NURSING PAPERS
PERSPECTIVES EN NURSING

ACCOUNTABILITY
IN NURSING EDUCATION

Summer/Eté 1981 **Vol. 13, No. 2**

NURSING PAPERS
PERSPECTIVES EN NURSING

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SUBSCRIPTIONS: *Individuals* $10.00/year, $19.00/two years; *Institutions* $15.00/year, $29.00/two years. Address the managing editor.

NOTE: Additional payment of $5.00 per year for overseas air mail service.

ADVERTISEMENTS: Rates available from the managing editor.

MANUSCRIPTS are welcome and will be read by the Review Board. Please send three copies to the editor.

La revue *Nursing Papers/Perspectives en nursing* est publiée quatre fois l'an par l'Ecole des sciences infirmières de l'université McGill, 3506 rue Université, Montréal, P.Q., H3A 2A7, Canada. Nous vous invitons à nous soumettre des articles portant sur les infirmières et leur profession et plus particulièrement des articles qui étudient divers problèmes, soulèvent des questions ou soumettent des idées et des programmes d'action en recherche, éducation, administration et pratique.

ABONNEMENTS: *individuels* $10.00 par année, $19.00 pour deux ans; *établissements:* $15.00 par année, $29.00 pour deux ans. Prière de s'adresser à Mlle J. Sauvé.

AVIS: Paiement supplémentaire de $5.00 par année pour le service de poste aérienne.

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Dépôt légal: Bibliothèque nationale du Québec

NURSING PAPERS
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Volume 13, no 2
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This issue of *Nursing Papers* focuses on three papers (one of which is followed by a *Response*) presented at the W.R. C.A.U.S.N. Conference in Vancouver, British Columbia, February 20-22, 1981, with the theme 'Accountability in Nursing Education'.

Ce numéro de perspectives en nursing se compose de tirés à part (dont un suivi d'une conférence) de la R.O. de l'A.C.E.U.R. qui s'est tenue à Vancouver, Colombie-Britannique, du 20 au 22 février 1980 et qui avait pour thème 'La Responsabilité dans l'Enseignement des Sciences Infirmières'.

EDITORIAL

Une réunion des membres du conseil de rédaction (ambassadeurs) de perspectives en nursing, de leurs délégués et des membres du comité de lecture s'est tenue au cours de l'assemblée générale de l'ACEUR à Halifax en juin 1981. Nous remercions le conseil de la région de l'Atlantique de l'excellent buffet qu'il nous a offert.

La majorité des membres du conseil de rédaction, (ou leurs délégués) ont présenté des comptes rendus écrits ou oraux de leurs activités au cours de l'année écoulée. Bon nombre d'excellentes suggestions se rapportant au mode de lecture, à l'impression de la revue et à la promotion des abonnements et des articles ont été formulées. Après examen, ces suggestions donneront lieu à des modifications qui seront communiquées dans les éditoriaux à venir.

Les participants à la réunion ont été à même de rendre compte que les membres du conseil de rédaction qui sont nommés ont une bonne formation en recherche et connaissent suffisamment les activités touchant ce domaine et les travaux de fond de leurs collègues tant dans les facultés de sciences infirmières qu'au sein de l'ensemble de la communauté infirmière pour promouvoir la rédaction d'articles de recherche et de fond et pour obtenir des comptes rendus de travaux. Le rôle de membre du conseil de rédaction croît au fur et à mesure que le corps enseignant fait face aux demandes de reconnaissance et de titularisation.

Nous pouvons nous attendre à une augmentation de la circulation de "Perspectives en nursing" parallèlement à l'amélioration de la qualité des articles soumis. Il est à noter cependant que la recherche d'abonnés revêt une importance cruciale pour l'avenir de la revue et que c'est là une des activités les moins satisfaisantes pour les membres du conseil de rédaction. Nous ne pouvons pas obtenir d'un organisme reconnu de subvention pour la publication du journal avant que les comptes rendus de recherche ne constituent la moitié du contenu de la revue; nous ne pouvons pas non plus obtenir l'appui du gouvernement du Québec avant qu'un plus grand nombre d'articles en français ne soit inclus. Nous résumons donc ainsi notre défi davantage de comptes rendus de recherche et des articles dans les deux langues dans chaque numéro.

La région de l'ouest inclut un abonnement à *Perspectives en nursing* dans le montant de la cotisation annuelle. Un petit nombre de facultés de sciences infirmières, grâce aux seuls efforts de leurs membres du conseil de rédaction ont un pourcentage d'abonnements de 90%. En outre, des contributions de particuliers chaque année, par exemple de la région de l'ouest, de la région de l'Ontario et de certaines facultés d'associations d'anciens nous sont d'un précieux secours.

Chaque année, notre réunion des membres du conseil de rédaction et du comité de lecture traduit notre progrès vers l'établissement d'une revue spécialisée canadienne consacrée à la publication d'importants comptes rendus de recherche et d'articles de fond sur les sciences infirmières.

EDITORIAL

A *Nursing Papers* meeting of editorial representatives (ambassadors) or their deputies and Review Board members was held during the CAUSN general meeting in Halifax, June 1981. A buffet luncheon provided by the Atlantic Region was much appreciated.

The majority of editorial representatives (or their deputies) had written or verbal reports of their activities during the past year. Many excellent suggestions relating to the review process, the printing of the journal, and promotion for subscriptions and articles were presented. Once these suggestions have been considered, the resulting changes and modifications will be reported in forthcoming editorials.

