,000 men in the entire Vietnam War. We lose less than 56,000 each year from the carnage on our highways. That such a horrendous number of patients die each year at the hands of hospital personnel is almost too shocking to contemplate.

Bladder infections are only one item on an extensive list of patient complaints about present-day hospital care. Hospitalized patients are angry about neglect and abuse, anxious for personal safety.

There was a time when a newly admitted patient was greeted and bathed by a registered nurse. The nurse examined and comforted the patient, and became acquainted with him as a unique individual with particular needs. Later, when that patient needed minor- or major-skill care to further rehabilitation, the nurse either performed the task or supervised a student nurse to ensure safe and comfortable results.

**Unworthy:** In the past, a newly graduated nurse could walk into any hospital in America and be fully functional in a few days. All she needed was orientation to surroundings, regulations and equipment. Then, in the 1950s, nursing education underwent a drastic change. Except in America's remaining three-year hospital-diploma schools, students are now drenched in academic courses and gypped on skill training. This is especially true in the costly baccalaureate programs whose priorities now seem to be power and prestige. The move to produce a "professional" nurse has demeaned skill training as unworthy and unnecessary.

Student nurses once were supervised through 3,500 to 5,000 hours of patient-care; they now get a small fraction of that. This is doubly disconcerting since nurses are today expected to perform intricate procedures that didn't even exist 30 years ago. Also, at the very time that nursing educators were slashing skill training, medical schools and state licensing agencies began demanding much longer skill training for

physicians. Clearly, medical people are not unaware of the importance of skills.

Nurse educators have been teaching their students that they are being prepared for management roles. The art of skilled nursing is thus dying out. Bedside care has been relinquished to aides and orderlies. Therapists have taken over suctioning, oxygen administration and respiratory treatments. Surgical scrubbing is now the province of technicians; pharmacists handle the preparation of intravenous fluids. Maids make beds, kitchen helpers serve trays. Some hospitals have introduced a new absurdity: technicians are being trained to prepare medications and present the pills and potions to patients while the

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*Many nurses bumble  
from patient to  
patient, violating the  
most sacred law in  
nursing—Do No Harm.*

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nurse sits at the bedside to explain the hoped-for results.

Nurse educators have a bug in their ears about being handmaidens to physicians. They are, for some unknown reason, ashamed of being nurses. Ashamed of bathing the sick? How else does one check for skin turgor, rashes and ulceration? Ashamed of handling excreta? How does one arrive at firsthand knowledge of output or the possibility of intestinal bleeding? Not willing to carry a food tray? How does one assess the patient's appetite and potential need for supplemental nourishment?

Nurse educators defend shorter skill hours with the statement that one need not make 1,000 beds in order to prove one knows how to make a bed. True. A good instructor can teach a bright student to make a hospital bed in an hour. That is, of course, provided the bed is not occupied by a crush trauma case, a person in complicated traction, one with severe arthritis or a postoperative case with many tubes. People learn how to make those beds with supervised hands-on experience,

not from books in a college classroom.

Nursing educators and journals instruct students to diagnose eye disorders but fail to teach them how to change eye dressings or administer eye medications. Wordy, pompous dissertations on bacteriology are not accompanied by sufficient skill training in sterile techniques. As a result, the newly graduated nurse becomes an enormous burden to her hospital as she spreads infections far and wide, violating the most sacred law in nursing: Do No Harm.

**Chaos:** Student nurses today are every bit as altruistic and dedicated as their predecessors. They are, however, betrayed by their educators. Some of them recognize this, and attach themselves like leeches to older, skilled nurses; they may eventually become skilled themselves. Those who do not recognize their deficiencies (or cannot accept their failings) bumble their way from patient to patient, leaving chaos in their paths. Some could be rescued by skilled supervision but, unfortunately, far too many supervisors have inadequate skills.

So nurses end up as cocktail waitresses, clerks in stores or real-estate salesladies. That is called "burnout." Translated, it means that the nurse was not trained to cope, to organize or to perform and will, eventually, leave nursing for something that she can handle. In the meantime, we face a stunning shortage of nurses.

When some of those nurses who can't measure up in a hospital reach burnout, they return to college, get another degree and become professors of nursing. One can only shudder at the thought of what their students will face one day.

It is time for nurse education to return to skill training. Patients are fearful, physicians rant and rage, hospital malpractice suits are mounting to a thundering crescendo. And at the center of the problem is the unskilled nurse. She is destructive without even realizing it; she is frustrated and relieves her frustrations on helpless patients.

