1994

A history of the Rush University, College of Nursing and the development of the unification model 1972-1988

Barbara Anne Fisli
Loyola University Chicago

LOYOLA UNIVERSITY OF CHICAGO

A HISTORY OF THE RUSH UNIVERSITY, COLLEGE OF NURSING AND THE DEVELOPMENT OF THE UNIFICATION MODEL 1972-1988

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL LEADERSHIP AND POLICY STUDIES

BY

BARBARA ANNE FISLI

CHICAGO, ILLINOIS

JANUARY, 1994

ACKNOWLEDGEMENTS

Special thanks is extended to Gerald Gutek, Ph.D., chairperson of my dissertation committee and my advisor. His direction and support has assisted me throughout my studies at Loyola. I also want to thank my committee members, Steven Miller, Ph.D., Joan Smith, Ph.D., and Sally Brozenec, Ph.D., for all their support and assistance in developing my interest in historical research.

I want to acknowledge the support by my co workers at Rush University, especially Mildred Perlia, Linda Curgian and Barbara E. Schmidt. I also want to thank Stuart Campbell, Ph.D. and Michael Bullington, the archivists at the Rush-Presbyterian-St. Luke's Medical Center. Their support in locating the necessary documents on the history of all four schools was invaluable.

Last but not least, I want to thank my family, all my brothers, sisters, their spouses and children. I appreciate all your support. I especially want to thank my mother, Margaret J. Rapp, who was always there to reassure me on my ability to obtain my goals. Finally, I want to thank my husband, John and the light of my life, my daughter Julia, who were understanding and supportive during the trials and triumphs of this growing experience.

TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS iii

PART I. HISTORICAL OVERVIEW OF NURSING EDUCATION AT RUSH-PRESBYTERIAN-ST. LUKE'S HOSPITAL PRIOR TO ESTABLISHMENT OF THE RUSH COLLEGE OF NURSING

Chapter

I. ST. LUKE'S HOSPITAL SCHOOL OF NURSING. 6

II. PRESBYTERIAN HOSPITAL SCHOOL OF NURSING. 46

III. PRESBYTERIAN-ST. LUKE'S SCHOOL OF NURSING. 87

PART II. HISTORICAL OVERVIEW OF THE UNIFICATION MODEL IN NURSING AND THE DEVELOPMENT OF THE RUSH COLLEGE OF NURSING

IV. UNIFICATION MODEL IN NURSING 113

V. THE BEGINNING OF RUSH UNIVERSITY, COLLEGE OF NURSING AND THE INTRODUCTION OF THE UNIFICATION MODEL 140

VI. ADMINISTRATION OF LUTHER CHRISTMAN 165

VII. SUMMARY AND FUTURE RESEARCH. 229

Appendix

I. STATE OF ILLINOIS, DEPARTMENT OF STATE 240

II. STATE OF ILLINOIS, OFFICE OF THE SECRETARY OF STATE 243

III. RULES FOR PUPIL NURSES 247

IV. CURRICULUM, 1953-1954. 251

V. BOARD OF TRUSTEES MEMO 258

VI. RULES FOR THE HOME 261

VII. BYLAWS OF THE FACULTY ORGANIZATION 264

VIII. OUTLINE OF COURSES 1915-1916 269

IX. CURRICULUM PRESBYTERIAN SCHOOL OF NURSING. 271

X. BYLAWS OF THE FACULTY ORGANIZATION 274

XI. PRE HEALTH CURRICULUM. 279

XII. UPPER DIVISION TO RUSH COLLEGE OF NURSING. 281

XIII. TEACHING-LEARNING ENVIRONMENT. 283

XIV. CONCEPTUAL FRAMEWORK 285

XV. NURSING DIRECTORS OF ST. LUKE'S HOSPITAL SCHOOL OF NURSING. 287

BIBLIOGRAPHY 288

VITA

PART I

HISTORICAL OVERVIEW OF NURSING EDUCATION AT RUSH-PRESBYTERIAN-ST LUKE'S HOSPITAL PRIOR TO ESTABLISHMENT OF THE RUSH COLLEGE OF NURSING

The history of nursing education at Rush-Presbyterian-St. Luke's Medical Center dates back to the late 1800's. This historical overview will chronologically examine the following three schools of nursing that eventually developed into the Rush College of Nursing: St. Luke's Hospital School of Nursing, Presbyterian Hospital School of Nursing, and Presbyterian-St. Luke's Hospital School of Nursing. In order to understand the development of Rush College of Nursing, it is important to examine the history of each of these organizations and the effect they had in the development of Rush College of Nursing.

Nursing in the early nineteenth century was mainly taught by an apprentice type of system. The competency of a nurse trained by apprenticeship depended upon the skilled nurse from whom the student nurse learned the art of nursing. Very few women worked outside of their homes at this point in history. It was thought that women did not have the ability nor the stamina for higher education and that their entry into careers would destroy the foundation

of the family.[1] Women were to be taken care of by their husbands, fathers or brothers, and working outside the home was not done by "true ladies." Society, at this time, believed that women needed to learn to read and write to perform household tasks but education beyond this elementary level was unnecessary. Hospitals were one of the few places where poor and uneducated women who needed to work outside their home could find employment.[2] Women were believed to have a natural instinct to be nurturing persons and required little or no training to care for the sick. The only other alternative for women at this time was employment as common school teachers.

Florence Nightingale professed that all individuals had a responsibility to assist in improving mankind.[3] Nightingale's personal philosophy was embedded in nursing and she is seen as the founder of modern nursing. Nightingale's philosophy not only included helping patients to survive and recover, but encompassed environmental effects on health, nutritional aspects, and the necessity for spiritual well being.[4] Her work in the Crimean war

---

[1] Isabel M. Stewart, The Education of Nurses (New York: MacMillan Co., 1943), 31.

[2] Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing (Boston, Mass.: Little, Brown and Company, 1986), 95.

[3] Stewart, 46.

[4] Ibid., 48.

was a mechanism by which she could test her beliefs regarding care of the sick. Florence Nightingale was a promoter of proper nutrition, fresh air and cleanliness to assist the healing process of the sick. Even though she believed that cleanliness was an important factor in the healing process, she did not accept the germ theory that was being promoted by scientists. Florence Nightingale's experience with healing the sick had a major impact on the development of nursing and nursing education around the world.

Another factor that influenced the development of nursing education in the United States was the Civil War. Many soldiers died not from their wounds but from improper care, from plagues, and exposure to other diseases. Many women who went to the different camps to help with the sick were appalled by the lack of care for the soldiers. When these women returned home, they began to question the care of patients in the few hospitals that existed in their communities. Many influential women and physicians had heard about Florence Nightingale's work and wanted to reform health care in the United States along her principles. They met much resistance from the medical profession that still felt that women were not strong or intelligent enough to carry out the needed care for the sick.

In 1869, Dr. Samuel D. Gross presented the issue of nursing training at the American Medical Association

meeting. Dr. Gross wanted to establish a nation-wide training program for nurses. The Nightingale system for nursing education had been developed by this time and was discussed, but Dr. Gross felt that the Nightingale system could be improved upon by bringing it under the control of the physicians. His recommendations were the following: 1. All large organized hospitals should have a training program for nurses to supply the hospital as well as the community with well trained nurses; 2. Religious organization and nursing education could be combined as a means of organizing nursing education; 3. The local medical societies could form training programs for nurses; 4. Newly formed local nursing societies would receive special consideration for employment over the uneducated practitioners; 5. Qualifications of the nurse should include being of strong physical stature, between the age of 22-35 years, be able to read, write, be gentle, courageous, honest, punctual, possess a good moral character, and be willing to perform her duties. The candidate must also have good observation abilities and have a strong basic knowledge in the nursing art.[5]

Even though Gross's recommendations were widely publicized, little was done by local medical associations to implement them.[6] Many physicians and hospital managers

---

[5] Ibid., 85-6.

[6] Ibid., 85-6.

feared that educated nurses would usurp the authority and control of their medical counterparts within the organization of the hospital. The actual development of training schools was promoted by well meaning and caring citizens who wanted to improve the health care of the poor. St. Luke's Hospital in Chicago bore this out in its development.

CHAPTER I

ST. LUKE'S HOSPITAL SCHOOL OF NURSING

St. Luke's Hospital was established in 1864 by Rev. Clinton Locke, pastor of (Episcopal) Grace Church, and the ladies of the Camp Douglas Aid Society. This Society consisted of a group of women who assisted the wounded and sick soldiers at Camp Douglas. Rev. Locke was so concerned about the lack of care the poor were receiving that he delivered a sermon to his congregation regarding this situation. This sermon acted as a catalyst for the formation of the hospital. Mrs. Locke and some of the women of the Camp Douglas Aid Society spearheaded the group into action to establish St. Luke's Hospital.[1] On February 18, 1864, a simple constitution was drawn up at the home of Mrs. F.B. Hadduck. The first officers of the new hospital were: Rev. Clinton Locke, President; Mrs. W Franklin and Mrs. H.W. Hinsdale, Vice Presidents; Mrs. F.B. Hadduck, Treasurer; and Mrs. Aaron Haven, Secretary. Dr. Walter Hay was the elected the physician in charge.

The first hospital was established in a small wooden house at State Street and Eldridge Court and had the

---

[1] Rev. Clinton Locke, "History of St. Luke's Hospital to 1893," David Evans, editor, 1929, (unpublished work) Rush Presbyterian St. Luke's Medical Center Archives, Chicago. 1.

capacity for seven beds. The women became so engrossed in establishing the hospital that they decided to merge the Camp Douglas Society and the St. Luke's Aid Society and began fund raising to furnish the hospital.[2] On January 23, 1865, the St. Luke's Free Hospital was incorporated by the State of Illinois. Miss Sarah Miles was appointed as the Matron and head of the house with the assistance of one other woman and two men. These individuals worked diligently to meet the needs of the patients and the physicians of the new hospital.[3] It did not take long for this seven bed hospital to become too small for the number of poor individuals that needed its services. The organizers began looking for a larger facility to accommodate more patients. One of the city editors owned a brick home that was three blocks away from the current hospital and was having difficulty renting this house. Rev. Locke became aware of the renting difficulty and convinced the editor into renting the building to the hospital at a modest cost. This increased the bed size of St. Luke's to eighteen but even these accommodations would quickly become insufficient to meet the patients' needs. The hospital continued to grow and develop over the next sixteen years, In 1881, the hospital organizers began the process of building the first permanent hospital between Michigan and

---

[2] Ibid., 2.

[3] Ibid., 4.

Indiana Avenue, which was finally occupied on January 29, 1885[4]. Once the hospital was built and the patients moved in, Dr. and Mrs. Locke began to work on realizing the other part of their vision. Their dream was to establish a nursing school that would service the hospital and the surrounding community.[5] Since 1880, Mrs. Locke had been very active in developing the Illinois Training School at Cook County Hospital. She knew that the training of nurses was also very important not only in the care of the patients but to the success of the hospital.

The dream of Dr. and Mrs. Locke was put into action in early 1885. One of the major challenges in starting the school was to appoint a Director and Superintendent of nursing for the hospital. Up to this point Sarah Mills had been in charge of the hospital, but Dr. Locke realized that she did not have the educational background nor physical strength to take on this endeavor.[6] Also, it was decided to have one person responsible for both the school and the nursing units since the majority of care was given by the students. Finding a Director that could possibly do this was not an easy task to accomplish in a short period of

---

[4] Marie Georgetta Merrill, The History of St. Luke's Hospital School of Nursing (Chicago: St. Luke's Alumnae Association, 1945), Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago, 12.

[5] Dora Goldstine, "St. Luke's Alumnae Association History", 1931, Rush-Presbyterian-St. Luke's Archives, 3.

[6] Locke, 17.

time. There was no time to select a Director from the eastern nursing schools which had an excellent reputation in nursing education. Mrs. Orson Smith, one of the founders, and Miss Brown, Director of Illinois Training School, highly recommended Hattie Shepard, an 1884 graduate of the Illinois Training School. Miss Shepard was appointed first Director of the St. Luke's Training School in March 1885. Her tenure at St. Luke's only lasted seven months; speculation was that this was due to the fact that Mrs. Locke and Dr. Owen did not feel she was strict enough to develop the school to their personal satisfaction. Dr. Owen and Mrs. Locke now turned to Bellevue Hospital for recommendations for a Director for St. Luke's Hospital.[7]

Miss Dora Traylen 1886-1888

Miss Dora Traylen, a Bellevue graduate, came to St. Luke's School of Nursing in early 1886. Since very few written protocols were left from the previous director, Miss Traylen developed all new protocols. Students remember that drastic changes occurred when Ms. Traylen became Director. One change was that written admission requirements were established for women entering the training school. They were the following:

---

[7] Madeleine McConnell, The Development of Nursing St. Luke's Hospital Chicago, a Memoir (undated), Rush-Presbyterian-St. Luke's Medical Center Archives, Chapter 6, 2. (The format of this work does not adapt to the usual structure in regards to pagination. Each chapter begins with page one. Some chapters were divided into several parts and again the pagination was started at page one for each part.)