It was apparent at the meeting that editorial representatives are being appointed who are prepared in research and sufficiently knowledgeable about the research and scholarly activities of their colleagues on faculty and in the larger nursing community to promote the writing of research and scholarly papers and to solicit research articles. The role of the editorial representative is gaining in stature as faculty confront the demands for recognition and tenure.

We can expect the circulation of *Nursing Papers* to increase with the quality of the papers submitted. However, the search for subscribers is of major concern to the future of the journal and the one which editorial representatives find the least rewarding. We cannot obtain a subsidy for journal publication from a granting agency until research articles comprise at least one half of the content, nor can we obtain a subsidy from the Quebec Government until more articles are included in French. This is our challenge — more research articles and/or articles in both languages in each issue.

The Western Region includes a subscription to *Nursing Papers* in the annual fees to the organization. A few university nursing faculties, through the sheer efforts of their editorial representative, approximate a 90% subscription rate. In addition, there are a few individual contributions each year, for example from the Western Region, from the Ontario Region, and from individual faculties or their alumnae, which are most helpful.

Each year our annual get-together of editorial representatives and review board members indicates progress in our goal to establish a Canadian journal devoted to the publication of important research reports and related scholarly papers in nursing.

ACCOUNTABILITY IN NURSING EDUCATION

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In nursing education, and in nursing in general, we frequently hear the words "responsibility" and "accountability" used together in the same sentence. In developing this paper for presentation it was necessary to untangle the two and place the primary emphasis upon only one — accountability. The topic leads to a series of questions: What is it to be accountable? To whom are nursing education programmes accountable? For what are they accountable? And by whose or what expectations?

WHAT DO WE MEAN BY ACCOUNTABILITY?

Definitions provided by commonly used dictionaries define accountable as "liable to be called to account, or to answer for responsibilities and conduct; answerable, responsible. Chiefly of persons — *to* a person, *for* a thing." (Oxford, 1933). Both of the Oxford (1933) and Webster (1966) dictionaries list "responsible" as one of the synonyms of "accountable". Webster's (1966) distinguishes "accountable" from its synonyms "responsible" and "answerable" as follows:

> Responsible may differ from answerable and accountable in centering attention on a formal organizational role, function, duty, or trust.
>
> Answerable is more likely to be used in situations involving moral or legal obligations or duty under judgement.
>
> Accountable may be used in situations involving imminence of retribution for unfulfilled trust or violated obligations. (p. 1935).

TO WHOM ARE WE ACCOUNTABLE?

The above definitions mention the words "trust" and "obligation" and modify them with the words "unfulfilled" or "violated", suggesting the consequence of retribution. From whom or what do we, as university schools, receive such a trust or obligation?

In the writer's view there are only two groups which place such a trust or obligation in the charge of university schools of nursing. They are as follows:

Society or "The Public"

Because we are part of publicly-funded institutions, we carry a public trust and therefore are publicly accountable, generally through our univer-

sities, which provide us with sanctuary and shelter. That trust concerns the responsibility which we share with our parent universities for the transmission and pursuit of knowledge, in the public service, in a way which uses public resources wisely.

The Profession of Nursing

Very briefly our profession gives us a mandate and invests in us its trust to prepare those who will be not only the professional nurses of tomorrow but also the leaders of nursing for the next decades.

Both society and the profession have concern with the standards which we set for ourselves or must meet. However, before discussing standards, it will be useful to consider those groups to whom we are not accountable.

TO WHOM ARE WE NOT ACCOUNTABLE?

We are not accountable to our students but we are responsible because of our roles and functions for providing them with the opportunities to develop the skills and abilities to practice competently as professional nurses, skills and abilities which will provide them with a reasonable expectation of employment. Should we not fulfill our responsibilities to them, in their view, then they may ask our universities to determine if we have been fair and used principles of due process in dealing with them, or they may appeal to the public sector, to the courts. That is, they may ask for a public examination as to whether we have been accountable or whether we have violated the public trust vested in us.

Similarly, we are not accountable to nor for each other, with the exception of the relationship of Deans/Directors to faculty members. As faculty members, we have a responsibility to ensure that each of us is considered fairly in relation to our share of the university's responsibilities to transmit and pursue knowledge in the public service, and in a way which uses public resources wisely. If an individual considers that judgements expressed by colleagues and/or the Dean/Director have been unfair, or due process has been denied, then appeal mechanisms are used within the university, through the Faculty Association or, finally, to the courts.

We therefore have one additional accountability, in the public sense, and that is to be just in our dealing with each other and with students.

We are also not accountable to the future employers of our graduates although we do have a responsibility to them, that is, to be clear in describing the abilities of our graduates so that they may decide whether or not to employ them. If they feel that we are not fulfilling either our public or our professional trusts or obligations, they may complain to either/both the public sector, often government rather than the courts because of our manpower function, and/or to the organization which represents the professional interest.

An example of this is the reaction of hospital associations to changes in diploma-level education, specifically to the transfer of programmes to community colleges and the establishment of two-year programmes — a "reaction-response" phenomenon which still occurs.

The relationship between Deans/Directors and faculty members is mentioned above as differing from the interdependent nature of the responsibilities of faculty members for each other in the fulfillment of their duties.

Deans/Directors are accountable for their stewardship of their Schools *to* the senior administrative officers through to the University President and the Board of Governors *for* their administration of the academic units and *for* the quality of the academic programmes *to* the Senate. For programmes operated within the School, faculty members are accountable to the Dean/Director for the way in which they fulfill their agreed upon responsibilities. Deans/Directors also serve as the representatives and spokespersons of their Schools, internally and externally. Faculty members usually have an opportunity to provide formal assessment of a Dean/Director's stewardship and leadership at the time when the appointment is under review; that review is to assess the degree to which the Dean/Director has been accountable, according to the public and professional trusts or obligations.