Patients who leave the hospital with a \$20,000 or \$30,000 bill and say they were neglected or abused during their hospital stay must be heard. Patients are paying the freight and deserve better treatment.

*Alice C. Ream, a retired nursing teacher, is writing a book about the nursing crisis.*

## VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEEBILL HOUSE JOINT RESOLUTION 37DATE April 4, 1983SPONSOR REP. DRISCOLL

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Rita Shuchter	82571 Rodney - Helon	myself		✓
William R. R.	838 W. Mercury Butte	Citizen		✓
Judi DuBois	108 Rock, W. Helon Butte	MSU Nursing Student		✓
Nancy DeKleyn	2000 Creek rd. Jolo	MSU School of Nursing		✓
Cheryl Gibson	1428 Harrison, Helena	MSU School of Nursing		✓
David Little	213 CRAIGHEAD, MSUB	MSU Student		✓
Brian Linkey	737 E. Beckwith, Helena	you see her p. 186		✓
Anna Sullivan	633 Laurel - Helena	Cornell College		✓
Mary Tinger	P.O. Box 4177, Helena	Cornell College		✓
Barbara J. Rogers	1101 W. Hermon Ave Helon A-10-MSUB, MT	MSU School of Nursing		✓
Nancy Rhea	3457 4th Ave. Blgs	MSU School of Nursing		✓
Jess VanNieuwen	1209 N. Broadway Blgs	MSU School of Nursing		✓
Larson, Leo	641 Ave D. Blgs	MSU School of Nursing		✓
Charles McHale	937 N 3rd Blgs	MSU Faculty		✓
Jay A. Kutzner	128 Wyoming Ave Blgs	MSU School of Nursing		✓
Anna Drivenga	649 Park Hill, Blgs	MSU School of Nursing		✓
Anna M. Shannon	1 Mallard Lane	MSU Sch. of Nursing		✓
Katherine Chapley	516 W Olive Bozeman	MSU School of Nursing		✓
Sharon Meyer	3604 5th Ave. 1st fl	MT. Nurse Assoc		✓
David J. Small	3500 Antelope Lane <sup>CTF</sup>	MT. DIACONESS MED Center		✓
Bill Miller	Bozeman	MSU		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

HJR 37

Support Office

Bretchen Vagland RE 5929 Gt Falls Mt Deac  
Med Center X

Mary Ellen Robinson Highwood  
Allen J Lee 5101 5th Ave So Gt Falls MSU X  
X

Jenny Sheehy Billings X

Meredith A Kase 1701 20th St So G. Falls MSU X

Kathy Shelton 2701 2nd Ave So Great Falls MSU student X

Valeria Williams 3234 7th Ave S. Ht Fl. MSU-Faculty X

Pamela A Webb 2704 1st Ave No. Great Falls MSU student X

Havert Anderson 2116 - 6 Ave So Great Falls - M.S.N. faculty X

Wynn King 911 N. 23rd. Billings, MSU student X

Kate Bratcher 47 Glacier Bozeman, MT. MSU student X

Marilyn Easter P.O. Box 3991 Missoula D.H.S. X

April Muller 336 S 4th W Thellur X

Glynda Nielsen 6010 Longview Dr. Msls, MT. X

Shirley McEgert 230 Centerville, Missoula X

Pat Barrett 438 S 6th Msls X

Deane Quie, Rt 1 Box 206 Stevensville X

Monahan 2609 Lyndale  
Billings

Dennis Wagner MSU students

David B. Lockman WIT P. Heath Fssu.



## FIRST SPECIAL SERVICE FORCE ASSOCIATION

### A Proposal for a Commemorative Tablet in the City of Rome

The 1st Special Service Force Association, an organization of veterans of this Canadian/ American army unit of World War II, respectfully requests permission of the Italian government and the government of the city of Rome to place a commemorative tablet in the city. This tablet will memorialize that the Force led the way in the attack to liberate Rome on 4 June 1944, and will be dedicated to our comrades who died in this campaign.

If our request is granted we plan to dedicate the memorial during the national celebration of the 40th anniversary of the city's liberation in 1984, with participation by our members, our Italian partisan friends who rendered us such valuable aid in this battle, and active military units of our three armies, exemplifying our friendship and unity.