> . . . Women of superior education and cultivation.
> . . . From 20-31 years old.
> . . . Letter from clergyman testifying to good character and from her physician attesting to good health
> . . . the applicants . . . would be given an examination in reading, penmanship, simple arithmetic and English diction.[8]

The students were not all admitted at the same time but admitted when there was a vacancy.[9] Once they arrived at the school they were shown to their room and immediately put to work. The students had no uniform during their probationary period but instead wore a simple cotton dress brought from home.[10] Probation was one month in length and once it was over the students were asked to sign the following agreement:

> I, the undersigned, do hereby agree to remain two years from a date a pupil of the above-named institution; and promise during that time to faithfully obey the rules of the school and hospital, and to be subordinate to the authorities governing the same.[11]

The academic portion of the students' training consisted of lectures by physicians and the superintendent of nursing as well as nursing skills training. The curriculum consisted of the following:

---

[8] McConnell, Development of Nursing, Chapter 6, 5.

[9] Merrill, 39.

[10] Ibid., 40.

[11] McConnell, Development of Nursing, Chapter 6, 6.

Lectures by physicians:
Twelve lectures on surgery. . .
Twelve lectures on diseases. . .
Ten lectures on obstetrics. . .
Six lectures on eye and ears. . .
Six lectures on urinalysis. . .
. . .Lectures twice a week for two classes by the superintendent.
. . .Skills training:
. . .Dressing of blisters, burns, sores and wounds; application of fomentations, poultices, cups and leeches.
. . .The administration of enemas and use of catheter.
. . .The management of appliances for uterine complaints.
. . .The best method of friction as applied to the body and extremities.
. . .The management of helpless patients, making beds, moving, changing, giving baths in bed, and preventing and dressing bedsores.
. . .Bandaging, making bandages and rollers, and lining of splints.
. . .The preparing, cooking and serving of delicacies for the sick.
. . .Instruction in care of the environment.[12]

The clinical time for the students was to work the units for ten hours a day, except for times lectures were presented.

Another major accomplishment by Miss Traylen was that on April 1, 1886, St. Luke's Training School for Nurses became a separate legal corporation in the State of Illinois "to train and educate young women as nurses."[13] The use of the words "to educate " set the eventual high standards of what was to become the school of nursing. St. Luke's School of Nursing was patterned after the Illinois Training School

---

[12] Ibid., Chapter 6, 6.

[13] Illinois Corporation Charter (April 1, 1886), See APPENDIX I.

that serviced Cook County Hospital. There were some major differences between the two schools. St. Luke's Training School was formed to assist the hospital in caring for the patients and there was good support from the medical staff and hospital administrators. In contrast, the Illinois Training School was established to train nurses, and it utilized Cook County Hospital as its clinical training site. Throughout the school's development and relationship with Cook County Hospital, there was strong medical and political antagonism.[14]

The first class of six students graduated from St. Luke's on October 18, 1887. In 1888, the graduating class consisted of nine graduates which made Miss Traylen feel that the school was now soundly established. Unfortunately at this point, Miss Traylen's declining health made it necessary for her to resign her position at the school.[15]

Miss Katherine Lett 1888-1893

In late 1888, Katherine Lett, another Bellevue graduate, became the Director of the School. Miss Lett, a nursing leader who wanted to make changes in the profession, was convinced that nurses must be ladies from a good strong moral background. Miss Lett wore the traditional simple closed-collar black dress softened by white rushing at the

---

[14] Goldstine, 9.

[15] McConnell, Development of Nursing, Chapter 6, 9.

neck. Impeccably groomed, she wore an organdy cap adapted from the Bellevue cap. This cap eventually became the nursing cap for St. Luke's Training School. The cap was made of organdy circled by stiff organdy rushing.[16]

Miss Lett maintained the military style of discipline set by her predecessor as well that was the standard prevalent throughout the nursing community.[17] Even though Miss Lett prescribed strict discipline, she did not take it to the extreme as did many of her peers. Concerned about the total education of the students, she had afternoon teas where the students enjoyed discussions with prominent women such as Isabel Hampton, the superintendent of the John Hopkins Training School for Nurses. Many of these women that the students met at the tea were to became the nursing leaders of their times. [18]

The students' education had a strong religious orientation which was not only due to the founders of the school but also from the beliefs of Miss Lett. These religious and ethical beliefs of Miss Lett were brought into her every day teaching. In 1889, some of the students approached Miss Lett to form an organization that would assist them during and after their training at St. Luke's. The Blue Cross Society was formed out of this discussion and

---

[16] Ibid., 10.

[17] Ibid., 9.

[18] Merrill, 36.

like everything that Miss Lett was involved in, it too, had a strong religious base. On August 30, 1891, the Society was incorporated.[19] The constitution of the Blue Cross Society was the following:

> Article I.
>
> Name
>
> The name of the Society shall be the Association of the Blue Cross for nurses of St. Luke's Training School, Chicago.
>
> Article II.
>
> The object of this Association shall be :
> 1. To care in the Hospital for Nurses of the Blue Cross when ill.
> 2. To raise the standard of the School by striving to make "The Spirit and fear of the Lord" the basis of all its work.
> 3. For mutual encouragement and sympathy.
>
> Rules
>
> II.
>
> The badge of the Association is a Latin Cross, which shall be worn by members on the left arm of their uniform, worked in blue.[20]

During the induction ceremony into the Society, the candidate kneels and the President, a nurse, then says,

> N. I admit you into the Association of the Blue Cross, and also to all its rights and privileges. In the Name of the Father, Son and of the Holy Ghost. Amen.
> Then the chaplain delivering the Blue Cross shall say: Receive this cross as a badge and token of thy devotion to the services of the sick and suffering and see that thou conform thy life to the life of our Lord and Master Jesus Christ, whose sign this is.

Then the blessing, the Blue Cross Prayer:

> Most merciful God, whose Blessed Son Jesus Christ didst minister to the sick and suffering and didst

---

[19] McConnell, Development of Nursing, Chapter 7, 21.

[20] Merrill, 37-8.

> also command His disciples to take up the Cross and follow Him; grant to us Thy servants so to imitate Thy Son, that we may be loving, pitiful and faithful in all our ministrations to Thy sick servants; support us in our work, shield us from temptation, help us to live in sympathy one with another, and at last bring us to Thy rest, through the same Thy son Jesus Christ. Amen.[21]

The blue cross became the symbol for the School of Nursing and in 1896, all the students wore the blue cross on their left sleeve of their uniforms.[22]

In 1891, Miss Lett made the following major revisions in the regulations of the School:

> The probationary period was increased from one month to three months.
> The students were required to wear the uniform after the first month of probationary period.
> The students were required to attend chapel services. If a student became ill during her training, the time missed would be required to be made up at the end of the term.
> Students received an eight dollar allowance for uniforms and books.
> The nurses would receive one hundred dollars upon graduation to help them become established. This was eventually stopped in 1903 because it was felt their training was educational in nature,therefore it was not necessary to pay this money. [23]

The purpose of the revisions was to organize the curriculum into five headings: 1. Medical Nursing 2. General Nursing 3. Surgical Nursing and Gynecological Nursing 4. Obstetrical Nursing and 5. Dietetics. The development of these courses reflected the changes occurring within the medical field in

---

[21] Ibid., 38.

[22] Merrill, 38.

[23] Goldstine, 28-29.

1890's.[24]

One of the practices that developed in schools of nursing across the country was that each graduate was awarded a pin unique to that institution. There was speculation that not only did Miss Lett design the St. Luke's school pin but that Mrs. Locke and Mrs. Fairbanks also, had an important role in its design. The design was a gold oval pin, one and three quarters inches long and one-half inch wide, with a blue cross displayed from top to bottom. Inscribed on the pin was "Saint Luke's Training School" and across its center was an open book depicting the Bible on which was engraved "St. Luke's Chapter Ten, Verse Nine" which says,

"And heal the sick that are therein and say unto them, the kingdom of God is coming unto you".[25]

Another major accomplishment of Miss Lett during her tenure was the establishment of the nurse registry for the School's graduates. When a family in the community needed nursing care, the registry would be called to supply the family with a nurse. The school set the standards for each nurse and also established the fee scale. The graduates paid a five dollar registration fee per year to be included in the registry. Miss Lett established the registry fee rate for a nurse's service as twenty dollars a week or three

---

[24] Ibid., 29.

[25] McConnell, Development of Nursing, Chapter 6, 8-9.

dollars a day. For contagious cases, the fee was twenty-five dollars a week. The nurse was required to wear a cap, apron and a dress that was washable. The nurse was to receive traveling expenses, room and board and laundry services. Meals were to be served to the nurse if she was required to sit up all night with the patient. At this time, most of the health care was still provided in the individuals' home; only the very sick and dying were admitted to the hospital. The St. Luke's registry serviced the community until 1927 when it was disbanded.[26]

The creation of the outdoor uniform for the student nurses was another major accomplishment of Miss Lett. On May 3, 1896, The Chicago Sunday Chronicle described the student nurses outdoor uniform as the following:

> . . .a long gray cloak and a little bonnet of the same hue from which hangs in gentle folds a veil of gray nun's veiling. The cloak is a long round circular, reaching to the hem of the gown, and has a small double cape at the shoulder. The little bonnet is stringless and is edged with black velvet, which gives a becoming look and softens the face. An apron is never worn on the street.
>
> The women at St. Luke's wear the stripe of gray and white, the skirt having a few tucks if the nurse desired to decorate it. This is often done, not only to take away from the plainness of the petticoat but as a means of economy, for the seersucker shrinks in washing and one by one the tucks may be taken out and the dress lengthened. Before the nurse is a graduate she wears the conventional linen collar and cuffs of the women of fashion. When she has completed her training, the simple white muslin ones affected by English widows are worn...These nurses wear a long white apron, which had a small bib, from which long

---

[26] Goldstine, 23.

> narrow straps extend over the shoulders and end at the apron band. A little white cap of tarelton edged with a fine knife pleated ruche, complete the indoor costume and would make a pretty nurse of the plainest women.[27]

The outdoor uniform received some positive but also some negative reviews from both students and the community. The outdoor uniform was discarded in 1915.[28]

When St. Luke's Training School charter was originally drawn up, the school was developed to follow the Nightingale organizational structure with the school as a separate entity from the hospital. In 1902 the charter for the training school was discarded.[29] There is speculation that Miss Lett envisioned the two entities as one organization and because of the support that both the administrator and physicians gave to the school, it was not necessary to remain separate. Since Miss Lett was not only in charge of the school but also the hospital, it probably just made sense to her to have it as one entity. Even though the hospital began to write a new charter in 1894, it was not until 1916 that the charter became legal.[30]

The World's Fair, held in 1893, brought many different conventions to Chicago. The convention that had a major

---

[27] Ibid., 24.

[28] Ibid., 25.

[29] State of Illinois, Secretary of State, Certification of Cancellation of Charter for the St. Luke's Training School, July 1, 1902. State of Illinois Archives. (see Appendix II)

[30] McConnell, Development of Nursing, Chapter 7, 3.

impact on nursing was the International Congress of Charities, Corrections and Philanthropy. One section of this convention was the Congress of Hospitals and Dispensaries in which nursing was represented. The convention featured an international discussion of nursing education. The nursing leaders at the Congress voiced their concerns of the future of nursing education. One of the major concerns was that the nursing schools in the United States were being established as part of the hospital's operations. This differed from the Nightingale's Schools which were separate from the hospital. The nursing leaders were concerned that students were being utilized as cheap labor and were receiving very little education. In England, the nursing schools remained in control of the nurses employment for three years after they completed their training. In America, the hospitals were in control of the nurse's practice in the hospital. The nursing leaders wanted to establish a national organization to set standards for schools of nursing in the United States. Miss Lett became ill in 1893, but she wanted very much to be part of the development of this national organization. The nursing leaders who attended the Congress met in Miss Lett's sitting room and adapted a resolution to call a convention of training school superintendents in New York in January 1894. This was the beginning of the American Society of Superintendents of Training Schools, which later became the

National League for Nursing Education. Miss Lett died on November 3, 1893, before the association was formed.[31]

Miss Lett's successor was Grace Kinney, a Blockley Hospital graduate, but her tenure at the school was very brief, lasting one year from late 1893 until late 1894. Miss Florence Hutcheson, another Bellevue graduate, was appointed as Director at St. Luke's School of Nursing in February 1895.[32] Miss Hutcheson's most important contribution to the school was to assist in establishing the St. Luke's Training School Alumni Association.[33] Miss Hutcheson resigned after five years in 1900 to accept a position at Massachusetts General Hospital.