The final question raised at the beginning of the paper is:

ACCOUNTABLE — BY WHOSE/WHAT EXPECTATIONS?

Practitioners share the public trust of the educators because nursing is a self-regulating profession. In most Canadian provinces, self-regulation includes the responsibility to set educational standards for entry to the profession.

This social mandate, transmitted to the Schools via the professional body, concerns the expectation that safe practitioners of nursing will be prepared who meet certain practice standards which are assumed to have been gained through approved educational programmes.

Since these "safe practice standards" are ones set for all programmes preparing nurses for registration, they should not be difficult for universities to meet. The safety to practice standard, used broadly, is probably the one held by the general public, who are the recipients of care by nurses, and also the one held by members of our associate health professions. Because we are part of the university system, society has an expectation, not always well-defined, that we will not only prepare safe practitioners but that our graduates also are the recipients of certain social values and a cultural heritage whose transmission is part of the University's accountability. Futhermore, we share the University's responsibilities to pursue knowledge, and to use public resources wisely. In many

of our provinces, the phrase "to use public resources wisely" is translated into "to get along on less" and, in some cases, to do more with overall increases which are less than the costs of inflation. Within our provinces, universities have joined together to try "to get along on less" collectively. When university income is tied to student enrolment and when overall enrolment begins to decline, a further shrinking in income occurs.

The smaller student to teacher ratios in university schools of nursing makes them subject to critical appraisal by members of other faculties, perhaps even subject to envy, particularly when the other faculties see themselves as losing influence in the university to the professional schools. As well, they see the climate of restraint as discouraging graduate students which therefore reduces their own manpower for teaching and research, along with their manpower training function.

It is therefore crucial that university schools of nursing demonstrate both externally and internally that their programmes not only are strong but also are performing a necessary social function. The demonstration of strength must include research in the laboratory of our discipline and subsequent publication. While we have frequently argued the importance of research for the advancement of nursing knowledge, we must now argue it, as well, for our future in the university — we are very much in a "publish or perish" era.

As I noted earlier, our profession gives us a mandate and invests in us its trust to prepare those who will not only be the professional nurses of tomorrow but also the leaders of nursing for the next decade. This accountability goes beyond the mandate to prepare safe practitioners for we are the university schools. It is an accountability which involves an interdependence between the profession and the schools. The profession needs our critical knowledge of what a university school ought to be and to do; we need the profession because of its reality-orientation and its wisdom — we both need each other's idealism.

It is for this reason, and because of the importance of a mechanism for external verification of our worth and support for our principles, that we must jointly proceed with the development of an accreditation programme which will represent our collective expectation that we and our programmes will exhibit certain characteristics. These are the characteristics of accountability, relevance, relatedness and uniqueness, all of which have been defined by the C.A.U.S.N. Accreditation Committee (C.A.U.S.N., 1979). Accompanying these, and in some cases part of them, are the expectations which we hold for ourselves in common with our university colleagues. These are:

1. That we will engage in scholarship, including research to extend the boundaries of our knowledge.

2. That we will remain competent in the practice of our discipline, that is in the human laboratory of our discipline.
3. That we will assume our share of responsibility for university governance and for its public service role.

These are all measures of the extent to which we fulfill the public and professional trust and obligation which rests upon us. This discussion of accountability uses some very traditional and value-laden words, such as trust, obligation and duty, which are much older than some of the new words we frequently hear such as "conceptual framework" and "independent practitioner". The writer suggests that these words are ones which are very fundamental to our understanding of a very basic concept, that is *accountability*.

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RESUME

Enseignement des sciences infirmières et responsabilité

L'auteur se penche sur le concept de la responsabilité en soins infirmiers et pose les questions suivantes: Qu'est-ce qu'être responsable? Devant qui les personnes chargées d'élaborer et de faire appliquer les programmes de sciences infirmières sont-elles responsables? De quoi sont-elles responsables? Et selon quelles attentes de qui? On conclut que la responsabilité dépasse le mandat des écoles qui sont chargées de la formation de praticiens compétents et s'étend conjointement au corps infirmier et aux écoles. Le corps infirmier a besoin des connaissances critiques des écoles en milieu universitaire; parallèlement, les enseignants doivent compter sur le corps infirmier, pour les aider à axer leurs programmes sur la réalité. L'auteur signale la nécessité d'un programme d'accréditation (tel que défini par le comité d'accréditation de l'ACEUR, 1979) qui tende vers l'excellence, la recherche, la compétence dans l'exercice de la discipline dans le laboratoire humain, le partage des responsabilités pour la direction des programmes universitaires et pour son rôle de service public.

Joint-Appointments: Strengthening the Clinical Practice Component in Nursing Education Programmes

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INTRODUCTION

A good deal of discussion and debate in nursing focuses on the clinical practice component in nursing education programmes. Central to these discussions are issues concerned with the need for clinical practice that allows students to achieve the goals of a particular nursing programme while at the same time preparing graduates for the realities of the work-world. Inherent in this statement is the notion of accountability, the theme for the Education Day of this Western CAUSN Meeting.

According to the American Heritage dictionary (1969) accountability is defined as: being responsible; being answerable for. What individuals and/or institutions are responsible for and how that responsibility is carried out is derived from many sources, some of which are beliefs and values, aims and goals, societal mandates and defined roles. This paper is concerned with examining one way in which a university nursing programme has endeavoured to be accountable in its commitment to the goal of improved human well-being through the advancement and transmission of knowledge, and the development of professional practitioners who can apply knowledge creatively and compassionately. Although the two functions cannot be separated this paper will primarily focus on one, that is, the development of practitioners, namely, students in a graduate programme where the emphasis is on clinical specialization and research, and further it will focus on an aspect of that preparation, the clinical practice component.