#### Rome Memorial Committee

##### Co-chairmen:

S. C. Waters, LTG, Canadian Defense Forces (Ret.)  
E. H. Thomas, BG, USAR (Ret.)

##### Members:

R. A. Durkee (US)  
D. P. Gallagher, Col., USA (Ret.)  
W. J. Grabiec (Cdn.)  
G. W. McFadden (Cdn.)

#### Enclosures

1. Letter from the President of the United States (with translation)
2. Letter from the Canadian Minister of Veterans Affairs, the Honorable W. B. Campbell
3. Letter from General Mark W. Clark, USA (Ret.)
4. Proposed wording for the Commemorative Tablet (with translation)

#### BATTLE HONORS

U.S.: Aleutians, Naples-Foggia, Rome-Arno, Southern France  
CANADA: Monte La Difensa, Monte Remetanes, Monte Majo, Monte Camino, Anzio, Advance to the Tiber, Rome, Southern France



**PRESIDENT**  
Charles Mann  
850 Huron Terrace  
Kincardine, Ont.  
CANADA N0G 2G0  
519-396-2774

**AMERICAN VICE PRESIDENT  
& REUNION CHAIRMAN**  
Barney Snyder  
620 Watson Street  
Coraopolis, PA 15108  
412-264-1257 (Home)  
412-922-4060 (Office)

**CANADIAN VICE PRESIDENT**  
Wyman G. Hayes  
7 Cedarwood Avenue  
Willowdale, Ont.  
CANADA M2L 1L7  
416-225-6232

**BOARD MEMBERS**  
Arthur Dieroff  
360 Homestead Court  
London, Ont.  
CANADA N6G 2E9  
519-471-5930

Frank Keating  
7020 West 35th Street  
Tacoma, WA 98466  
206-564-4681

old R. Leete  
05 Raven Oaks Drive  
Omaha, NB 68152  
402-571-7489

Don Rowe  
2523 No. 121st Street  
Omaha, NB 68164  
402-493-3905

Jack Yoder, Jr.  
1521 East Hickory  
Streator, IL 61364  
815-672-2748

**EXECUTIVE SECRETARY**  
William S. Story

**ASSOCIATION HEADQUARTERS**  
11815 Quarter Horse Court  
Oakton, VA 22124 USA  
703-620-2879

**LIAISON: CANADIAN ARMY**  
Richard N. Hindle  
Rte. 2  
Foster, PQ  
CANADA J0E 1R0  
514-547-3271

**LIAISON: U.S. ARMY**  
Edward H. Thomas  
2025 Stonebridge Lane  
Charlotte, NC 28211  
704-366-0204

**IMMEDIATE PAST PRESIDENT**  
Peter L. Cottingham  
554-2nd Avenue, Box 596  
Neepawa, Man.  
NADA ROJ 1H0  
4-476-2260

proposta per una lapide commemorativa  
nella citta'di Roma

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Noi membri dell'associazione delle Prime Forze Armate Speciali, chiediamo gentilmente alle autorità governative italiane, ed a quelle della capitale, d'installare una lapide commemorativa nella città di Roma.

Questa lapide verrebbe dedicata a tutti quegli eroi che pagarono con la vita la liberazione della città di Roma.

E' nostra intenzione di celebrare questo evento durante la celebrazione del quarantesimo anniversario della liberazione di Roma, con la partecipazione di tutti i membri della nostra associazione, e dei partigiani italiani, che valorosamente collaborarono a questa grande vittoria.

Comitato Per La Lapide Di Roma.

S. C. Waters, LTG. Delle Forze Armate  
Canadesi (Ministero Difesa)

E. H. Thomas, BG, USAR  
Presidente.

R. A. Durkee  
D. P. Gallagher, Col. USA  
W. J. Grabiec  
G. W. McFadden  
Membri.

Documenti inclusi:

- 1) Lettera del Presidente Degli Stati Uniti .
- 2) Lettera del ministro Canadese dei reduci della guerra.
- 3) Lettera del Generale Mark W. Clark, USA.
- 4) Testo per la proposta della lapide commemorativa.

THE WHITE HOUSE

WASHINGTON

January 6, 1983

Dear General Thomas:

It has come to my attention that you plan to place a tablet in the city of Rome commemorating the First Special Service Force's leading role in the liberation of that city during World War II. Initiatives such as this play an important part in emphasizing the bonds between the United States and its Allies. As you know, in my speech to the Canadian Parliament on March 11, 1981, I paid tribute to the First Special Service Force's singular contribution to the Allied cause in World War II.

I support your effort to place this commemorative tablet in Rome, and will ensure that the U.S. Embassy in Rome assists you in approaching the Italian government.

