HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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THE HOSPITAL DIETITIAN

“WHY is it that we never find a dietitian over nineteen years of age?” This was the troubled query of the conscientious superintendent of one of our hospitals. “We are told that we should not expect experienced heads on young shoulders, but where are the experienced heads in sufficient numbers to teach our students and supervise our dietary departments?” It may be that the preparation for dietetics gives a halo that leads speedily to matrimony; judging from the experience of some of us this conclusion may carry more or less conviction, for we know it is not entirely a question of salary, as practically all hospitals pay the dietitian a salary equal to that of the supervisors and teachers of the other departments. Indeed some of them receive salaries equal to those paid to the principals in some schools of nursing.

Unless a young woman has had definite experience in her own home, dealing with servants and assisting with the routine supervision of a well ordered household, the instruction in a school of domestic science will fall as far short of preparing her for the direction of a dietary department as the instruction in a school of nursing would prepare her for direction of a school of nursing. Both positions call for added instruction and experience which can be gained through special courses given during the senior year, by postgraduate executive courses given in hospitals and by acting as assistant to experienced executives. I can see no reason why schools of domestic science and hospitals cannot affiliate and give the student dietitian an opportunity for practice work in the hospital and the student nurse an opportunity for specialized work in nutrition. This would save students much time and effort and would enable both the college and the hospital to do more effective teaching. It would be of great assistance to the hospitals and enable the nurses who elect the field of Public Health to be better prepared for teaching along nutritional lines and would be of even greater value to dietitians.

So many hospitals have had their dietary departments disorganized by the ineffectual attempts at administration by youthful and inexperienced dietitians, that it seems high time that something more effectual was done to meet the situation than the attempts made by a few of our hospitals to offer postgraduate courses to prepare

dietitians for administrative work. Although these courses are a step in the right direction, most of them are far from satisfactory and there is little uniformity in their courses. There is no good reason for this as all these courses are outlined and taught by graduate dietitians who by coöperation could effect very desirable uniformity.

Administration of the dietary department in a hospital calls for the knowledge, experience and judgment necessary (a) to outline the menus and diets for each of the hospital departments; (b) to economically purchase all food supplies; (c) for the supervision of their storage and distribution; (d) for the supervision of the preparation of all foods served to patients, students and employees; (e) to teach student nurses and dietitians, to supervise their practice work, and (f) for the management of the work of the employees in the kitchen and serving pantries to the end that these departments may be kept as immaculately clean and well ordered as the remainder of the hospital.

In the matter of arranging menus, it is certainly less trouble to prepare a menu for a week and then repeat it regularly week after week until everybody knows what to expect on Monday, Tuesday, and on each succeeding day of the week, but it does not call for much imagination, and the reason for so much criticism of hospital food is not always lack of good food materials, but lack of imagination on the part of the heads of dietary departments. If common sense is used, it will not cost any more to serve an attractive diet with occasional treats and surprises than to mechanically serve the same food week after week.

Elimination of waste will make for economy. This should be determined by inspection of the trays returned from patients and by inspection of the garbage cans from the dining rooms. There is no question but that some unpopular foods would be highly nutritional if they were eaten, but if it is found that very few patients will eat a farina pudding surrounded by whatever fruit juice may be on hand, it is surely no economy to serve it. However uninteresting food may be or how little of it eaten, it must be paid for just as the more eagerly sought foods are and no matter how nutritional a food may be, nobody gets the advantage of its nutritional value unless it is eaten. Insufficient attention seems to be given to varying special diets. I have rarely found that even the same attention is given to arranging for variation of special diets as would be routine with house diets. Why should not the diabetic or nephritic patient have at least as much consideration in the variation of his diet as those patients on "house diet"?

To economically purchase food supplies calls for knowledge of

local distribution as well as the means of transportation to bring food stuffs in quantities from a distance and judgment of quantities to contract for. If unusual food supplies are to be requisitioned, it is only intelligent to consult the superintendent before purchasing them, as in this way repetition of errors of judgment on the part of previous administrators of the department may be obviated, and the superintendent will be spared the surprise of finding in storage considerable supplies of such foods as preparation for strawberry custard, colored jellies and other variegated foods that nobody will eat except under protest. It does not reflect credit upon the head of the dietary department to over purchase tinned supplies and in this way make it essential to use them in season when fresh fruits and vegetables are available and cheaper. There are few of us who would not prefer almost any kind of a fresh vegetable to those that have been tinned.

In the service of food to patients, the dietitian will find that the supervising and student nurses will be of very considerable assistance to her, but she must personally supervise the service in the other dining rooms. This can easily be done by rotating supervision and she will find that it will give her much more command of her department. If she makes a practice of going to her own meals at the time that first meals are being served instead of waiting until she is sure that everything is running smoothly, she will have cause to regret it.

In teaching student nurses, it seems that the practice work would be of much greater value if more attention could be given to simplicity and seasoning. Most patients prefer a salad of lettuce hearts with a good French dressing to a little orange skin basket filled with more or less complicated mixtures. If chicken is to be creamed, it should be palatably done and not covered with an uninteresting substance called "white sauce." This substance appears to be ubiquitous to diet kitchens and is not often found elsewhere.

It takes skillful generalship to get the interest and coöperation of employees so that they will take pride in their work to the end that it will be well done and that the order and cleanliness of the dietary department shall be no exception to that of the other departments in the hospital. A director of a domestic science department in talking of the possibilities of certain students said to me not long ago, "Miss X hasn't the ability that would make her a success as a teacher, but perhaps she may be developed as a hospital dietitian." This lack of appreciation of the work of the administrator of a hospital dietary department may give us a clue to the solution of some of the difficulties in our present situation.