BELIEFS OF THE GRADUATE PROGRAMME AND THEIR RELATIONSHIP TO CLINICAL PRACTICE.

The graduate programme is based on the philosophy of the faculty and on the following beliefs regarding graduate education:

1. Graduate education embodies specialization, and implicit in such specialization is depth of knowledge in a selected area of nursing and creative professional activity in the application of this knowledge.
2. Graduate education involves the acquisition and analysis of principles and theories that contribute to an understanding of nursing.
3. Graduate education attempts to foster intellectual excitement, curiosity and honesty which lead to scientific inquiry and underly professional responsibility.

The faculty believe that in order to translate these beliefs into reality it is essential that the graduate courses include clinical practice; equally important is that the clinical practice provided, indeed, offers the student opportunity to meet the goals of the programme. Critical questions then become: What are the necessary conditions for providing such practice? How available are appropriate clinical settings? What is the responsibility of the Faculty for fostering the development of such an environment?

Although the mandate of the professional school and that of the practice setting differ, it is generally held that both have in common the obligation to improve human well-being, and to improve the performance of the profession(s). With respect to the professions McGlothlin (1964) identifies four desirable outcomes for professional education: professional competence, understanding of society, ethical behaviour, and scholarly concern. He further states that, if professional education is to be successful, these qualities should be demonstrated throughout the life of the practitioner. If this is so, then as Deigan (1979) notes, the goals of the professional school and those of the practitioner in the clinical setting should be congruent. However, in nursing this is not always the case.

The dichotomy between the focus of nursing and its practice conveyed by the educational institution and that conveyed by the practice setting, and the reasons for these gaps, is well documented (Christman, 1976; Kramer, 1974; Powers, 1976; Williamson and Therrien, 1978). On the other hand, current trends in nursing practice such as Stevens (1979) describes would suggest that the potential for narrowing the gap is increasing. Among these are: nursing that is research-based; nursing that is based on theoretical nursing models; nursing that is based on care-planning as well as care-giving. A trend in health care, which emphasizes health-promotion and accountability of individuals for their health, is seriously being addressed by nursing through practice that focuses on assisting individuals and families to develop strategies for dealing with everyday situations in a health-promoting fashion (Allen, 1977). Numerous authors (Adderly and Hill, 1979; Christman, 1976; Diers, 1978; Rogers, 1978) note that the university-prepared nurse, and particularly the clinical specialist, is well suited for practice in settings that are seeking to advance these goals. However, there is always a time-interval between dreams and fact and it is this gap that frequently confronts faculty when attempting to provide appropriate clinical experience for graduate students.

A continuous problem for graduate faculty is to find ways to provide clinical experiences that will allow students to deepen their knowledge and clinical competence; to apply and test various theories in clinical situations; to begin to become socialized in the role of clinical specialist; to test some of the possibilities of the role; and to prepare for positions

where there is a considerable degree of role-carving. A second and equally important concern for faculty is finding ways to strengthen the partnership with the clinical agencies, so necessary to promote excellence in nursing practice. Clearly, the faculty member in the role of clinical teacher can further each of these aims; some aspects to a greater degree than others. Even so, there are limitations to this approach. Those most obvious in relation to faculty members' participation are that the students' specific areas of specialization do not always match the faculty members' sub-specialty areas, and faculty are not always able to be in the clinical setting when a student might most benefit from on-site assistance. Of special concern are the limitations on student experience in the clinical-nurse specialist role, that is, the lack of opportunity for the student to interact with her future peer group, in situations where there may be a clinical specialist interaction on an ad-hoc basis, and thus the advantages of such a relationship may not be realized. In these instances the student does not have the benefits gained from observing and participating with the clinical specialist, as she operationalizes the role in an on-going situation.

At the same time as faculty were considering solutions to these problems, an increased number of clinical specialists had been appointed to the nursing departments in the university teaching centres, with a view to improving patient care through practice and research. This seemed to be an excellent opportunity to both enrich the clinical component of the graduate nursing courses and strengthen the partnership between the faculty and the service agency(ies). We believed that capitalizing on the possibilities of such an arrangement could best be achieved through joint-appointments.

JOINT-APPOINTMENT OF THE CLINICAL SPECIALIST

Joint-appointments between the Faculty and the university teaching centres have been in place for some time, founded on the belief that such appointments are an effective mechanism for fostering collaborative relations, so essential to achieving our goals. Up to this point, they had been of two types: (1) a status-only appointment to which senior members of the nursing department, usually the chief nursing officer, are appointed; (2) an appointment where the nurse has a primary appointment in the nursing department of the university teaching centre which includes a part-time appointment in the Faculty of Nursing.

Status-only appointments establish the base for collaboration at the senior level. Individuals holding these appointments contribute to the Faculty in a variety of ways, for instance, acting in an advisory capacity to the Dean and senior members of staff, through committee membership, participating in senior undergraduate and graduate courses, and in

some instances through teaching senior courses, participating in continuing-education courses, and through participating at Faculty staff meetings. Status-only appointments continue to be in place and have enriched the life of the Faculty.