Miss Augusta C. Robertson, a graduate of Massachusetts General was appointed director of St. Luke's Training School in 1899. During Miss Robertson's one year tenure, it was decided to increase the program from two to three years. Miss Robertson was also the first to recommend that a St. Luke's Graduate be a Director of the School. Her recommendation was Miss Margaret Johnstone, Class of 1895, who accepted the position in 1901.[34]

Miss Margaret Edith Johnstone 1901-1914

Miss Johnstone was very much like her predecessors in

---

[31] Ibid., Chapter 6, 24-5.

[32] Ibid., Chapter 7, 5-6.

[33] Ibid., Chapter 7, 22.

[34] Ibid., Chapter 7, 6-7.

that she held high standards for nursing education. She did not ask anything more from her students then she, herself, was willing to give. She maintained the high religious focus established at the school's inception. Some of the changes that occurred during her tenure were:

> Public health nursing was introduced into the curriculum.
> 1906 marked the first preliminary class.
> The students worked on the units for fours a day and attended classes the rest of the day.
> Constant curriculum changes to keep up to date with the changes that were occurring in the medical field.
> Class sizes kept growing as the need for nurses continued to increase.[35]
> Rules for the Pupil was developed and printed.(Appendix III)
> The first Announcement for St.Luke's perspective students was developed in 1912.
> The uniforms worn by the student nurses were designed utilizing blue and white percale material that had three threads of white throughout the material. These uniforms were made in Scotland and legally protected in 1906.[36]

Similar to her predecessors, Miss Johnstone was very active in the nursing community. In the late nineteenth century and the early 1900's, there was a movement to require nurses to be registered by the individual states. There were many individuals who practiced nursing but had no educational training, yet utilized the title of a nurse. State registration of nurses would assist the regulation of nursing. Illinois passed the state registration law in 1907. Miss Johnstone was the second nurse to be registered

---

[35] Goldstine, 61-4.

[36] Merrill, 126.

in the State of Illinois. The first nurse registered was Adda Eldridge, a graduate from the St. Luke's class of 1899.[37]

Miss Johnstone became very ill on December 21, 1914, and died January 24, 1915. She had been respected by many people, not only individuals connected with the school and the hospital but also in the nursing community.[38]

Miss Dunstone Collins 1915-1916

Miss Mary Dunstone Collins, who had been Miss Johnstone's assistant, became the Director of the school in 1915. At this point, the enrollment of the school had reached 143, with thirty-five students graduating. Miss Collin's tenure only lasted one year; Mrs. Jessie Lamb MacDonald became Director in July 1916. Mrs. MacDonald, a graduate of the class of 1915, had been identified as a student with leadership ability. Senior students were utilized as the leadership person on the nursing units and Mrs. MacDonald excelled in this role as a student.[39]

Mrs. Jessie Lamb MacDonald 1916-1921

During 1916, it seemed inevitable that the United States would enter World War I and would require the activation of medical teams to support the armed forces.

---

[37] Ibid., 96-7.

[38] Goldstine, 64-5.

[39] McConnell, Development of Nursing, Chapter 9, Part 3, 34.

St. Luke's Hospital was part of Unit Fourteen that was formed to meet the medical needs for the armed forces. This unit was activated in the fall of 1917. Many hospital personnel, including nurses, were needed to care for the soldiers and were part of the unit. To meet the needs of the armed forces, the school responded by lowering its standards and increasing the number of students enrolled. Also, Miss Hettie Gooch, the night supervisor at St. Luke's, developed a three month nurse's aide program for women in the community so they could assist the hospital when necessary. Many society women completed this course to assist the hospital when staffing of the wards was short.

Several changes occurred during Miss MacDonald's tenure. In 1917, the preclinical program increased to six month's and the instruction was increased from 150 hours to 504 hours.[40] The length of the students day was shortened to eight hours a day and they were off half a day during the week and on Sunday. The annual vacation was extended from two to four weeks. Students could have special assignments in surgery, obstetrics, pediatrics, orthopedics, and X-ray therapy. Seniors could receive a two week course at the Visiting Nurse Association. Students also had experience with social service and occupational therapy. As of 1920,

---

[40] Madeleine McConnell, "Supplementary Report of the Educational Program in Nursing" (Chicago: St. Luke's Hospital School of Nursing, 1953), Rush-Presbyterian-St. Luke's Medical Center Archives, 3.

students could enter the program only twice a year in February and September.[41]

World War I identified a lack of clarity in the role of the nurses, yet many different avenues were opening to nurses depending on the strength of their education. It was identified that nursing education was fragmented in terms of scientific knowledge but was strong in clinical practice. The depth of scientific knowledge depended on the individual institution and its need for practitioners. The National League of Nursing Education was concerned about the standards of nursing education and responded by establishing a Committee on Education that produced a recommended standard curriculum in 1917. The expectation of the committee was that this curriculum be used as a guide, not as a blueprint for a school's curriculum. Many of the nursing leaders felt that this was an excellent beginning toward establishing proper standards for nursing education. They also recognized that the curriculum needed constant revision to keep up with the advancement of knowledge that medicine exerted on nursing practice.[42]

In 1918, the Rockefeller Foundation formed The Committee for the Study of Nursing Education that consisted of twenty-one distinguished national leaders of medicine,

---

[41] McConnell, Development of Nursing Chapter 9, Part 3, 43-44.

[42] National League of Nursing, Standard Curriculum for Schools of Nursing (New York: Paulus-Ullmann, 1919) 5-6.

nursing, and social public health fields. This committee was directed by Josephine Goldmark and the purpose of the committee was to investigate nursing education. Society as a whole had begun questioning the quality of nursing education throughout the country. This Committee examined the administration, teaching program, curriculum, and nurses' homes and produced recommendations to improve nursing education. In the beginning, the committee was looking at the possibility of developing a course that would train public health aides and it was thought this could be done more efficiently if it was not connected to the nursing school. The nursing community felt strongly that nurses were the best individuals to deliver this service. Once the committee began looking into this issue and started evaluating nursing education with regards to public health, they found it necessary to investigate all aspects of nursing education.[43] The report produced from this committee, commonly known as the Goldmark Report, recommended that nursing education place more emphasis on "public health nursing, better prepared facilities, standardization of courses, higher standards of nursing education and university bases for nursing education."[44] Mrs. MacDonald was aware of committee's recommendations and

---

[43] Stewart, 197.

[44] Anne Mealey and Clinton Thiel, "The History of Nursing Education and Entry Level for Nursing Practice," The Washington Nurse 16, (July 1986):12.

attempted to implement them. Unfortunately, some improvements would require financial commitments on the part of the hospital and St. Luke's management; the Board of Trustees was in the process of raising money to enlarge the hospital and was unable to give Mrs. MacDonald the needed financial support. Very discouraged, Mrs. MacDonald resigned in 1921 and returned to Canada.[45] Prior to her departure, Mrs. MacDonald changed the school's name to the St. Luke's Hospital School of Nursing, dropping the word "training" from the School's title.

Miss Mildred Pringle 1921-1928

Miss Pringle, a St. Luke's graduate of 1915 and assistant director under Mrs. MacDonald, became Director in 1922. St. Luke's School of Nursing had always enjoyed excellent reputation for its role in educating nurses. It was built on strict rules, Christian values and discipline, and had survived for thirty-five years. The hospital administrators were so focused on building a better facility and increasing the bed capacity that they failed to plan for the staffing of the new facility. Many "friends" of the nursing school felt that Miss Pringle maintained the status quo and continued to increase enrollments without revising the curriculum to reflect recent developments in medicine or nursing education. But in 1926, the total hours of nursing

---

[45] McConnell, Development of Nursing, Chapter 9, Part 3, 46.

instruction was 545 hours which included eleven hours of sociology, eleven hours of psychology and ten hours of psychiatric nursing which were added to the curriculum.[46] Another major change during Miss Pringle's tenure was the implementation and utilization of graduate nurses as head nurses in place of senior nursing students.[47] Both of the above accomplishments were above the norm of the average school of nursing but did not have the St. Luke's School of Nursing in a leadership role for nursing education. This was a major concern of the Alumnae Association.

In 1928, the Nurses Alumnae became very concerned about the state of the educational program at St. Luke's and went to the Board of Trustee to ask for a change in the nursing leadership. The Alumnae, noting the changes occurring in the nursing profession, believed St. Luke's program was becoming outdated. The high respect that St. Luke's School of Nursing enjoyed in the nursing profession was declining and the alumnae wanted to regain the institution's prestige. Miss Pringle offered to resign in January 1928 and was replaced by Mrs. Ada Reitz Crocker, a graduate of the University of Iowa State Hospital. Mrs. Crocker was selected for the position because of her excellent clinical skills, extensive administrative background and her current

---

[46] McConnell, "Supplementary Report", 3.

[47] Ibid., 2.

enrollment at Teachers College of Columbia University.[48]

Mrs. Ada Reitz Crocker 1928-1934

The new director knew that St. Luke's had been built on the tradition of excellent patient care but she presently felt that the care was far below that previous standard. Mrs. Crocker was also aware that in order to accomplish the major changes that were necessary, she would need to work closely with the board and medical staff of the hospital. Mr. Charles Schweppe, president of the Board of Trustees, worked closely with Mrs. Crocker and became an advocate for the school of nursing with the Board of Trustees.[49] The Alumnae Association and the Women's Board also rallied to support the school. It was through their efforts that a Nursing Council was formed in 1930. The council members consisted of:

> Rev. Duncan H. Browne, rector of St. James Church, the chairman, Mrs. W. Gary, the president of the Women's Board..., Miss Ellen Stewart, representing the Alumnae Association, Dr. H.O. Jones, a member of the Medical Board, Miss Edna Foley, Superintendent of the Visiting Nurses Association, Mrs. Walter P. Wolf, a member of the Woman's Board, Charles A. Wordell, Superintendent of St. Luke's Hospital, and Ada Reitz Crocker, Director of the School of Nursing.[50]

The purpose of the Nursing Council was to advise the Board of Trustees on the needs of the school and to

---

[48] McConnell, Development of Nursing, Chapter 9, Part 3, 52-3.

[49] Merrill, 119.

[50] Ibid., 120.

formulate policies as well as to promote the aims of the school. The committee also brought the nursing leaders closer to the hospital's decision makers which enabled the them to know the plans being formulated for the hospital. This Council did not become a permanent committee of the board until 1940.[51]

Mrs. Crocker accomplished a major reorganization of the school utilizing the recommendations of the Rockefeller Committee survey and the National League of Nursing Study of Nursing Education. The qualifications of perspective students were strengthened. In 1928 Admissions requirements were that the student had to be between the ages of 19 to 35 years of age, present documentation that the student was in good health, have a high school education or equivalent credentials, bring documentation from a minister that the student was of good character, and have a personal interview with Director if possible.[52]

The curriculum changes that occurred integrated clinical and classroom instruction. These changes were mirror images of the instruction that being developed at the different universities in the United States. The increase of graduate nurses employed in the hospital decreased dependance of the hospital on students as workers. The

---

[51] Ibid., 120.

[52] Announcement of St. Luke's School for Nursing 1928, Rush-Presbyterian St. Luke's Medical Center Archives, 22.

focus became educational rather than service-orientated. The department of nursing was divided into special units and leaders were appointed to run the clinical side of the department of nursing. Mrs. Crocker did not want this new structure to divide the service units from the education unit; therefore manuals were prepared for both service and education to enable effective communication of the tasks of both sides. Monthly meetings were established to present programs and discussion to improve delivery of patient care. Also through Mrs. Crocker, guidance scholarship programs were established to assist the nurses to continue their education.[53]

Mrs. Crocker felt it was very important for faculty to have advanced degrees in education in order to teach in the school of nursing. Her philosophy was supported by the Rockefeller Committee as well as the recommendations from National League of Nursing. Faculty not only must have good clinical skills but also needed to have the knowledge necessary to teach the courses. It was also deemed important for the faculty to be skilled in educational strategies in order to transmit knowledge effectively to the students. Many faculty members returned to a normal or teaching college to earn advanced degrees in education.[54]

---

[53] McConnell, Development of Nursing, Chapter 10, Part 3, 9-10.

[54] NLN, 23-4.

In 1928, the School Announcement began listing the faculty's academic qualifications.[55] To further ensure curriculum improvement, the decision was made to appoint an Education Director, who would report to the Director, and whose sole responsibility was the educational program of the school. In 1930, Miss Edna Groppe, a graduate of Mercy Hospital in Columbus, Ohio, who held a masters from Columbia University, Teachers College, was appointed Education Director for the School of Nursing. [56]

Miss Groppe added a four month elective in psychiatric nursing in 1930 and increased the total number of hours of instruction to 787.[57] In 1931 the admissions requirement for students were the following: The applicant must be 19 to 35 years of age; present the credentials of graduation from an accredited High School or equivalent; the student must have standing in the upper part of class. Preference was shown to applicants with advanced educational preparation. A physical examination by the family physician, with certification of vaccinations was required. Also, a personal interview with Director with the students' parents present was recommended.[58]

---

[55] McConnell, "Supplemental Report", 3.

