2. Regulation by State Boards is in line with modern efficiency methods.

3. Divergence of conditions obtaining in the different states makes standardization a matter for careful deliberation, and necessitates a choice of the practical rather than the ideal.

4. It is important not to attempt standards which cannot be honestly and wholly fulfilled by the schools, in all states equally.

5. While not within the limitations of this paper to discuss all requirements, certain of them are especially urged, such as those covering affiliation, instruction of pupils, examination in practical work by Examining Boards, and standardization of the final passing grade.

6. The value of state-wide inspection by the state boards is emphasized and the accurate recording of statistics for the use of Boards and of the Bureau of Registration, upon whom the work of standardization must devolve.

7. The uniform standard of requirements leads ultimately to the establishment of a National Examining Board for Nurses.

Miss Jammé stated that

Though this is a burning question, we also feel that we should approach this very deliberately and with a great deal of thought and consideration, because we have to feel the needs not only of the schools in the large centers but also the schools in the small centers; we cannot make the standard requirements that will suit the large schools and not take into consideration the medium sized and the smaller schools. . . .

I take it that we are all agreed also in the fact that we cannot maintain our requirements unless we have inspection of training schools; that the work of the inspector is one of the most valuable parts of our registration; that the mere fact of examining and registering and issuing certificates is but a very small part of the work of the board of examiners and the inspection of training schools is really the most vital point of the whole administration of the law.

METHODS OF STATE INSPECTION OF TRAINING SCHOOLS

By AMY M. HILLIARD, R.N.

In the state of New York a training school for nurses or the institution of which it is a department must be incorporated by the Regents (Laws of 1907, ch. 646). It will be inspected by the Education Department upon receipt of a formal application for registration, which shows that it possesses the minimum requirements.

For registration a nurse training school must be connected with a hospital (or sanatorium) having not less than 50 beds and a daily average of 30 patients. Each bed must meet the requirement of the State

Board of Charities as to air space. The hospital should provide experience in the following departments of nursing: medical, surgical, obstetrical and pediatric. Training schools connected with hospitals not providing adequate opportunities for experience in all the above departments must become affiliated with institutions approved as giving such experience.

Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing with operative technic including gynecology, (3) obstetrical nursing, (4) nursing of sick children (ward of 10 beds with a daily average of 8 patients), (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school or with a competent diet teacher, (b) food values, and feeding in special cases, to be taught in classes, not by lectures, (6) a thorough course of theoretical instruction in contagious nursing, where practical experience is impossible, (7) bacteriology.

Training schools for male nurses shall provide instruction in genito-urinary branches in place of gynecological and obstetrical nursing.

The period of instruction in the training schools must be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital.

Inspection. The Department inspects all registered schools of the state and others on formal application for registration or incorporation.

Training schools for nurses are registered by the Regents on formal application only and a form for this purpose will be mailed on application to the Assistant Commissioner for Higher Education. The professional requirement and the general preliminary education requirement of the institution must be considered by him fully equivalent to the requirement established by the statute.

Nurse training schools unable to meet the standards required by the Regents for registration in full shall be accredited by the Department for one or more years of professional training as they meet the requirements for admission and for professional training required by the Regents' standards.

A registered school may refuse to accord an accredited institution the recognition given it by the Department but it may not give it any higher recognition. The diploma from a registered school only may be recognized for entering the examinations for registered nurse.

General hospitals with a capacity of less than fifty beds and a daily average of thirty patients are not satisfactory teaching fields for the following reasons:

1. They usually lack sufficient clinical material for teaching purposes in all but the surgical service.

2. They lack instructors; the superintendent of the hospital is very often expected to give all instruction and the major part of the supervision as well. She seldom has more than one day assistant who acts as supervisor for operating room, maternity and wards.

3. They lack proper rooms for recitation, study and recreation. Frequently the public reception room for patients' friends is the only available place for the pupils to receive friends and for the conduct of lectures and recitations.

4. They lack teaching equipment as there is seldom a suitable place in which to install it.

Such hospitals should postpone opening schools for nurses until they are able to give a full course in general nursing.

Special hospitals can render better service to the public by offering post graduate and affiliated courses than by opening schools. In this way they can give equal service to their patients and avoid assuming the responsibility for giving the complete course in general nursing.