In the second type of joint-appointment, a staff member in one of the clinical units, who was eligible for appointment to the Faculty, was employed as a part-time teacher (40%) at either the rank of lecturer or tutor. Their responsibilities consisted of teaching one section of one of the undergraduate clinical nursing courses. Such an assignment necessitates not only teaching students in the clinical setting but includes preparation time, clearing time for office hours for students, and to some degree participating in the work of the Faculty in relation to that year of the programme. The remaining 60% of their time was directed toward their primary appointment as a staff member in the clinical agency. Although there were many strengths to this arrangement the major drawback was that staff holding the appointment found they were torn between two positions with different demands, and there was not sufficient time to develop either to their satisfaction. They were responsible for teaching courses in the early years of the undergraduate programme, where there is perhaps less flexibility in terms of teacher time, and perhaps less opportunity to blend their work as practitioners and teachers. These are factors we are examining in considering future joint-appointments to the undergraduate programme.

The development of a joint-appointment in which the clinical specialist would be involved in the clinical practice component of the graduate nursing courses was a third approach. In developing this relationship we believed that the student's practice would be enriched if the faculty member and the clinical specialist were jointly involved in this section of the nursing course. Key to the success of the experience was that the student both observe and engage in practice with a clinical specialist. In other words, the clinical specialist would not significantly alter her day, but rather the clinical teaching would take place in the context of her usual pattern of practice. The faculty member would have overall responsibility for the course and carry out all of its other aspects.

This is our third year to implement this pattern of joint-appointment. Clinical specialists in the service agencies, who are eligible, are appointed as clinical associates. We chose this designation because we believed it emphasizes the idea that the position is clinically based. In keeping with this notion the clinical associate is not expected to contribute to the overall activities of the Faculty, for example, membership on committees. Further, both institutions agree that the clinical associates' time must be protected so that there is not interference with their primary role, that of clinical nurse specialist. In addition to acting as preceptors, the clinical

associates are responsible for reading and commenting on the students' clinical logs (the student's professor also examines the logs). They also participate in the course seminars held every 3-4 weeks, and are invited by some students to be a member of their thesis committee.

There have been many advantages resulting from this approach to joint-appointment. Students have the opportunity to participate in the work of the clinical specialist as it unfolds, thus experiencing the 'real' work of the clinical specialist. The ongoing dialogue, both in the clinical setting and through the comments and discussions related to the students' written work, increases their depth of knowledge and allows them to consider the relationship between theory and practice in new ways. The clinical specialists open many doors for the students, for example, through suggesting pertinent literature and studies in their area of specialization, acquainting them with on-going work in the clinical settings, including them as partners in both nursing and inter-disciplinary activities, and enhancing the possibilities for developing collegial relations. In many instances the clinical specialists assist the students to become part of a very complex setting more quickly.

We also believe that the joint-appointment of clinical associates has contributed to strengthening their role as clinical specialists. They have found their work with students challenging and stimulating, resulting in encouragement, reinforcement, and examination of their own practice. The course seminars have contributed to their depth of knowledge and afforded them the opportunity to examine critically various theoretical and practice issues; their contribution to the seminars has provided the same stimulation for faculty and students. In some instances the students and clinical specialists have written articles for publication; in other instances they have presented a joint paper; and in still other instances they have been partners in testing and documenting new modes of nursing interventions.

At present, we have 10 clinical associates, and approximately 25 students registered in the Advanced Nursing Courses. Obviously, not all graduate students can be assigned to work with a clinical associate, first because of differences in numbers, but secondly, because students' specific areas of interest are not always in the areas where there are clinical associates. Thus in a particular year there could be one or two of the clinical associates to whom a student is not assigned. Because both students and staff have found the experience so fruitful we are continually looking for opportunities to expand the cadre of clinical associates.

Based on our experience with the clinical associates in the graduate programme, we are exploring the possibility of cross-appointing bac-

calaureate graduates, who have demonstrated leadership and clinical expertise, to act as partners in the undergraduate clinical nursing courses. We believe that providing students in these courses with the opportunity to engage in practice with a potential-peer could be a real strength. It is our observation that many of the relatively recent baccalaureate graduates are providing care that is innovative and that focuses on assisting individuals and families with the development of health-promoting behaviours. We believe that we should be capitalizing on the potential of such practitioners also and concomitantly, that the Faculty through stimulation, support and reinforcement, as well as expertise, could contribute to strengthening their practice and thus contribute to the improvement of health care.

In summary, the development of a pattern of joint-appointments with clinical agencies, where the faculty responsibilities of the appointees are an integral part of their role as clinical specialists, has added new dimensions to the graduate programme. We believe that the overarching strength of this experience has been the fostering and reinforcement of responsible, professional practice where practice, research, and teaching are viewed as a triad rather than as separate entities.

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RESUME

Nominations cumulatives

Renforcement de la composante clinique dans les programmes d'enseignement des sciences infirmières

Cet article examine la façon dont une université a tenté, dans le cadre de son programme de sciences infirmières, d'assumer ses responsabilités à l'égard du bien-être de l'humanité en favorisant l'avancement et la diffusion des connaissances et la formation de praticiens professionnels capables d'utiliser leur bagage scientifique avec créativité et compassion.

Cette tâche a été facilitée par la mise sur pied d'un programme de nominations cumulatives auprès des agences cliniques où les responsabilités pédagogiques font partie intégrante du rôle des cliniciens. Cette expérience a eu le grand avantage de favoriser et de renforcer l'exercice responsable de la profession dans le cadre duquel la pratique, la recherche et l'enseignement sont vus comme les parties d'une triade plutôt que comme trois entités séparées.