[56] McConnell, Development of Nursing, Chapter 10, Part 3, 6.

[57] McConnell, "Supplementary Report",3.

[58] Announcement of St. Luke's School of Nursing 1931, Rush-Presbyterian St. Luke's Medical Center Archives, 28-31.

By 1932, all senior students were required to attend one outside affiliate organization for a clinical practicum. The students were able to choose from the following organizations: Visiting Nurse Association of Chicago for two months, Illinois School of Psychiatric Nursing for three months, Infant Welfare Society of Chicago for two months, or Contagious Disease Nursing for two months.[59]

While the formal educational program was the major concern for St. Luke's School, it was not the only part of the educational process. The students' social development was also very important to the faculty. The Women's Board was also very concerned about the students' comfort and social well being. Their concern was exhibited by their willingness to finance the salary for the Director of Social-Health Program for the school in 1928. Miss Mabel A. Shannon was appointed as this Director. She was responsible for overseeing the students' living conditions as well as to ensure there were activities for them to participate in that would help them develop socially.[60]

The commitment to assist women to be educated as nurses has been the school's main focus. Prospective nurses' education was funded by the hospital and the Board of Trustees. Due to the economic depression the country was

---

[59] McConnell, "Supplementary Report", 3.

[60] McConnell, Development of Nursing, Chapter 10, Part 3, 7.

experiencing in the 1930s, it became impossible to continue the practice of not charging students tuition or fees for their education. In 1932, a tuition and fee structure was put into effect. The first tuition and fee structure inaugurated for the entire program was one hundred dollars for tuition, twenty-five dollars for laboratory, twenty-five dollars for books and twenty-five dollars for uniforms. A payment schedule was established for tuition and fees to be paid over the entire three year program. Free room and board was continued.[61]

Mrs. Crocker had breathed new life into the St. Luke's School of Nursing. Her leadership ability was recognized by the nursing community. In July 1934, Mrs. Crocker resigned her position to become the first Executive Secretary of the Illinois State Nurses Association.[62] The faculty and hospital were sad to see her leave but knew her excellent leadership ability was needed elsewhere.

Miss Elsa Maurer 1934-1935

On August 5, 1934, Miss Elsa Maurer, a graduate of New York Homeopathic School of Nursing and Columbia University Teachers College, became the new Director of Nursing.[63] Mrs. Maurer was a different type of leader compared to her

---

[61] Announcement for St. Luke's School of Nursing 1933-34, Rush-Presbyterian-St.Luke's Medical Center Archives, 33-4.

[62] McConnell, The Development of Nursing, Chapter 10, Part 3, 14-16.

[63] Ibid., Chapter 10, Part 3, 17.

predecessor in that she was autocratic. This style did not fit in with the leadership style to which many at St. Luke's had become accustomed. Her tenure was short; she resigned on March 1,1935.

Miss Janet Korngold 1935-1938

Mrs. Janet Korngold became the Director of Nursing on May 1, 1935. Mrs. Korngold, a graduate of Presbyterian Hospital, held a M.A. degree from Northwestern University. Mrs. Korngold had high standards for nursing education and practice. These standards were maintained throughout her tenure at St. Luke's School of Nursing. In previous years, the St. Luke's School of Nursing Announcement stated that students had to have a college preparatory background from high school but it was not until the 1935-36 catalogue that the exact courses preferred were listed. These specific courses were:

> English - 4 units
> Foreign Language - 2 to 4 units
> Science - 2 to 4 units
> Mathematics - 1 1/2 to 3 units
> Social Science (History, Civics, Government) - 2 to 4 units
> Electives (Music, Art, Domestic Science) - a maximum of 4 units
> It would be better to study a specific science in high school than to take a year's work in 'General Science.' A unit in Chemistry, Botany, Physics, or Physiology is preferable to this.[64]

Mrs. Korngold utilized the 1937 National League of Nursing

---

[64] Announcement of St. Luke's School of Nursing 1935-36, Rush-Presbyterian St. Luke's Medical Center Archives, 39.

Curriculum Guide to make the appropriate changes in the curriculum. The formal instructional hours were increased to 1097 for the entire program and each clinical experience was clearly defined. Mrs. Korngold felt that students needed to have a strong understanding of community health and imbedded it into their program. In 1938, Mrs. Korngold developed some health problems that required her to move to a warmer climate. She resigned in October 1938.[65]

Miss Madeleine McConnell 1939-1953

On January 9, 1939, Madeleine McConnell became Director of Nursing at St. Luke's School of Nursing. Miss McConnell was a 1917 graduate of St. Luke's School of Nursing and a graduate of the baccalaureate program in nursing at Columbia University's Teachers College. She came to St. Luke's School of Nursing with an experience that would help her in her new position. Miss McConnell had been a faculty member at Yale School of Nursing and was Executive Secretary for the Illinois State Nurses Association.

Miss McConnell, very proud to be back at St. Luke's School of Nursing, lost no time in making appropriate changes at the school. The Nursing Council requested that the Social Health Director be appointed to the faculty. The Council also invited the Committee on Accrediting of the National League of Nursing to visit the school for

---

[65] McConnell, The Development of Nursing, Chapter 10 Part 3, 18-19.

inspection and accreditation. In May of 1940 the school received notification from the National League of Nursing Education that St. Luke's Training School was selected as one of the few schools to be accredited by the League.[66]

On October 1, 1939, all student nurses were required to wear white shoes and stockings. The requirement to attend chapel service on Wednesday evening was reinstituted. Also, applicants were now required to have a college preparatory background from their high schools.[67]

In 1940, the Board of Trustees established the Nursing Council as a permanent committee of the Board.[68] This gave the Nursing Council the recognition it had wanted for some time. No changes were made to the Council after it become a permanent committee, since the nursing leadership felt the committee had functioned well as constituted. The council received notice from the National League of Nursing Education (NLNE) in May 1940, that St. Luke's School of Nursing was selected as one of the accredited schools in the country. The NLNE Survey Committee had identified organization and administration of the school as one of the school's strengths. This achievement occurred because the Nursing Council had maintained the high standards

---

[66] McConnell, The Development of Nursing. Chapter "Nursing At St. Luke's Hospital 1939-1953 Pre-War", 5, 11.

[67] Ibid., Chapter 11, Part 1b, 5-7.

[68] Ibid., 8.

established by the founding leaders. Other strengths, identified by NLNE were the:

> planning of clinical experience and the health services; weak points were housing, lack of aptitude testing of incoming students, number of nursing hours per patient on ward floors, ward teaching programs and preparation of our faculty and head nurse for their positions.[69]

Housing had been an issue at St. Luke's since the very beginning. Rev. Locke consistently tried to establish appropriate housing for the students but was unable to raise needed funds. Other hospital needs were considered more important than housing. The students had accommodations but did not live together in an ideal setting.

On August 21, 1942, the Laying of the Inscription Stone Ceremony was held for the new nurses residence. The new residence was eight stores high; the first floor contained the lobby, three small reception rooms, living room, educational quarters, library, educational offices, two classrooms, and two laboratories. The basement of the residence was connected to the hospital by a tunnel to allow the students easy access. The basement also contained offices, a storeroom and a sewing room. The top seven floors contained single rooms for students and a few apartments for faculty. The building was not totally occupied or dedicated until May 1943. The residence was named after Charles Schweppe, a long time promoter of the

---

[69] Ibid., 11.

School of Nursing.[70]

Miss McConnell was always working to improve education for students at St. Lukes. It was important for the hospital staff, faculty and students to collaborate in the delivery of patient care. This cooperative process enabled everyone to participate in developing new nurses. Miss McConnell encouraged students to actively participate in the life of the school and hospital. The Cooperative Government Association was founded in 1940 to give students a voice into decisions that affected their lives. The organization's stated purpose was:

> . . .to promote cooperation between students of the School and the Nursing Staff of the Hospital; to create an harmonious understanding within the student and faculty groups and to maintain with honor and judiciousness those virtues, values and high objectives which are fundamental to a School of Nursing.[71]

All students were required to be members of the organization.

In 1941, there were 270 students attending St. Luke's School of Nursing and the quality of the students was superior to any other time in the school's history. Many students had completed previous college studies and eight had earned degrees from other colleges. In order to keep pace with the trends in nursing and medicine, the total

---

[70] Ibid., Chapter "War Years - 1942, 1943, 1944, 1945", 1-2, 6-7.

[71] Student Handbook and General Information for Residents 1944-45, (Chicago: St. Luke's Hospital School of Nursing) Rush-Presbyterian-St. Luke's Medical Center Archives, 7.

number of hours of instruction was increased to 1181 hours for the program. This increase was necessary due to the added number of hours in science and nursing theories.[72]

From the school's inception, married women were not allowed to attend the St. Luke's School of Nursing. This began to change in 1942, when the Nursing Council and the Board of Trustee's voted to relax the rules regarding married students. The new statement in the Announcement read:

> "The School considers it inadvisable as a general practice to admit or retain married women in the student body and reserves the right after full consideration of each case and after consultation with all parties concerned in the arrangements to admit, readmit, retain or dismiss a student or applicant."[73]

The previous statement in the Announcement, which first appeared in 1930, "the School considers it inadvisable to admit or retain married women." This change was in response to changing social attitudes and the efforts of women for career professionalization.

Miss McConnell continually sought to improve the high quality of education at St. Luke's. So in September 1944, she enthusiastically responded to the Board of Trustee's request that the Nursing Council explore possible affiliation with a local University. Miss Nellie Hawkenson,

---

[72] McConnell, The Development of Nursing. Chapter "War Years - 1942, 1943, 1944, 1945", 4-5.

[73] Announcement of St. Luke's School of Nursing 1942-43, Rush-Presbyterian St. Luke's Medical Center Archives, 21.

a professor from University of Chicago, was asked to attend a council meeting to discuss the possibilities of an university affiliation. Also Miss Effie Taylor, from the University of Illinois, was asked to discuss the possibilities of affiliation.[74] In October 1949, a Contract of Affiliation was signed between the University of Illinois and St. Luke's School of Nursing. This affiliation allowed students to receive a Bachelor of Science from the University of Illinois upon successful completion of the nursing program at St. Luke's and completion of sixty hours of course work at the University of Illinois.[75]

The affiliation with the University of Illinois exhibits Miss McConnell's commitment to improve and develop the Nursing profession. The nursing community had just received the report of Esther Lucille Brown's Nursing for the Future written for the National Nursing Council in 1948. Brown's recommendation was that to improve nursing education it needed to be based in institutions of higher learning. Miss McConnell embraced these recommendations both professionally as well as personally. In most of Miss McConnell's writing, it is clear that she advocated improved education of nurses. Her support was both personal and financial in that she helped support faculty to earn advanced degrees.

---

[74] Ibid., 17.

[75] Ibid., Chapter "1946, 1947, 1948, and 1949," 18.

Until 1951, the Director of Nursing had full responsibilities at both St. Luke's School of Nursing and the Nursing Service of St. Luke's Hospital. Among these responsibilities was the development of a budget for both entities. However, in 1951 the budgeting process was changed when the Director of the Hospital had to approve any changes in the nursing budget. The actual detailed budget was to be developed by the Comptroller and the Director of Nursing. After a tentative budget was developed, it was submitted for approval to the Director of the Hospital.

After achieving successful reaccreditation by the Accrediting Service of the National League and fourteen and half successful years as Director of the School, Miss McConnell retired on June 1,1953.

Miss Edith Payne 1953 until Merger

A search for a new Director began early in 1953 and continued for many months because of the large number of applicants. The applicants were interviewed by Miss McConnell, the Nursing Council, Board of Trustees, members of the Medical Staff and the Assistant Directors of Nursing. The choice was Edith D. Payne, a graduate of Methodist Hospital School of Nursing in Philadelphia and a graduate of the masters program for nursing education at Columbia University's Teacher's College. Miss Payne was the first Director at St. Luke's School of Nursing to hold a masters degree.

One of the first issues facing Miss Payne was discontinuing the affiliation with the University Illinois. The State of Illinois, Department of Registration and Education, had inspected the program and recommended:

> That the University of Illinois give consideration to discontinuing the affiliation with Cook County Hospital School of Nursing, Michael Reese School of Nursing, Presbyterian Hospital School of Nursing and St. Luke's Hospital School of Nursing whereby students receive a Bachelor's Degree in Nursing. This recommendation is based on the fact that a combined degree and diploma in the same institution is not recommended and can only be approved if there is a separate teaching and planning for degree students who will when granted a degree have greater competence in nursing than diploma student. In the period 1949-51 it has been demonstrated that it is not feasible for the participating units of the University of Illinois program to completely meet the criteria set forth for a University School of Nursing and there is no indication it can be done in the future;. . .[76]

The Department of Registration and Education did allow currently enrolled students to complete the program but no new students could be enrolled. The program was officially closed in 1956.