The large hospitals in New York City, such as St. Luke's, the Presbyterian, New York, Mt. Sinai and others are without maternity services and for upwards of twenty years these schools have sent their student nurses to the large maternity hospitals of New York City each for a full three months' course in obstetrics. This plan could well be followed for other special courses in hospitals for sick children, hospitals for nervous and mental diseases, hospitals for the care and treatment of the eye, ear, nose and throat, etc.

Inspection, routine. Each registered nurse training school in New York State is inspected annually for information concerning the following points: The training school committee, its personnel, number of meetings held during the year; the number of resident physicians and internes; the printed annual report; the total number of beds, daily average number of patients and census day of inspection; affiliations; division of services; number of private room beds, semi-private beds and ward beds in each of the following services: medical for men; medical for women; surgical for men; surgical for women; maternity; children; contagious. Faculty. The principal of the training school, her preliminary education, previous experience, school from which she graduated, and her special preparation for the work. The number of day and night assistants, including supervisors, instructors and head nurses, with their salaries and qualifications. Number of students in senior, intermediate, junior and preliminary classes, and their educational qualifications. Length of preliminary course and hours for theoretical and practical instruction, for study, for rec-

recreation, and for ward duty. Course of instruction. Methods of instruction; recitation, lecture or laboratory. Length of entire course of instruction; hours: whether during the day or evening, for lecture, demonstration, and recitation periods. School records. Card system? Monthly allowance. Hours on day duty, night duty. Length of periods for night duty, time allowance at expiration of each period, number of periods during training, number of months in training before first period of night duty is given. Hours for recreation, study. Vacations, number and length of time for each. Special nursing, outside the hospital, within the hospital and remuneration received by hospital for this service. Training school facilities; lecture room, practical demonstration room, diet kitchen, laboratory, study, library, gymnasium, reception rooms; their furnishings and equipment. Dining room: Food and its service. Rooms for pupils; number of single rooms, double rooms, and dormitories. Number of beds in each dormitory. Hospital equipment in lavatories, utility rooms, work rooms, pantries, linen closets, maids closets, etc. Ward equipment; trays for nursing procedures. Methods of charting, of receiving orders from physicians, reports of day and night nurses; care of patients clothes; supply of linen and utensils. Care of hospital equipment. Order. Cleanliness.

Limitations found only by inspection. Hospitals and nurse training schools are inspected by the New York State Department of Education not only to determine their eligibility for registration but at regular intervals after registration. Inspection often reveals defects and limitations which may be completely hidden in correspondence or in written reports from the schools. What written report would be likely to reveal the following conditions?

1. That there were no slop hoppers whatever in the hospital.
2. That typhoid precautions were not adequately observed.
3. That all septic instruments and dressings were taken to pantries for cleaning and sterilization.
4. That the services for obstetrics and pediatrics were often combined, with a single nurse on night duty, and new born infants and their mothers were thus subjected to possible infection or contagion.
5. That student nurses were placed on 24-hour special duty and not given time for study and recreation and often at the whim of a patient or physician were excused from class and lecture periods.
6. That probationers were placed in charge of wards at night.
7. That pupil nurses failed to be given proper rotation in order to receive adequate training in all branches of general nursing.
8. That after a long period of night duty students had been placed on contagious service without a sufficient interval for rest and recreation.

9. That student records were not accurately kept and in some instances were missing.

The courses that are being given to student nurses in dietetics are very generally inadequate. They are seldom complete enough to prepare them for private duty nursing and almost never for public health work. Some of the best courses in this subject are given in the small hospital schools. Some of the largest hospitals find considerable difficulty in giving a well balanced course to each pupil. The instruction varies from the complete course of theory in the class room supplemented by from one to two months' practical experience under the constant supervision of a competent dietitian in the hospital diet kitchen, to twelve periods, by an itinerant dietitian or by the chef in the state hospital. Limited attention has been given to instruction in food values and diets for growing children and it is a rare course which places the responsibility for varying diets for even the more common diseases upon the pupil who is receiving her practical instruction in the diet kitchen.

The courses in pediatrics are so generally limited that it has been found necessary to require affiliations for all hospitals which do not have a daily average of at least eight patients. Even with this number of patients it is very generally found that over half of the number will be surgical cases which leaves a very small margin for clinical teaching in the nursing care of medical diseases incident to infancy and early childhood.

The course in medical nursing is also very limited in clinical material and not infrequently, particularly since the Working Men's Compensation Law of New York went into effect, the inspector finds that the medical wards are used for the over-flow from the surgical and accident wards.