JOINT-APPOINTMENTS: AN AGENCY EXPERIENCE : A RESPONSE

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Something exciting is happening in Nursing! Education and service, those historic antagonists, are coming together. Our American counterparts, Loretta Ford in Rochester and Luther Christman in Chicago, have been sharing with us recently their strategies for implementing a complete professional role for nursing in their respective centers. Ms. Arpin, University of Toronto, School of Nursing, has described her School's experience with joint appointments in this issue of *Nursing Papers*. It is my pleasure to have the opportunity to describe the approach utilized between the School of Nursing at McGill and the Department of Nursing of the Montreal Children's Hospital.

In 1977 the Directors of Nursing of the five major university-teaching hospitals in the McGill system were called together by Ms. Joan Gilchrist, Director of the McGill University School of Nursing to meet with a selected group of faculty members for the purpose of developing joint appointments. This core group continues to meet regularly to develop the

joint appointment concept to maximize our varied and considerable resources. Each Director of Nursing has had the opportunity of proposing members of her staff for appointment in the University School of Nursing and for negotiating for McGill faculty involvement in her respective institution.

Agency staff receive titles identical to those in the university system: lecturer, assistant professor, associate professor. These appointments for a three-year term are non-salaried and terminate when the hospital appointment terminates. They entitle the recipient to all the rights, obligations and privileges of staff in the university community; for example, use of libraries and other facilities, option for membership in the Faculty Club and opportunity to attend meetings of the Medical and School of Nursing Faculties. In addition, invitations are extended to meet with small groups of faculty for curriculum planning and other forms of decision-making in which service input is helpful. In my view, the effectiveness of our joint appointment system lies in the fact that the specific input and commitment on both sides is flexible and developmental.

As in the past three years we have been fortunate to have four McGill Faculty assisting us to improve nursing at the Montreal Children's Hospital. A McGill faculty member has been a consultant to our Staff Development personnel. Many of her students have joined our staff as new graduates. Therefore, not only has she assisted us to develop better ways of orienting and developing staff, but she has gained insights which have led to modifications in her teaching and curriculum approaches. A second faculty member joined our Family Medicine nurses as a consultant to assist them to examine their practice and to become more knowledgeable and deliberate in the application of nursing interventions to specific care problems. A third individual has been the nurse member of our interdisciplinary Behavioral Pediatrics group. She has carried out home visits and has been a valuable contributor of information and skills in this newly-developing service. The fourth Faculty member has added her knowledge and experience gained in the field of Maternal and Child health to a second recently established multi-disciplinary service, a clinic for children with problems related to developmental delay.

Interestingly, it is only now that the service agencies are establishing the procedure for recognition and ratification of faculty appointees in nursing to their departments. This fall, the Director of the McGill School of Nursing will be proposed to the Board of Directors of the Montreal Children's Hospital for an appointment to the Hospital as a consultant. This procedure and title are those utilized for our counterparts in medicine. Following the selection of suitable titles, all faculty personnel will be proposed for appointment to the hospital staff and ratified in the same manner.

To continue, a particularly interesting and rewarding joint venture has been the launching of a series of collaborative efforts called Nursing Explorations. The first of these collaborations was organized by a small group consisting of the Director of Nursing of one establishment, the Assistant Director of another establishment, and a senior faculty member. Entitled 'The Experience of Suffering', this conference, opened by Canadian author Adele Wiseman, brought together a group of nurses from education and service in our community who are providing care for patients in pain, children with cancer and patients with emotional problems. Included also was the sharing of an experience in organizing and facilitating a cancer self-help group. The second such conference 'Learning to be Healthy: Where Nurses Fit' will take place in the fall. This joint project will allow us to explore current issues in the delivery of health care that are of common concern to nurses and have implications for education, practice and research in nursing.

It is my belief that in hospitals the most significant benefits to patients will accrue from recruiting nurses with clinical expertise and experience and knowledge in education and research for managerial positions. We are in the process of redefining the managerial roles at the Montreal Children's Hospital to allow the potential power of line positions to be coupled with the opportunity and requirement to utilize the skills enumerated above. The recruitment potential possible with a joint appointment is one of the most significant benefits for the Nursing Department of the Montreal Children's Hospital at this point in our development. The opportunity for leadership and role-modeling in relation to undergraduate and graduate students as well as staff nurses is beginning to be evident as a result of the recruitment of expert nurses enacting the full professional role in significantly placed positions in the organization.

Nursing research is alive and well at the Montreal Children's Hospital! Two years ago, Mrs. Céleste Johnston, who has a Doctorate in Education, joined the Montreal Children's Hospital Nursing Department. Through her efforts the first nursing research project to be funded by the Montreal Children's Hospital Research Institute was organized. An active Nursing Research Committee now interfaces with the Institute as weil as the McGill School of Nursing. Guidelines have been developed for nursing participation in medical research projects. This participation must be now negotiated and recognition given in the nursing budget to the extra-service nature of this type of activity. We are, however, most proud of the fact that Dr. Céleste Johnston, who has been given a joint appointment with McGill University, is now eligible to become a full member of the Montreal Children's Hospital Research Institute, a prestigious body which was ranked very highly recently in a province-wide survey of Research Institutes.

Another milestone was reached in June of this year with the issuing of invitations to the joint appointees from McGill-affiliated hospitals to attend the C.A.U.S.N. meeting held at the University of Quebec, Montreal. It was my privilege to have had the opportunity to address this group as well.

Finally, I can only reiterate that the opportunity for all nurses to join forces and work together is, I think, one of the most hopeful developments for health care in the future. We have the education, the skills, the mandate, the vision and the opportunity to bring about some of the changes which are clearly needed to ensure the movement toward a healthier citizenry in the future.