Miss Edith Payne, a progressive nursing leader, valued nursing research and brought this to her position as Director of Nursing. She believed it very important to look at nursing in a systematic approach. Miss Payne hired nurse researchers to evaluate the level of nursing, both in education and in practice. From this research, a major

---

[76] Vera M. Banks, Springfield, Illinois to [Emily C. Cardew, Chicago,Illinois], 7 October 1953, Rush Presbyterian St. Luke's Medical Center Archives.

curriculum revision was done for the school year 1954-1955. (See Appendix IV for comparison of curriculum of 1953-1954 and 1954-1955.) Miss Payne carried on the tradition of Miss McConnell and encouraged faculty to return to school and earn advanced degrees.[77]

Little did Miss Payne know what major changes she would be faced with when she accepted the position as Director of Nursing at St. Luke's School of Nursing. In 1954 discussions began by the Board of Trustee of possibly merging with another hospital. St. Luke's was financially sound but its physical plant was deteriorating. Initially when St. Luke's Hospital was built, it was located in a residential area but now the area had become very commercial. There was no room for the hospital to grow in its present location.[78] Even though fiscally sound, the hospital had very little endowment and needed major fund raising. Successful fund raising was becoming more difficult in 1950's because it seemed that all the hospitals in the area needed more money than the community could provide.

Presbyterian Hospital on the west side of Chicago, also needed to increase the number of patient beds as well as a

---

[77] Jim Bowman, Good Medicine: The First 150 Years of Rush-Presbyterian St. Luke's Medical Center (Chicago: Chicago Review Press, 1987), 144.

[78] John Bent and Karl Klicka, "Merger Was The Best Solution," Hospitals, V (June 1 1957), 30.

general renovation of its facilities. Unfortunately, the hospital in 1951 had attempted a major fund raising effort but fell short of its projected goal. Many physicians had generously supported this campaign, being promised that the number of beds would increase to meet their patient needs. Due to the short fall of the fund raising campaign, two floors for research were added and the replacement building for the school of nursing was built. The needed patient rooms were not built, however. The Board felt it was not feasible to go back to the medical staff for more funds.[79]

It was only by chance the discussion began regarding the possibility of merging the two hospitals. A Board member from each hospital began talking about their respective hospital's problems while riding to work on the train and after some discussion wondered if it would be feasible to merge the two institutions. In April 1955, formal talks began regarding the feasibility of a merger. It was not until February 10, 1956, that Presbyterian Hospital and St. Luke's Hospital Boards of Trustee voted to merge the two institutions.[80] The decision to move to the Presbyterian campus was based totally on the physical condition of the buildings and the future growth potential of the west side area.

In September of 1956, Miss Payne was appointed as

---

[79] Ibid., 31.

[80] Bowman, 139.

Director of Nursing in charge of the combined school, Presbyterian-St. Luke's Hospital School of Nursing.[81]

The merger ended a long rich history of nursing education at St. Luke's Hospital. Many staff, faculty, and alumnae were unhappy about the merger. The faculty and alumna were not only losing their identity with St. Luke's Hospital School of Nursing but also were being uprooted from the physical surroundings that had been their home for so long. The decision to merge, in the end, was a bold move on the part of the Boards of Trustees and nobody thought it would be possible to merge hospitals that in some way had been rivals. In order for the merger to succeed, it was important for the two faculty groups to begin to work together for the best of the new school. This was going to be a monumental task for Miss Payne to accomplish.

---

[81] Ibid., 144.

CHAPTER II

PRESBYTERIAN HOSPITAL SCHOOL OF NURSING

The Presbyterian Hospital was founded by the Trustees and faculty of Rush Medical College. Prior to the building of the hospital, the Medical College had utilized Cook County Hospital as the clinical site for their students. But, because of the political atmosphere, this did not continue as a clinical site. The faculty and the trustees decided to establish their own hospital; therefore, in 1878 property was bought and the trustees voted to raise $15,000 to build the first building. The trustees enlisted the assistance of the presbyterian churches in the area to build the hospital to service the private patients of physicians on the west side of Chicago. The Presbyterian Hospital Society was formed and enthusiastically endorsed by the many different congregations of the Presbyterian Churches which led to the society's incorporation in 1883.[1] The Presbyterian Hospital was the second Protestant hospital and the first established by the Presbyterian congregation in

---

[1] Rev. William C. Covert, "The Human Side of The Presbyterian Hospital Of Chicago" (no date) Rush-Presbyterian-St. Luke's Medical Center Archives, 1.

the Chicago area.[2] Even though the religious background was present, from the very beginning the unwritten purpose of the hospital was to provide a clinical site for Rush Medical College for the purpose of educating physicians.

In August 1884 the hospital was opened to patients and their care was directed by the Hospital Training School, established by the hospital. The Second Annual Report of the Presbyterian Hospital provided the following detailed description of nursing:

> The hospital nurses have been members of the Hospital Training School, which was inaugurated with the opening of the institution. They have been under the supervision of their head nurse, Miss A.E. Steere, and the Resident Physician. The instruction consisted of lectures, class instruction, and practical training with each case which they have attended. From the eighteen who have entered upon the month of probation, eight remain on duty, seven were not persons who proved suitable for the care of the sick, and three were dismissed for violation of rules after completing their probation. Their terms of service was fixed at one year; they wore the uniform of the school, and were paid the wages given by training schools, wages which did not compensate them for their services, their purpose being the training received.
>
> The excellent service given by these nurses, and the ability and thorough discharge of duty evinced by Miss Steere, have contributed in no small degree to the success of the treatment in the hospital. It was with sincere regret that those interested in the institution learned that Miss Steere was to leave it, to take a position in the Illinois Training School.
>
> It was thought best by the Managers to put the nursing in the hospital under the supervision of the Illinois School, as had been desired when the hospital opened, thus simplifying the administration of the hospital, and giving its nurses an opportunity to obtain a more extended training. The well known standard of this school leaves no doubt but that the

---

[2] First Annual Report of the Presbyterian Hospital, 1884, Rush-Presbyterian-St. Luke's Medical Center Archives, 19-20.

> efficiency of the nurses in the hospital will maintain the high grade of excellence it has already attained.[3]

In April 1885, the Medical Superintendent of the Presbyterian Hospital asked the Illinois Training School to be in charge of Nursing. Many of the physicians had worked with both students and graduates of this program at the Cook County Hospital and had high regard for the quality of training the nurses received in this program. The hospital offered to furnish room, board and laundry to the nurses as well as the sum of $125 as compensation for the training. The proposal was accepted by the Illinois Training School and the students and graduates began taking care of the patients in May 1885.[4]

The implementation of the proposal increased the number of patients to be cared for by the Illinois Training School and placed a huge strain on the Illinois Training school. The standard at the Illinois Training School was not to place first year nursing students in charge of wards or private duty cases. Therefore, it became necessary for the School to utilize graduate nurses to fill the needs of the hospital and required the School to pay the nurses' salaries. This policy made it difficult for the School to

---

[3] Second Annual Report of the Presbyterian Hospital, 1885, Rush-Presbyterian-St. Luke's Medical Center Archives, 18.

[4] Grace Fay Schryver, A History of the Illinois Training School for Nurses 1880-1929, (Chicago: Board of Directors of the Illinois School for Nurses, 1930), 43.

maintain financial stability. In September 1885, the Illinois Training School notified the Board of the Presbyterian Hospital that it could only continue their relationship if the compensation was increased. The Presbyterian Board felt they could manage their own program more cost effectively than the program proposed by the Training School.[5] Due to these financial issues between the Board of Trustee and Illinois Training School, the decision was made to sever their relationship. On November 1, 1885 the nurses were withdrawn from the Presbyterian Hospital.[6]

Miss Marion Mitchell 1885-1888

In 1885 the Board of Managers of the Presbyterian Hospital began their own school of nursing. Miss Marion Mitchell, a graduate of the Illinois Training School, was appointed to be Superintendent of Nursing. Very little is known about this first School of Nursing due to the fact that it existed for only three years. Miss Mitchell left the School on April 1,1888. On June 30,1888, the Illinois Training School agreed to resume management of patient care and nursing education at Presbyterian Hospital.[7] The Illinois Training School remained in control of nursing at

---

[5] The Third Annual Report of the Board of Managers of the Presbyterian Hospital May 12, 1886, Rush-Presbyterian-St. Luke's Medical Center Archives, 8.

[6] Schryver, 43-5.

[7] Ibid., 59.

Presbyterian Hospital until 1902.

The Board of Trustees of the Presbyterian Hospital received a letter from the Board Managers of the Illinois Training School, dated October 17,1902, discontinuing their services due to the increased size of both Presbyterian Hospital and Cook County Hospital, financial issues, lack of housing, and the demands put on the nurses by the Presbyterian medical staff (see Appendix V).[8] The withdrawal of the Illinois Training School from the hospital was a gradual process. This began on July 1903, and was completed on December 31, 1903.[9]

Miss Helen McMillan 1903-1938

In January, 1903 Miss Helen McMillan was appointed Director of Nursing at Presbyterian Hospital. Miss McMillan, a citizen of Canada, had graduated with a Bachelor of Arts Degree from McGill University in Montreal in the class of 1891. Miss McMillan visited her sister frequently in Chicago and was interested in studying to be a physician. But at her father's request, she gave up that idea and attended the Illinois Training School for Nurses from which she graduated in 1894.[10]

The school was organized under the direction of the

---

[8] Ibid., 78-9.

[9] Ibid., 80.

[10] "Leaders Of American Nursing," Calendar 1923, National League of Nursing Education, Month of August. Rush-Presbyterian-St. Luke's Medical Center Archives.

Board of Managers of the School of Nursing. The board managers consisted of members from the board of trustees. Even though it appeared to be a separate board, in actuality it was the same individuals that were members of the governing Board of the Hospital. The board of manager's goal was to establish an outstanding School of Nursing. The Board is credited with raising the necessary money to finance the School because they felt it was inappropriate to utilize funds from the hospital to support it.[11]

Miss McMillan believed in being active in the profession of nursing. She became a member of the American Society of Superintendents of Training School for Nurses in 1895, which later became the National League of Nursing. Prior to arriving in Chicago, Miss McMillan was Superintendent at Lakeside Hospital in Cleveland, Ohio. Her prior experience and her membership in the American Society of Superintendents assisted her in establishing one of the finest Nursing Programs in the area. This School had some advantages compared to other schools of nursing because the various nursing organizations had been established and involved in setting standards for nursing education. The different nursing organizations began looking at and

---

[11] Ruth Johnsen, The History of the School of Nursing of Presbyterian Hospital Chicago,Illinois 1903-1956 (Chicago: Alumnae Association School of Nursing Presbyterian Hospital, 1959) (A Paper submitted to The Faculty of Nursing Education in Candidacy for the degree of Masters of Arts for the University of Chicago) 2.

discussing the most appropriate way to educate women in the nursing profession. The evaluation of nursing was done by isolating what was best for the profession of nursing and not what was best for the individual hospital. Miss McMillan stated in the first school bulletin :

> In organizing the Nurses' School the Trustees of the Presbyterian Hospital have taken into consideration the fact, that the nursing profession is undergoing rapid evolution and that women of ability and superior education wish to enter the profession. Many women capable of receiving a professional education of a high standard, have been turned from nurses' schools on account of the limited educational advantages of these schools, or have been compelled to be satisfied with the meagre theoretical knowledge provided, to stand the strain of intense physical effort, and to submit to petty indignities which should not be offered to intelligent women.
>
> Modeling itself upon the work done in women's schools throughout the country, as well as upon the best of the schools for nurses, this school offers to its pupils a course of instruction which will meet the desires of those aiming for high professional training and will produce nurses thoroughly competent in the practice and theory of nursing in all its branches.
>
> That the instruction will be of the highest order is assured by the fact, that the Trustees of the School are working in unison with the staff of the Rush Medical College, who, in cooperation with the principal and staff of teachers of the School, are responsible for all educational matters.
>
> This affiliation of the Nurses' School with Rush Medical College, and in that way indirectly with the University of Chicago, makes it stand as unique among schools for nurses...[12]

Established nursing schools had to institute major changes in their programs to bring their school in

---

[12] Bulletin of School of Nursing of the Presbyterian Hospital 1903-1904, Rush-Presbyterian-St. Luke's Medical Center Archives, 7.

conformity with these recommendations. Miss McMillan began with these particular recommendations rather than attempting to institute more general change. Some of these recommendations outlined in the first bulletin follow:

> The courses of instruction planned for the student nurses covers three years and a half. The first half year consists of a preparatory period, during which time the pupil resides in the Nurses' Home and receives both practical and theoretical instruction in many points which it is necessary for her to know before entering the hospital - the object of this preliminary training being to prepare the pupil to enter the hospital, with sufficient fundamental knowledge to allow her to benefit to the utmost by her work there from the time of entrance. This course is of value to any women, and of necessity to the competent nurse.
>
> . . . The carefully planned instruction given during this six months under constant supervision, and with work so diversified as to embrace the ordinary household, the homes of the poor and the dispensary, is another point in which this school differs from other schools connected with hospitals, and by which it offers an opportunity to women who study nursing, with a view of devoting themselves of settlement life, to district nursing, or to any one of the many branches of philanthropic work which thinking, educated women are now preparing themselves for , and in which the woman with nurse's training can do so much.[13]

Nursing programs varied from one to three years in length depending upon the staffing needs of the hospital. The other major difference was the length of the students day. Some schools utilized the students to staff the hospital primarily and to educate them secondarily. Miss McMillan disagreed with this; the students' education should come first. She also felt that an eight hour day was

---

[13] Ibid., 7.

the maximum an individual could work and be expected to do a superior job. Consequently, Presbyterian was one of the first schools to establish the eight hour day. Classes were held during the day time hours which was another deviation from the way other schools were organized.[14] When the students were taking classes, the number of clinical hours were reduced to meet the eight hour requirement. This was especially seen in the preliminary phase when students attended class for two hours and had clinical for six hours a day. Miss McMillan was vitally concerned about the students well being. The nurses' residence was several blocks away and required the students to walk unescorted to the hospital. By scheduling the schools hours during the day, this did not pose a problem for the students.