From reliable statistics it is found that only about 10 per cent of the sick are cared for in hospitals and we know that a very large proportion of this number is surgical cases. It must therefore follow that the private duty and public health nurses will care for, in their homes, the great bulk of medical cases and sick children. Without affiliation, what preparation does the average hospital school give its students to prepare them for this work that they must undertake when graduated?

When not lacking entirely, clinical instruction to student nurses is very generally limited in the following services: Mental and nervous diseases, tuberculosis, skin diseases, diseases of the eye, ear, nose and throat, contagious diseases.

Progress. Since inspection began in New York State very material advancement has been made in nursing standards. Hospitals have

provided better class room facilities and more instructors. The housing conditions have been also greatly improved, a large number of hospitals having erected residences for their schools during the past three or four years. The improvement however has not kept pace with the enlargement of the hospitals. It would seem obvious that every addition to a hospital implied a corresponding addition to the residence for nurses but this is the exception rather than the rule. In consequence, the residences for some of our best known schools of nursing in New York State are very much overcrowded. Although evening class and lecture periods have been very generally discontinued, in at least one instance the limited room for lodging pupil nurses has resulted in long hours on duty (11 daily) and with the exception of the preliminary class, an entire course of instruction is conducted after 7 p.m.

More and better-equipped utility and work rooms are now found and improved ward equipment. Trays for hypodermics, thermometers and for surgical and medical procedures are seldom lacking and in the best hospitals a very complete series of trays for nursing procedures is found in each ward unit. Toilet baskets are in general use for morning care of patients although in some instances it is still difficult to discriminate between face basins, cleaning basins and surgical basins when they are found in intimate association in the ward lavatories.

The practice of requiring each pupil nurse to furnish and carry her own thermometer and hypodermic syringe is still persisted in by a few hospitals: a practice which makes for neither economy of time nor surgical cleanliness.

A larger percentage of well educated women are entering nursing schools in New York State, over one-half of the entire number having qualified for student certificates during the past year.

Enforcement of the minimum educational requirement of one year in high school or secondary work equivalent to it has automatically stopped the practice of using student nurses to earn money for hospitals.

More and better affiliations have been made to provide clinical material to round out complete courses in general nursing.

Better training school records are being kept and the card system, as outlined in the Syllabus for the Guidance of Nurse Training Schools in New York State, with few exceptions, has been adopted.

The most important factor making for progress in any nurse training school is a principal with vision and high ideals; one who has taken up her work only after a thorough educational and professional preparation for it. No amount of conscientious or faithful effort on the part of a principal will take the place of proper professional preparation.

It is also of vital importance that there shall be a training school committee representative in its personnel that will assist and support the principal in her work. Without such a training school committee or direct representation on the hospital board of trustees, the most efficient principal is handicapped and finds it not only difficult, but in many instances impossible, to do efficient work.

Almost without exception I have found that training school committees are willing and anxious to coöperate in giving pupil nurses a thorough course in nursing education and it is seldom difficult for them to see the necessity for giving adequate courses in pediatrics, dietetics or any of the other branches of general nursing and to make suitable affiliations to obtain clinical instruction in any service they may lack, if such affiliations are earnestly recommended by the principal of the training school.

Miss Jammé then introduced Dr. Bahn, secretary of the Board of Nurse Examiners of Louisiana.

THE PRESENT AND FUTURE ASPECTS OF RECIPROCITY

By C. A. BAHN, M.D.

The future of nursing reciprocity hinges on the standardization and inspection of training schools. There is but one way to eliminate inferior training schools, and that is, by pointing out weakness by comparison, which with publicity, means standardization.

Training schools are institutions of learning just as are universities. The public and the profession demand that the prospective nurse have sympathetic and proper instruction according to modern approved methods. You are gathered here to specifically summarize what modern and approved methods really are, and what constitutes the essentials of a training school. No one thing or even five can determine this. Beds alone, in a hospital, don't make a nurse. The actual time of training, two or three years, may mean much or little. All of the vital factors must be considered even to cleanliness and order. Dirt and discipline do not go together in a hospital.

A method of classification for training schools on an educational basis must be arranged, which will include all the essentials of nursing training, which will leave but little to the personal element of inspection, and which will be applicable to every training school in this country. Such a form of classification or grading must be based on the fact that a hospital and training school of a given capacity, equipment, and organization should have certain specific requirements, and not having all of these, passes to a lower class in which all requirements are met.