SOCIALIZATION OF THE NURSING STUDENT IN A PROFESSIONAL NURSING EDUCATION PROGRAMME

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The theme of the conference is 'Accountability in Nursing Education.' The concept of accountability is being examined from several perspectives as it relates to preparation for the professional practice of nursing. The focus of this paper is directed to the accountability of nursing education for the nursing student. In particular, I wish to consider the accountability of a professional nursing education program for the socialization of the nursing student into the values of the profession.

In this consideration, areas of accountability are identified. Professional socialization is defined as the process whereby the values and norms of a profession are internalized into one's own behaviour and concept of self. Professional values of commitment to the service of nursing, the dignity and worth of each person, commitment to education and autonomy are discussed. In the teaching and evaluation of values a framework by Reilly (1978[1]) is examined. Strategies and techniques of teaching and evaluation are identified.

In any professional education programme there are two main areas of accountability: toward the public for the service provided by its graduates and to the student for the quality of the programme offered. This also holds true for the profession of nursing with nursing education programmes accountable for the preparation of the nurse practitioner.

Socialization is the process by which attitudes become rooted in the personality through interaction among individuals. Professional socialization is the process whereby the knowledge, skills and attitudes characteristic of a profession are acquired. The process involves the internalizing of the values and norms of a profession into one's own behaviour and self-conception. The socialization process, which begins early in life, is part of the culture and is vital to the survival of the ideals, values and beliefs of that culture. This process is continuing in the educational programme. Sigman (1979) states that in our modern society this socialization has become increasingly dependent upon the educational system. Formal education has become a primary means of socialization in our society. This is viewed as a moral task concerned with the development of moral consciousness and moral character.

Values are operational beliefs, which an individual accepts as his own, and general guides to behaviour that give direction to life. They become

internalized within the individual and are expressed in behaviour (Reilly 1979, p. 8). Each individual entering a nursing education programme comes with personal values which are reflective of the culture of that individual and frequently have influenced the choice of nursing as a profession. Faculty who have been involved with first-year students can attest to this. Our concern, however, is with professional values — those values basic to the profession of nursing which are the legitimate concern of nursing. It is within the educational programme that these values are developed, clarified and internalized. The identification and examination of these values will provide a framework within which the socialization process can be operationalized. These values are enunciated in Codes of Ethics, Standards of Nursing Practice and, indeed, are embedded in our legal system.

When then are the critical values of the profession of nursing to be considered?

The first value that the nursing student should internalize is a strong commitment to the service that nursing provides for the public. In modern nursing's history there has been a constant thread of human service. Nursing is a helping humanistic profession and its service is directed to the health needs of individuals and families. It is the care and caring aspects of this service that are unique to nursing.

Bachand (1974), in developing a conceptual model for nursing care, states that the nurse's role should be focused on health and care, either by helping the patient regain his health or by creating a milieu in which he can maintain it.

Schlotfeldt (1976) discusses her concept of professional nursing as "the profession whose practitioners are responsible for assessing and promoting the health status, assets and potential of all human beings" (p. 105).

Watson (1979) states the premise that a science of caring is essential to the discipline of nursing and proposes a scientific base for care and caring. Her premise supports the concept that care and caring is the central core and essence of nursing.

Similarily, Roach (1980) considers "caring as the essence of nursing and the characteristic among other possible characteristics, which uniquely defines, describes and qualifies nursing's particular focus and service to society" (p. 2).

It is expedient for the health care of the public that the nursing student value the important contribution of nursing care to the health and well-being of the individual and family.

A second value is the dignity and worth of each person — a value based on a moralistic premise about the individual in a society. It is part of the

Judeo-Christian tradition of the worth of the individual and the sacredness of human life. The Canadian Bill of Rights clearly states the rights of the individual. Nursing is a person-oriented profession and basic to this is the worth of each individual. The international Code of Ethics (1973) states: "Inherent in nursing is respect for life, dignity and right of man. It is unrestricted by consideration of nationality, race, creed, colour, age, sex, politics and social status." The Canadian Nurses Association Code of Ethics (1980) re-enforces this in its statement of general principles, "The human person, regardless of race, creed, colour, social class or health status, is of incalculable worth, and commands reverence and respect." When this value is internalized it is expressed in practice as a commitment to act in the best interest of the patient and family.

A third value encompasses a commitment to education. Just as the personal value of life-long learning is evident in our society, many nursing education philosophies reflect the value of continuous learning. The professional value of education is evident when the graduate maintains and expands her level of competencies to meet the professional criteria of the present and anticipates what the role of nursing will be in the future. A further aspect of this value is the expansion of the body of professional knowledge. There is a commitment to contribute to the theoretical base of nursing and to test this in nursing practice. It is as the nursing student internalizes this value that a critical questioning orientation toward nursing knowledge and practice will be developed.

A fourth value that the nursing student should internalize is autonomy — the right of self determination as a profession. Jacox (1978), in discussing this, states that it may be the most difficult to achieve and yet it is where the greatest emphasis should be placed at this time in nursing's history.

The nurse must have freedom to use her knowledge and skills for human betterment, and the authority and ability to see that nursing service is delivered safely and effectively. Nurses need to be more assertive in the promotion of nursing care and in developing the ability for independent behaviour.

Learning experiences need to be chosen to enable the nursing student to develop this value. Mauksch (1972) has identified learning experiences that can be established within the curriculum and which can enhance the ability to be self-directive and allow for some independence of action. She suggests such activities as participation in curriculum planning, selection of clinical experience and pursuit of a self-interest project. Probably the best means of developing this value is within the practice situation, where faculty can allow for decision-making and risk-taking by the student. Within this environment the value is internalized.