The admission requirements to enter the school in 1903 were the following: The applicants must have a High School Education or equivalent. Women with college work were given preference over applicants with only a high school education. The applicants must be twenty to thirty years of age. The applicant must be in good health documented by a letter from their physician. The applicant must be of good character, documented by letter from a responsible person. Students were admitted in Spring and Autumn. The school was supported by the Presbyterian Churches but any student of

---

[14] Johnsen, 12.

any creed, would be admitted. The student was expected to regularly attend her own church.[15]

Students who had attended other recognized schools of nursing or medical school could apply for Advance Standing. These students were not required to take all of the preliminary courses but needed to take some of the courses dependent upon previous work.

Another unique point about the Presbyterian School of Nursing was that from its inception tuition, fees and a book fee were charged to the students. Most all other schools of nursing did not charge the students for their education. The tuition was twenty-five dollars for the first six months to offset the cost of instruction for the preliminary courses. Twelve dollars was the cost for the books, if the student wanted to purchase them. If not, a copy of the books was left in the school study for the students' use.

Students received six weeks vacation at the end of each school year. If the student became ill, the hospital would care for the student but any missed time had to be made up at the end of the course.

The other unique part of this school was that a Post-Graduate work was also offered to nurses who wanted additional practical experience in specific areas of nursing. The nurse agreed to attend the school for a

---

[15] Bulletin of The Presbyterian Hospital School For Nurses 1903-1904, Rush-Presbyterian-St. Luke's Medical Center Archives, 8.

minimum of three months. They were allowed to attend the lectures they preferred and acquire more practical experience in any special area of their choice. More then one area could be attended but the three month commitment had to be fulfilled. A graduate nurse from another program, who wanted to come for further education was required to make an application to the Director and submit a letter from the previous school attended, documenting the nurse's professional standing.[16]

Uniforms for students were required from the onset of the School's existence. The first bulletin described the clothing probationary students were required to bring:

> Four entire dresses plainly made of gingham or calico [but not blue and white stripe]; eight linen collars; seven large, white aprons; two bags for soiled clothes; underclothing made plainly, without ruffles or trimming.[17]

But in 1904, changes were made regarding the required uniform. The School established a probationary uniform to be made out of brown gingham material, of which a sample of the material was sent to each student prior to arriving at the school.[18] The uniform standard was changed with the third group of students by adding a probationary cap which was to be worn at

---

[16] Ibid., 9.

[17] Ibid., 10.

[18] Carrie Bellie McNiell memo Uniform Requirements - 1903-1959, School of Nursing, Presbyterian Hospital, Chicago. undated Rush-Presbyterian-St. Luke's Archives.

> . . .the clinics of the Central Free Dispensary for several weeks... and it seemed necessary to dignify them in the eyes of the patients and attendants. It helped the morale of the students and stimulated her desire to attain the school cap and blue uniform. [19]

The uniforms for the students after the probationary period were bought by the students from the school. The uniforms were a plain blue gingham dress with a white apron, collar, cuffs and cap. The students were charged fifteen dollars per year for the uniforms.[20]

Post-Graduate students were required to bring their own uniform but could not wear the white uniform worn by the staff nurses. Post-Graduates were considered students even though they had already completed a program and the faculty wanted to distinguish the different groups of nurses and students for the patients.

The school also had specific rules that governed students. These rules were detailed in the Bulletin, so each prospective student knew the rules prior to coming and each woman was expected to uphold the rules at all times (see Appendix VI).[21] The behavior of the students was as important as the actual academic work they were required to perform. A student would be asked to leave the school for

---

[19] Miss Helen McMillan to Miss Den Herder, undated, Rush-Presbyterian St. Luke's Medical Center Archives.

[20] Bulletin of the School for Nurses of the Presbyterian Hospital 1904, Rush-Presbyterian-St. Luke's Medical Center Archives, 10-11.

[21] Ibid., 11-12.

infraction of the rules or because her character was in question.

The first class of twelve students were admitted on April 1, 1903. All the students began the preparatory courses which consisted of the following:

> **The Preparatory Course**-Beginning April 1st and October 1st- This morning hours are devoted to practical work under supervision. For this instruction the class is divided into four, a strong point being made of domestic science and household economy.
> **First Division** is taught cooking, the care of silver, glass, linen, dining rooms, etc., in the kitchen, serving and dining rooms of the Home.
> **Second Division** is instructed in the care of household furniture, carpets, bed rooms, bath rooms; in sewing.
> **Third Division**-The pupils in this division visit the homes of the poor every morning from 9 A.M. to 12 noon. Each pupil accompanies a member of the Visiting Nurses' Association of Chicago, who instructs her in nursing and whom she assists in the care of the sick poor.
> **Fourth Division**-The pupils attend clinics in the Central Free Dispensary in medicine, surgery, diseases of children, nervous diseases, obstetrics and gynaecology, diseases of the chests, nose and throat, of the eye and ear.
>
> The time spent by the pupil in each division is between six and seven weeks.
> In the afternoon members of all divisions combine and receive together theoretical instruction in classes and lectures.
> Class work covers dietetics, nursing, the ethics of nursing.
>
> Work in Anatomy, Physiology, Materia Medica, Bacteriology, Hygiene, is given by the staff of the Rush Medical College in the class rooms of the college.
>
> Examinations are held in the above subjects at the end of each course.[22]

---

[22] Bulletin of The Presbyterian Hospital School For Nurses 1903-1904, Rush-Presbyterian-St. Luke's Medical Center Archives, 11.

The Presbyterian School of Nursing was one of the leaders in nursing education in that it developed the structure of the preliminary courses that were six months in length. The curriculum for the students was detailed in the first bulletin including: what courses were to be taken, by whom the course would be taught and what the course would entail. The courses outlined in the Bulletin were the following:

FIRST YEAR

Beginning in October.
Medical Lectures-Twice a week for two months; October, November
Surgical Lectures-Twice a week; December, January.
Bandaging-Twelve classes.
Chemistry-Twice a week; February, March.
Gynaecology-Twice a week; April, May.
Classes in Nursing.
Examinations on each of above subjects at end of the course.
Vacations in June and July.

SECOND OR JUNIOR YEAR

Nursing of Children-Two lectures weekly; October, November, December.
Urinalysis-Two lectures weekly; January.
Toxicology-February, March.
Nervous Diseases-Two lectures weekly; April.
Contagious Diseases-Two lectures weekly; May.
Class work in Nursing and allied subjects.
Examinations in each subject at the close of the course.
Vacations in July and August.

THIRD OR SENIOR YEAR

Massage-Two classes weekly; September, October.
Medical Lectures-Two lectures weekly; October.
Obstetrics-Two classes weekly; November, December.
Care of the Eye, Ear, Nose, Throat-Two lectures weekly; January, February.
Surgical Lectures-Two lectures weekly; March.
The Skin-Two lectures weekly; March.
Talks and lectures on special subjects.
Examinations are held in each of the above subjects at close of the course.

PRACTICAL NURSING (SKILLS)

The Ward-Daily care of the ward; special care of the ward;care of ward utensils; economy in use of ward supplies, linen, etc.

Beds-Bed making for patients; for convalescents; preparation of bed for an operative patient; fracture beds; appliances for relief of bed patients, pads, air cushions, etc.; lifting and moving patient.

Baths-Classifications: for cleanliness; tub baths; bed baths; foot baths; baths as therapeutic agents; mustard, hot air, steam, vapor, simple hot bath, sponge, pack (hot and cold), typhoid tub bath.

External application of dry heat; hot water bags-how to fill and care for; hot cans, bottles, flannels, salt bags.

Moist Heat-Fomentations; poultices.

Cold Application-Ice; how to fill and apply ice bag, cap,compresses, cold water.

Temperature; pulse; respirations.

Care of thermometer; charting and recording notes.

Enemata-Methods of administration; care of appliances.

Douches.

Catheterization.

Counter-Irritants-Methods of applying mustard plaster and leaves, iodine, liniments, cantharides.

Bandaging- Object of Bandaging; kinds of bandages; methods of applying; binders.

Twenty-five class demonstrations are given during the preliminary course. This instruction is supplemented by teaching received from graduate nurses in district nursing and the dispensary.[23]

The total amount of time the student would spend in school was three years and six months to meet the graduation requirements of the Presbyterian School of Nursing. Miss McMillan had very definite ideas of how this time should be spent so the student would receive the best possible nursing education. All science courses for the students were taught by physicians from the Rush Medical College. This was the

---

[23] Ibid., 12-13.

first school of nursing in the United States which had an affiliation with a College.[24] The nursing students would utilize the same classrooms and equipment as the Medical students. A total of seventeen physicians were listed as faculty or lecturers in the Bulletin. There were eleven nursing faculty, with Miss McMillan being the only one with a bachelor's degree. Miss McMillan accepted her responsibility for the school very seriously and expected the students to do the same. The graduation requirements were stated in the school bulletin from the very beginning. This allowed the students to know what their expectations were and it also described the job opportunities after graduation. The graduation requirements in 1903 were the following:

> Pupils presenting for graduation must have spent three years and six months in the School, must have accomplished the required practical and theoretical work laid down, and have passed all examinations.
>
> Pupils admitted for advance standing from other approved schools for nurses must show work accomplished covering three and half years, of which at least two years and six months are spent in this school, must pass the final examinations, and must show a record of good, practical work and conduct.
>
> Positions open to the graduates of the school will occur on the teaching staff of the School, as Supervising Nurses in the Presbyterian Hospital, in the clinics of the Rush Medical College and of the Central Free Dispensary.
>
> With the excellent training given in District Nursing, in executive work in the large departments of the hospital, and in special duty

---

[24] Anne Goodrich, The Social and Ethical Significance of Nursing (New York: MacMillan Co., 1932), 316.

> in the private wards, there will be a demand for the graduates of this School in any of the above mentioned branches of nursing as well as from other hospitals for teachers and supervisors.[25]

The first class of ten students who completed all the requirements graduated from the Presbyterian School of Nursing on April 11, 1906. The School's first graduates believed that their education was excellent and they wanted to support the School to continue the level of education that they had received. The Alumnae Association for the Presbyterian School of Nursing was established in 1906 and had its first meeting on April 3, 1907. The graduates wanted to maintain their involvement with the school and achieved this by having an Alumnae representative added to the School Committee. This representation allowed the Alumnae Association a voice in the direction of the School.[26] The Constitution and By-Laws of the Alumnae Association were developed and adopted at this meeting. Each year, as the students graduated, they were eligible to become members and helped develop a strong alumnae organization for the school.[27] Many of the Alumnae are still active today.

---

[25] Bulletin of The Presbyterian Hospital School For Nurses 1903-1904, Rush-Presbyterian-St. Luke's Medical Center Archives, 15.

[26] Johnsen, 11.

[27] The Presbyterian Hospital Bulletin Chicago, no. 6, January 1911, Rush-Presbyterian-St. Luke's Medical Center Archives, 10.

Miss McMillan wanted the School to be seen as different and special from other schools of nursing and this was shown with the design of the School pin. Almost all schools of nursing pins had a cross in their design; but not the Presbyterian School. Miss McMillan and Mrs. Charles Hamill, President of the Women's Board, wanted the pin to signify how different and special the Presbyterian School was from other schools. They designed the pin without the usual cross. Instead, the design was "in dark blue and gold using the fleur-de-lis motif and the initials of the School".[28] The blue and gold was to be seen as the school colors. The practice of presenting each student with a pin by the President of the Women's Board at graduation as a gift from the hospital began with the first graduating class of 1906.[29]

The first revision of the curriculum occurred during 1906-07 school year. During their preparatory course, the students would visit homes of the poor with nurses from the Visiting Nurses' Association (VNA). The affiliation was terminated due to fact that the expectation of the VNA was to utilize students in home health visits independently. The School's expectation was to educate the students on what was the importance and purpose of home visits. Since the

---

[28] Johnsen, 11.