Sincerely,

*Ronald Reagan*

Brigadier General E. H. Thomas, USAR (Ret.)  
1st Special Service Force Association  
2025 Stonebridge Lane  
Charlotte, North Carolina 28211

L A C A S A B I A N C A  
\*\*\*\*\*  
W A S H I N G T O N  
\*\*\*\*\*

6 G E N N A I O 1 9 8 3

Gentilissimo Generale Thomas,  
ho appena ricevuto notizia, che Lei ha intenzioni  
d'installare una lapide nella citta' di Roma per  
commemorare gli atti valorosi compiuti dalle For-  
ze Armate Del Primo Servizio Speciale, che contribu-  
rono alla liberazione di quella citta', durante la  
seconda guerra mondiale.

Questo ha un grande significato politico, in quanto  
dimostra i buoni rapporti con i nostri alleati.

Come ben Lei si ricorda, durante il mio ultimo  
discorso nel Parlamento Canadese dell'undici  
Marzo 1981, fu allora che con grande gioia accennai  
alla gloriosa partecipazione di questo gruppo per  
la causa comune di tutti i nostri alleati, durante  
la seconda guerra mondiale.

E per questo, Lei avra' tutta la mia collaborazione  
e le assicuro che Lei ricevera' dall'Ambasciata  
Degli Stati Uniti d'America in Roma, tutto l'ap-  
poggio necessario per l'aiuto che occorre dal  
governo italiano.

Sinceramente

R O N A L D R E A G O N  
\*\*\*\*\*  
Presidente Degli Stati Uniti  
D'America

Brigadiere Generale E.H.Thomas, USAR.  
Forze Armate Del Primo Servizio  
Speciale(Ass.)

2025 Stonebridge Lane. Charlotte, North Carolina 28211 U.S.A



Minister  
of Veterans Affairs

Ministre des Affaires  
des anciens combattants

Enclosure 2

House of Commons  
Ottawa, Canada  
K1A 0A6

Chambre des communes  
OTTAWA, Canada  
K1A 0A6

October 27, 1982

Lieutenant-General S.C. Waters,  
P.O. Box 2550,  
Calgary, Alberta.  
T2P 2M7

Dear General Waters:

Thank you for your letter of September 8, 1982 concerning the 40th Anniversary of the Liberation of Rome.

I understand that since writing your letter, you have learned that the Americans have given approval in principle to a plan from Brigadier General (Ret'd) Edward Thomas.

You have quite appropriately stated that of the two events that occurred on June 6, 1944, the D-Day landings have by far been given most of the recognition and ensuing publicity. It is indeed an unfortunate coincidence that these events took place on the same day. However, I am sure you will appreciate the reasons for previous Ministers of Veterans Affairs having committed themselves to the observance of the milestone anniversary of D-Day every five years. I can do no less and I intend to lead a large delegation of survivors to Normandy in 1984, as has been traditional.

Canada's contribution in the liberation of Italy is very significant and the time is overdue for a pilgrimage to that country to honour the great Canadian sacrifice in that campaign. In the meantime, however, I will be pleased to offer "support in principle" to your objective. In this regard, I would suggest that you get in touch with Mr. B.R. Cormier, Director of Public Affairs. His address is: Veterans Affairs Canada, East Memorial Building, 284 Wellington Street, Room 5148, Ottawa, Ontario, K1A 0P4, telephone (613) 992-4234. Mr. Cormier will be pleased to discuss in detail with you how my Department can take part in this project, given the economic and logistics problems under which we will operate because of our heavy commitment to the D-Day anniversary.

I trust this information will meet your requirements for the immediate future.

Yours sincerely,

W. Bennett Campbell

Canada



**THE CITADEL**  
THE MILITARY COLLEGE OF SOUTH CAROLINA  
CHARLESTON, S. C. 29408

OFFICE OF  
THE COMMANDANT

24 November 1982

BG E. H. Thomas, USAR, Ret.  
2025 Stonebridge Lane  
Charlotte, NC 28211

Dear General Thomas:

I have your letter of December 19 and note the plans for the First Special Service Force Association's meeting in Rome next June. I appreciate your asking me to serve as the Honorary Chairman of the Dedication Ceremony Committee. I'll be most happy to do so.

I returned, at the invitation of the Italian Government, on the occasion of the 30th Anniversary of the end of the war. I took a group of my Fifth Army lads with me, who had wanted to make the trip. We had a fine affair.