Having identified and examined some of the critical values of the profession, what action does nursing education need to take to ensure that the values are being developed and internalized?

The teaching of values and beliefs has often been regarded as outside the scope of education for several reasons: first, the idea that values belong to the innate aspects of the personality that are impervious to change by education methods; second, the belief that values should not be imposed on the learner; and third, that the technique of teaching and curriculum development have proven to be too crude to provide adequate methodology for teaching values and for evaluating the impact of such teaching methods.

Values, however, are part of each individual. Everything one does and says reflects them. Thereby, value learning is a legitimate component of nursing education in that it helps the student answer for herself the questions that she encounters in the educational programme.

Reilly (1978[1]) has established a frame of reference for the teaching of values that is worthy of examination. Her basic premise is that values can be taught. In seeking methods that are suitable for this learning to be accomplished, the affective domain of learning needs to be examined. Although nurse educators have given some consideration to this domain the same concentration of effort has not been given as in the cognitive and psychomotor domains.

The climate in which this learning is to occur is of paramount importance. It needs to be one in which there is authenticity, trust, support and freedom from unwanted sanctions. As in any area of curriculum, objectives must be established, content identified and strategies developed for the accomplishment of the objectives. This is complete when tools and methods of evaluation have been devised and utilized.

The overall objective is to assist the nursing student in the internalizing of values that provide her with a level of self-esteem that is compatible with the responsibility inherent in her practice of professional nursing.

Content would include an examination of theories or theoretical concepts pertinent to value clarification and development.

Strategies that already exist are group conferences and discussions, role playing, field trips and clinical practice. Conferences and discussions are a means by which beliefs and ideas can be shared. In role playing, various value-directed approaches to nursing situations can be examined. Field trips to different socio-economic groups will broaden the knowledge base necessary for value choosing. Clinical practice offers many opportunities for the value development process. Selected films such as The Best Damn Fidler, Whose Life Is It Anyway, and The Red Kite are particularly useful in value clarification.

These strategies have been utilized successfully in nursing education in the cognitive and psychomotor domains. They are also effective for the affective domain. Indeed, there are frequently elements of the three domains in any one strategy.

What then of evaluation? Is it possible to evaluate the learning of values? What tools and techniques are available to evaluate the impact of the teaching strategies?

There appears to be general consensus that affective learning can be evaluated. There is disagreement, however, as to whether the complex learning behaviours can be evaluated within the time limit of a programme or, indeed, whether these behaviours can even be observed within the programme. Broudy (1961) states that there are two kinds of outcomes of education: test outcomes and life outcomes. Life outcomes are not observable in school but are observed in the style of behaviour in which the individual acts out his daily round of duties in a distinctive manner. Reilly (1978[2]) states that evaluation of the affective domain is possible. A systematic approach to the evaluation of this learning which incorporates summative and formative evaluation processes is required. Objectives expressed in behavioural terms need to be stated as outcomes consistent with the levels of learning expected. Techniques that have been used in the cognitive and psychomotor domains can be applied to this learning. Attention to the ways that the student communicates feelings, attitude and beliefs verbally or non-verbally furnishes data that assist in evaluating affective learning. Problem-solving activities provide good evaluative data on the critical thinking process in the development of values.

Through the use of these techniques, value learning can be evaluated. The challenge is in using and expanding the techniques already available and in seeking new methods to better evaluate the affective domain.

In conclusion, I would like to paraphrase a letter written by William C. Miller (1978). This letter is addressed to parents and is a recall of the graduates for revision. In the process of instruction the programme had forgotten to install at least one saleable skill, a comprehensive and utilitarian set of values and a readiness for and understanding of the responsibilities of citizenship. Upon recall, the programme planned to equip each graduate with a desire to continue to learn, a dedication to solving problems of local, national and international concern, a commitment to the democratic way of life, extensive contact with the world outside and experience in making decisions. The parents are urged to return the graduates for it is vitally necessary to the safety of all that the revision take place.

Can this be applied to nursing education programmes? Are nurse prac-

titioners being prepared with the professional values to enable them to be self-regulatory and self-directing or do they, too, need to be recalled for revision?

Nursing education is accountable to the profession of nursing for the socialization of the nursing student into the values of the profession. This is accomplished through the incorporation of value teaching in nursing education programmes and the commitment to the preparation of the professional nurse practitioner.

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RESUME

La socialisation de l'étudiant dans le cadre d'un programme d'enseignement professionnel des sciences infirmières

L'auteur examine le rôle joué par un programme d'enseignement professionnel des sciences infirmières dans la socialisation de l'étudiant et son identification aux valeurs de la profession. On présente quatre valeurs essentielles à la profession d'infirmiers: a) engagement profond dans le service donné au public, b) sens de la dignité et de la valeur de tout être humain, c) perception de l'enseignement des sciences infirmières reflétant l'importance d'un apprentissage continu et d) autonomie — ou droit à l'auto-détermination en tant que corps professionnel — cette dernière valeur est la plus difficile à atteindre.

L'auteur se demande si on forme des infirmiers auxquels on aura inculqué les valeurs leur permettant de parvenir à l'autonomie et à l'auto-détermination. Toutefois, l'étudiant en soins infirmiers pourrait être pénétré du sens des valeurs lui donnant le respect de soi compatible avec les responsabilités inhérentes à l'exercice de la profession si la part de l'apprentissage consacrée au domaine de l'affectivité était aussi importante que celle qu'on accordait autrefois aux domaines cognitif et psychomoteur.

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