[29] Miss Helen McMillan to Miss Den Herder, undated, Rush-Presbyterian St. Luke's Medical Center Archives.

students went to the VNA during the preliminary period of their education, they were only competent to observe a nurse, not to be an independent worker. Another change was the addition of a three week experience in the hospital pharmacy. This was viewed as a mechanism by which the students would develop a better understanding of medication especially on the preparation and dispensing of drugs. The thought was that this would decrease the numbers of errors that were possible with medications. The final change added time in a surgical supply room, designed to increase students' awareness of the different equipment and supplies utilized by the hospital, and to develop appreciation of the economy involved in their usage.[30]

The Presbyterian School of Nursing was accredited in 1905 by the Department of Registration and Education in the State of Illinois.[31] Miss McMillan felt it important to have the school meet the standards of the different states to ensure mobility of the graduates of the school. New York was one of the first states that had established licensure. To assure that graduates from Presbyterian School of Nursing would be allowed to practice in the New York, the School applied to and was approved by the Education Department of

---

[30] Twenty-fourth Annual Report of the Presbyterian Hospital of the City of Chicago 1907, Rush-Presbyterian-St. Luke's Medical Center Archives, 34-35.

[31] Twenty-Third Annual Report of the Presbyterian Hospital of the City of Chicago 1906, Rush-Presbyterian-St. Luke's Medical Center Archives, 32.

New York State in May of 1906. The acceptance of this application qualified the graduates of the Presbyterian School of Nursing to sit for the nursing examination and practice in the State of New York.[32]

Other changes at the School were that the maternity and pediatric departments were closed in 1907 and arrangements were made at Chicago Lying-In Hospital for students to receive maternity experiences. Children's Memorial Hospital was chosen as the clinical site for the pediatrics experience. At this point in nursing education, neither of these experiences were required but were offered to students who wanted the clinical experience.[33]

By 1908, the affiliations that Presbyterian School of Nursing had with different institutions and their own Post-Graduate course work were terminated. The enrollment of the Nursing School had continuously increased with each class admitted and the School had reached its capacity for students. It was necessary to stop the outside affiliations and the Post-Graduate program because space and faculty resources for their own generic nursing program was being depleted.[34]

The 1909-1910 Bulletin of Information listed for the first time the subjects recommended for the students to have

---

[32] Johnsen, 14.

[33] Ibid., 13.

[34] Ibid., 13-4.

knowledge of prior to entering the School. The Bulletin stated:

> As it is most helpful in her theoretical work, for the student nurse to have some knowledge of Elementary Chemistry, Physiology, Physics, and Zoology, young women expecting to take up the profession of nursing should select such subjects in their school work. If unfamiliar with any of these subjects the applicant should devote what time she may have at liberty between her acceptance into the School and her entrance, in the study of the subject.[35]

These courses were not required but were highly recommended.

The high standard of education at the School was demonstrated by the results of the first State of Illinois nursing examination. In the 1911 annual report, Miss McMillan stated:

> In the first examination for the registration of nurses, recently held by the State of Illinois, those of our graduates who presented for examinations made a most creditable standing, showing that the nursing education given them at least equal to that given by the best nurses' schools of the state. [36]

Evaluation of the school's curriculum was always a continual process. During the evaluation process in 1912, the decision to decrease the nursing program to three years was recommended. This decision questioned retaining the preparatory course. A full program evaluation was done to

---

[35] Bulletin of Information of the School for Nurses of the Presbyterian Hospital Chicago 1909-1910, Rush-Presbyterian-St. Luke's Medical Center Archives, 6.

[36] Twenty-Eighth Annual Report of the Presbyterian Hospital of the City of Chicago 1911, Rush-Presbyterian-St. Luke's Medical Center Archives, 33.

determine appropriate changes needed to reduce the program to three years in length. In comparing the Bulletins of 1910 and 1913, the curriculum changes made were not overtly evident. The Bulletin only described the course work required of each student, which remained the same, but the number of clinical hours are not clearly represented. It can only be surmised that the decrease had to have been in the number of clinical hours required of the students. The supporting information regarding this change was in the Annual Report of 1915 which stated that the hospital was required to hire graduate nurse instructors to assist with improving teaching methods and improve nursing care for the patients.[37]

One major victory for the nursing profession in Illinois occurred on June 29, 1913, when Governor Edward F. Dunne signed into law House Bill 499. This Bill was heavily lobbied for by nurses, physicians and hospitals to bring some standardization into what the public could expect of a "registered nurse." In order to sit for the registered nurse examination, the applicant had to have graduated from an accredited school of nursing and be twenty-two years of age. The Bill gave the state the power to inspect the individual schools and make recommendations regarding their curricula and admission requirements. This legislation

---

[37] Thirty-Second Annual Report of The Presbyterian Hospital of the City of Chicago 1915 (Chicago: 1915) Rush-Presbyterian-St. Luke's Medical Center Archives, 33.

increased the credibility of the schools which were accredited to maintain high standards in nursing education.[38] The Presbyterian Hospital School for Nurses met these requirements and viewed this law as a positive improvement for the nursing profession.

In 1914, the tuition that had been required since the Presbyterian Hospital School for Nurses opened was discontinued. The students were required to pay a ten dollars deposit fee as well as be responsible for purchasing their books and uniforms.[39] The students were also responsible for any of their personal items but still were not charged for living in the nursing residence. The limited space in the residence made it necessary to allow the students who were residents of Chicago to live at home for the first two years of the program. All students were required to live in the nursing residence the last year due to the irregular hours that the student might be required to work.[40]

World War I put extreme pressure on the nursing profession to respond to the national need to provide health care for the armed forces. Many qualified graduate nurses

---

[38] The Presbyterian Hospital Bulletin Chicago, 13 July 1913, Rush-Presbyterian-St. Luke's Medical Center Archives, 13-14.

[39] Bulletin of Information of the School for Nurses of the Presbyterian Hospital of Chicago 1913-1914, Rush-Presbyterian-St. Luke's Medical Center Archives, 7-8.

[40] Johnsen, 19.

joined the armed forces; this left many hospitals under staffed for patient care and instruction students. Also, many schools relaxed their admission requirements and accepted as many students as possible into their programs to meet the increased demand for nurses. The United States Government also requested that senior nursing students serve in the military hospital under the supervision of the graduate nurse corp. The Presbyterian Hospital School of Nursing increased the enrollment during the war in order to assist in meeting the increase demands for nurses. At the end of the war, the need to stabilize admissions became an important issue. The admission criteria for some of the schools of nursing were very lax and the admissions qualifications to schools of nursing became an issue. To ensure the quality of students entering nursing schools, the State of Illinois in 1918 required each student to obtain a Qualifying Certificate from the Illinois Department of Registration and Education. Uniformity of standards for a high school education had not been fully established at this point. To ensure that the students were qualified to enter nursing schools, the state began requiring the Qualifying Certificate. This certificate was to ensure that the students met the proper qualification to attend the nursing school and assisted in stabilizing admissions.[41]

---

[41] Thirty-Fifth Annual Report of the Presbyterian Hospital 1918, Rush-Presbyterian-St. Luke's Medical Center Archives, 33-4.

Miss McMillan felt it important to develop an affiliation with a university. Such an affiliation would allow students to continue their education and maintain the School as a leader in nursing education. Negotiations regarding affiliation began in 1920 with the University of Chicago. Miss McMillan hoped that students could attend Presbyterian for three years, attend the University of Chicago for two more years, and receive a bachelor's degree. However, the School was unable to develop this type of affiliation.[42]

Some of the changes that occurred in the 1920s were small but significant. It was becoming more acceptable for women to continue their education beyond high school. Also, some older women wanted to attend nursing school but the age requirement prevented their acceptance into the program. Therefore, the school's age requirement was changed to allow older women to study to be a nurse. A student now had to be between the age of twenty and thirty-five years. The increase to the age of thirty-five was maintained until 1930 when the requirement of thirty years of age was restored. No explanation was given on the reasoning of this change. Another change was an increase from nine weeks to three months of vacation time students allowed for the entire

---

[42] Thirty-Eighth Annual Report of Presbyterian Hospital of the City of Chicago, 1920, Rush-Presbyterian-St. Luke's Medical Center Archives, 40.

three year program.[43]

Miss McMillan continually wanted to improve nursing education by making it similar to college education. In 1925 the Announcement published the first stated Objective for the school. It was the following:

The Objective

> Each year it has been the effort of those in charge to develop the school, to perfect its course of instruction, and to prepare its students to be fully qualified to meet the nursing demands of the community.
>
> The fact that many of its graduates are now holding positions of importance in institutional and public health all over the world is evidence of the successful accomplishment of these efforts.[44]

In 1930 the objective was refined and made more specific. It stated:

The Objective

> The aim is to prepare nurses to give efficient care to the sick in the community as well as to those in hospitals, and also to furnish a good foundation upon which to build additional experience in the fields of administration, teaching and public health.
>
> The fact that many of the ten hundred and sixty who have been granted diplomas up to December 31, 1929 are now holding such positions all over the world bears testimony to the

---

[43] The School for Nurses of Presbyterian Hospital Chicago, Announcement, 1920-21, Rush-Presbyterian-St. Luke's Medical Center Archives, 8.

[44] The School of Nursing the Presbyterian Hospital Chicago Affiliated with the University of Chicago Announcement 1925-26, Rush-Presbyterian-St. Luke's Medical Center Archives, 8.

successful accomplishment of its efforts.[45]

The development of the objective for the School indicates how the it continued to be on the cutting edge of nursing education. This was also exhibited in the report from the First Grading Study that analyzed over 1,389 nursing schools across the United States in 1930. The report documented that in one-fourth of the schools surveyed that only forty-four per cent of their student bodies were high school graduates. Since the beginning of Presbyterian School of Nursing, it had been an admission requirement that the students be a high school graduate.

The curricular changes in 1933 revised the preparatory period requirements. The number of classroom hours were increased to five hours from four hours; whereas the clinical hours were decreased to three hours from four hours. Another improvement was that for the first time specific course requirements from accredited high schools were listed in the Announcement. These requirements were:

Four years English
Two years science, biology or general science and a second science preferably chemistry
One year algebra, general mathematics or commercial arithmetic
Civics (one-half to one unit)
Other eight units elective-recommend two courses in home economics, two years in foreign language,

---

[45] The School of Nursing The Presbyterian Hospital Chicago Affiliated with Rush Medical College The University of Chicago 1930-1931, Rush-Presbyterian-St. Luke's Medical Center Archives, 8.

one-half to one unit in economics[46]

In 1929, the stock market crashed and sent the United States into an economic depression that had a major effect on all Americans. All institutions struggled to survive during this difficult economic period. The Presbyterian Hospital and School of Nursing were no different than any other institution during this period. The impact on the School was that the Board Managers decided to cancel the spring class and decrease the number of students enrolled for the fall class. This retrenchment helped the School in controlling cost as well as assisting with the overcrowding of the nurses home.

In the 1935-1936 Bulletin of Information, the admission requirements were changed from a high school diploma to two years of college work. This requirement remained until 1938 when it was changed to strongly recommend rather than require two years of college work. The high educational standard throughout the history of the Presbyterian Hospital School of Nursing assisted it in enrolling a highly qualified student body.

All of Miss McMillan's effort at the School did not go unnoticed by her profession or the community. The Walter Burns Saunders Medal for Distinguished Service in the Cause

---

[46] The School of Nursing The Presbyterian Hospital Chicago Affiliated with Rush Medical College The University of Chicago, 1933-34, Rush-Presbyterian-St. Luke's Medical Center Archives, 9-10.

of Nursing was bestowed upon Miss McMillan in 1936. This award, established by William L. Saunders in memory of his father Walter Burns Saunders, was given each year to:

> . . .A Nurse who has made to the profession or to the public some outstanding contribution, either in personal service, or in the discovery of some nursing technic, that may be to the advantage of the patients and to the profession.[47]

In presenting the medal Miss Elnora Thomson, Director of Nursing Education at the University of Oregon, stated:

> . . .From the beginning of her work, Miss McMillan had the concept of the School of Nursing as an educational institution rather than as a hospital service. Among her other contributions to the nursing profession, the speaker cited Miss McMillan's advocacy of a reasonable working day for graduate nurses and nursing services to the community by means of central registries; her interest in affiliation of schools of nursing with higher educational institutions and her concerns that lay persons should understand and participate in nursing education.[48]

Miss McMillan had given thirty-five years of service to the Presbyterian Hospital School of Nursing. She had developed it into one of the best schools in the state and the country. Some of her dreams were still unfulfilled, especially that of creating an endowment for nursing education to allow the school to be less of a drain on the hospital and to establish its autonomy. Unfortunately, Miss McMillan did not succeed in establishing an affiliation with

---

[47] The Presbyterian Hospital of the City of Chicago Bulletin Chicago, November, 1936, Rush-Presbyterian-St. Luke's Medical Center Archives, 2.