I'm glad the people in the American Battle Monuments Commission have been of assistance to you. That's their job and they do it well. I'm the Chairman of that Commission, and have tentatively planned a visit to Europe and the shrines in which our men are buried, in the spring or early summer, so I might possibly be in Rome at the time of your reunion, at which time I would be happy to meet those fine men who made such a tremendously fine combat record in the Fifth Army.

Being 86 years old and having the usual problems of an old man, traveling is not easy and it's hard to limit my activities once I get to Italy, for they sign me up for too many things, but I still hope I can make it. If I do, I'll let you know.

All my best wishes to you and all the men of the Special Service Force who may be in attendance.

Sincerely,

*Mark W. Clark*  
Mark W. Clark *MP*

MWC:tp

P.S.: I have dictated this over the phone and am asking my secretary to sign it for me; otherwise, it will not get mailed until next week.

Proposed Wording for Commemorative Tablet

In Memoriam

On 4 June 1944 the US/Canadian 1st Special Service Force commanded by General Robert T. Frederick and with valuable assistance from Italian partisans led the Allied forces of Mark Clark's Fifth Army, Alexander's Fifteenth Army Group, in the attack which liberated the city of Rome. This memorial commemorates that action, and honors our comrades who died in the battles from Anzio Beachhead until the gates of the Eternal City were breached.

1st Special Service Force Association  
4 June 1984

Testo per la proposta di una  
lapide commemorativa

IN MEMORIA  
\*\*\*\*\*

Il 4 giugno 1944 le Forze Armate Degli Stati Uniti  
D'America, e quelle Canadesi comandate dai Generali;  
Robert T. Frederick e con la collaborazione dei va-  
lorosi partigiani italiani, aprirono il varco per  
l'avanzata delle truppe dirette dai Generali :  
Mark Clark della quinta armata, ed Alexander della  
quindicesima, per l'attacco finale per la liberazione  
di Roma.

Questa lapide e' dedicata in onore di tutti colo-  
ro che morirono gloriosamente durante la sanguinosa  
avanzata, che inizio' dalle sponde del mare di Anzio,  
per poi aprire le porte per la liberazione della  
citta' eterna: ROMA.

Associazione Delle Forze Armate Del Primo Servizio  
Speciale.

Roma 4 Giugno 1984

# STANDING COMMITTEE REPORT

April 4, 1983

MR. **SPEAKER**

We, your committee on **HUMAN SERVICES**

having had under consideration **HOUSE RESOLUTION** Bill No. **5**

**first** reading copy ( **white** )  
color

A RESOLUTION OF THE HOUSE OF REPRESENTATIVES OF THE STATE OF  
MONTANA HONORING THE FIRST SPECIAL SERVICE FORCE FOR ITS  
SACRIFICES AND ACCOMPLISHMENTS DURING WORLD WAR II AND SUPPORTING  
THE PLACEMENT OF A MEMORIAL DURING THE CELEBRATION OF THE 40TH  
ANNIVERSARY OF THE ALLIED LIBERATION OF ROME.

Respectfully report as follows: That **HOUSE RESOLUTION** Bill No. **5**

DO PASS

# STANDING COMMITTEE REPORT

HOUSE JOINT RESOLUTION 38  
Page 1 of 2

April 4, 1984

MR. ~~SPEAKER~~

We, your committee on ~~HUMAN SERVICES~~

having had under consideration ~~HOUSE JOINT RESOLUTION~~ Bill No. ~~38~~

~~first~~ reading copy ( ~~white~~ )  
color

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES  
OF THE STATE OF MONTANA EXPRESSING THE HOPE FOR LASTING FRIENDSHIP,  
UNDERSTANDING, AND COMMUNICATION WITH THE PEOPLE OF THE KUMAMOTO  
PREFECTURE.

Respectfully report as follows: That ~~HOUSE JOINT RESOLUTION~~ Bill No. ~~38~~

## BE AMENDED AS FOLLOWS:

1. Page 1, line 16.

Following: "; and"

Insert: "WHEREAS, the institutions of higher education in  
Montana and Kumamoto are developing student and faculty  
exchanges and educational programs which will increase  
mutual understanding; and"

2. Page 2, line 10.

Following: "Prefecture."

Insert: "BE IT FURTHER RESOLVED, that the Legislature also  
endorses cooperation between the institutions of higher  
education in Montana and Kumamoto."

~~XXXXXX~~

April 4,

1983

3. Page 2, lines 11 and 12.  
Following: "hopes" on line 11  
Strike: "this relationship"  
Insert: "these relationships"

AND AS AMENDED  
DO PASS