[48] Ibid., 2.

a University to assist the School in achieving a prestigious standing in the nursing profession despite all her efforts. In October 1938, Miss McMillan retired and became Director Emeritus of the School. The School, Hospital and the nursing community would miss the work Miss McMillan did for nursing.[49]

Until 1938, the Presbyterian School of Nursing had been fortunate to have had only one nursing leader for the preceding thirty-five years. This continuity of leadership enabled the School to enjoy the stability and the vision to continuously grow and systematically maintain high professional standards. No other director of the school would enjoy such a long tenure.

Miss Mae Russell, who had been the Nursing Education Director under Miss McMillan since 1912, assumed the role of Acting Superintendent of Nurses and Supervisor of Nursing in 1938. In 1939, Miss Dorothy Rogers was appointed Director of the School of Nursing. A graduate of Presbyterian Hospital in 1921, Miss Rogers was also a graduate of Columbia University, earning a masters degree in the Administration of Nursing Schools. Prior to accepting her position as Director, Miss Rogers was an Assistant Professor of Nursing at the University of Chicago. [50]

---

[49] "That Life May Go On", 56th Annual Report 1938 of The Presbyterian Hospital of the City of Chicago (Chicago: 1938), Rush-Presbyterian St. Luke's Medical Center Archives, 32.

[50] Ibid., 33.

MISS DOROTHY ROGERS 1938-1941

The major accomplishment of Miss Rogers during her tenure was to establish the "Advisory Committee to the School" in 1940. This committee would later be known as "Nursing Advisory Committee." From the Presbyterian School of Nursing's earliest beginning, a committee governed the school but unfortunately no minutes were kept of its work. The N.L.N. Survey of 1940 identified that the lack of minutes prevented the N.L.N. from evaluating the committee's effectiveness. Even though the previous committee met frequently, without minutes it was impossible to retrace how decisions or changes were made within the School's organizational structure. Therefore, the absence of documentation made it impossible to verify the effectiveness of the committee.[51]

The advisory committee not only dealt with administration of the Presbyterian School of Nursing but also the administration of the nursing service of the Presbyterian Hospital. This committee's responsibilities were to deal with the recommendations of the Director of the School and the faculty. There was no line authority between the board of managers and the advisory committee. The Director of Nursing could go to the President of the Board of Managers but the Medical Director was the official person

---

[51] Johnsen, 30.

to speak on behalf of the Nursing Council.[52]

Several curriculum changes occurred in 1940. The entrance requirements were changed to include two units of science, with one unit being a chemistry course. The other major change was that the structure of the school year was changed into the quarter system. Prior to this everything was organized by the year which did not allow for easy matriculation nor for organized examinations. The quarter system developed a systematic way to test at the end of the course. This would allow students to progress in a more reasonable and orderly system. If a student was not doing well it was easier to have them on the quarter system than have them wait for a final grade at the end of the year. This system also made it easier to matriculate students back into the system after any prolong absence from the program.[53]

Beginning in the late 1930s and early 1940s, students wanted to have more input into their education. The Student-Faculty Government Association was formed in 1939. The organization was initiated by the students in order to develop a better working relationship between the students and faculty. The Constitution stated:

The Objectives of this organization shall be:

---

[52] Ibid., 30.

[53] Fifty-Eighth Annual Report of the Presbyterian Hospital of the City of Chicago 1940, Rush-Presbyterian-St. Luke's Medical Center Archives, 33.

> a. to promote and maintain a high professional and educational standard of nursing, and to encourage and promote those activities which are conducive to a progressive school of nursing;
> b. to further unity among students and faculty members;
> c. to foster social activities in the School and within the Medical Center;
> d. to endeavor to achieve cooperation among all groups and to develop individual responsibility in the maintenance of activities in this organization.[54]

All students were automatically members of the organization once they were admitted to the Nursing Program. When the organization was first developed, the preclinical students were non-voting members until after successfully completing the preclinical period. This was changed in the constitution in 1956, which gave all students the right to vote upon admission. Each class elected their own representatives who sat on the Student Faculty Council. The Council was the official governing body of the Student Faculty Government Association.

Since the beginning of the Presbyterian Hospital School of Nursing, the Rush Medical Faculty was an integral part of the school. Many of the physicians who were on the faculty of the Rush Medical College assisted in the education of the student nurses. Over the years, the Rush Medical College had gone through many changes and affiliations. The affiliation with the University of Chicago caused the demise of the Rush Medical College as it was known. The University

---

[54] School of Nursing The Presbyterian Hospital-Chicago Our Student Handbook (Chicago: 1953) Rush-Presbyterian-St. Luke's Medical Center Archives, 38.

of Chicago wanted the Presbyterian Hospital to upgrade the physicians' education to graduate level. At this point in history, many medical schools taught in an undergraduate program. The University of Chicago had moved the College of Medicine to the Graduate School and wanted Rush Medical College to do the same. The importance of research was one of the reasons that University of Chicago felt it needed to require the change to a graduate program. The University of Chicago believed that its clinics, research facilities and the south side setting were important for the program's success. The physicians and faculty from Rush Medical College believed it was important to learn to be an effective practitioner. Most of the Medical Faculty at Presbyterian Hospital were practicing physicians and this is what they believed was their strength as an institution. Also, the Presbyterian physicians had a vested interest in the west side which they wanted to maintain.

The two groups came to an impasse and in June of 1940, the University of Chicago and the Rush Medical College severed their relationship.[55] The charter for the Rush Medical College was left dormant but the Board of Trustees made the minimal efforts to maintain the charter.

Presbyterian Hospital decided to go it alone and affiliate with the University of Illinois. Each institution was to maintain its independence but it gave the university

---

[55] Bowman, 84.

faculty at the Presbyterian Hospital the needed affiliations to continue teaching and research.[56] This affiliation also gave the school of nursing faculty an affiliation and the first glimmer of hope that nursing students might be able to receive university recognition of their academic work.

With all that was occurring, Miss Rogers had mixed feelings about resigning her position as Director of the School of Nursing. There were many issues surrounding nursing education and she would have liked to have seen them resolved. But she was also excited about her forthcoming marriage and eager to begin her new life as Mrs. Whiting Williams in Cleveland, Ohio. Her successor as Director of the School was Miss Henrietta Froehlke.

MISS HENRIETTA FROEHLKE 1941-1950

Miss Henrietta Froehlke was a graduate of St. Luke's Hospital School of Nursing in 1922. She received her bachelor's and masters degree from Columbia University in Nursing School Administration. Prior to her arrival at Presbyterian Hospital School of Nursing, she was Director at the University of Kansas Hospital in Kansas City.

The world situation was very unstable when Miss Froehlke became the Director. World War II had begun in Europe and questions had arisen regarding the availability of health care if the United States went to war. Many graduate nurses began to enlist in the Armed Services as

---

[56] Ibid., 122.

well as assist in government preparedness programs for war. These efforts depleted the number of graduate nurses working in the hospital who were available to assist with patient care. In response to this need, the United States Nurse Corp was formed in 1943. Many schools revised their curriculum to meet the requirements to allow the students to enter the Corp. The total curriculum needed to be given in two and a half years, leaving the last six months of the program for clinical practice which allowed students to work in federal service or remain at their home school. The federal services for which students could work were the Army, Navy, Veteran's Administration Service, Indian Service, the United States Public Health Service and the Children's Service. The enrollment in nursing schools quickly increased to meet the demands of government programs. An enormous strain was placed on the schools since they did not have the graduate students to assist in the units of the hospital.

The faculty at the Presbyterian Hospital was ready to participate in the United States Corp Program. In 1940, the faculty had reorganized the nursing program, which had the last two quarters of senior year devoted totally to clinical practice. Also, changes in admission requirements were made to ensure that only the best qualified students were accepted into the program. In 1941, the aptitude test of the Psychological Corporation of America was utilized to

screen the applicants for admission into the program. The changes required in 1943 to be part of the U.S. Nurse Corp program were minimal.

All of the hard work needed to make the changes in the curriculum did not go unnoticed. The faculty wanted to be one of the first schools to be surveyed by the N.L.N. but lacked the necessary funds. The Alumnae Association agreed to underwrite the cost of participating in the survey to be done by the Department of Studies of the National League of Nursing Education. The school received accreditation in February 1943. This was an important recognition because very few nursing schools were accredited at this time.[57]

After World War II, the goal for the Presbyterian Hospital School of Nursing to affiliate with a university or college came back into focus. Finally in 1947, the hospital affiliated with Monmouth College, University of Dubuque, Carroll College and Bradley University. In 1948, Lake Forest College and North Central College were added to the list. The students were required to attend the affiliated college for four to six semesters prior to entering Presbyterian. The students would complete the three year program at Presbyterian Hospital and then would be eligible to receive a bachelors degree from the affiliated college. From the schools very beginning, Miss McMillan's goal of developing an affiliation had finally come true. The

---

[57] Johnsen, 36.

University of Illinois also became an affiliated college under the same requirements in 1949.[58]

Miss Henrietta Froehlke resigned in 1950. She was succeeded by Sylvia Melby, a 1926 graduate of the Presbyterian Hospital School of Nursing. Miss Melby also received a Bachelors of Arts degree and Honorary Doctor of Science degree from St. Olaf College. Prior to her arrival at Presbyterian Hospital, she was Director of Nursing at Fairview Hospital in Minneapolis.

MISS SYLVIA MELBY 1950-1956

Miss Melby's first years as the Director were very busy. The first formal faculty organization in 1951-1952 included establishing rules and regulations as well as formal faculty committees. The organizational structure that the faculty developed resembled that of a university. The faculty again began evaluating and revising the curriculum. One of the changes that the faculty made was establishing three hours a week of planned clinical instruction. Prior to this time, ward instruction was given but not according to a formal method. The instructor would give the instruction in an unstructured way and in some instances it would not be given at all.

The other change, an increase in the number of clinical teachers, was done for two reasons: first, students needed guidance while working on different units, and second, the

---

[58] Ibid., 37.

number of graduate nursing staff on the units were inadequate. Hospitals all over the nation were having to deal with short staffing issues which put an added burden on the nursing schools. Some schools of nursing utilized the students to work the patient care units rather than receive the education required to become graduate nurses. The students were seen as cheap labor for institutions that were unable to pay and recruit appropriate staff. Presbyterian Hospital recruited the clinical teaching instructors to ensure that the students were gaining the appropriate learning experience while working on the clinical units.

The number of hours that the student attended class and clinical were reduced to forty-four hours a week. The students who faced increasing educational costs wanted a mechanism to earn money after school hours. The faculty did not approve of the students working but understood it was becoming a necessity. The faculty wanted to have some control over student employment. The Student Employment Service was formed in 1953; students who met the physical and academic requirements were allowed to work. Students who had academic difficulties were not allowed to work. This organization was able to control not only who could work, but also regulated the type of work, the number of hours worked, and the salary paid to the working student. [59]

A major accomplishment of Miss Melby's tenure was

---

[59] Ibid., 35.

construction of a new building for the School of Nursing. The property that the Presbyterian School of Nursing was located on was needed to build the Congress expressway that Chicago desperately needed.[60] The students moved into the new nursing school on March 22, 1952. The new school building contained offices for the faculty, classrooms, lounge area, cafeteria and living area for the students. The School, located across the street from the hospital, was accessible through an underground tunnel. This building became the focal point for all of the students' activities.[61]

A major setback for the Presbyterian School of Nursing occurred in 1953 when the affiliation with University of Illinois was severed. This occurred because the Illinois Department of Registration and Education felt it was not appropriate that both diploma and degree students should have the same competencies. Therefore, students currently enrolled were allowed to finish the program but no new students would be admitted to the program.[62]

Presbyterian Hospital was resurveyed by the National League of Nursing in 1953 and received full accreditation in

---

[60] Bent and Klicka, 31.

[61] Fiftieth Anniversary of the School of Nursing of Presbyterian Hospital, Chicago, 1953, Rush-Presbyterian St. Luke's Medical Center Archives, 11.

[62] Vera M. Banks, Springfield, Illinois to [Emily C. Cardew, Chicago, Illinois], 7 October 1953, Rush Presbyterian St. Luke's Medical Center Archives.

1954. This was the first time the School had been resurveyed since 1943.

Discussion began to take place in 1955 between the Board of Trustees to merge the Presbyterian Hospital and St. Luke's Hospital. The merger would affect each of the nursing schools in many different ways. On February 10, 1956, the two boards voted to merge and Presbyterian-St. Luke's Hospital was formed. Miss Edith Payne who was the Director of Nursing at St. Luke's Hospital, was appointed the Nursing Director for the combined school, Presbyterian-St. Luke's School of Nursing.[63]

The merger was ending fifty four years of nursing education at the Presbyterian Hospital School of Nursing. Faculty, students, and alumnae were upset about the merger. Their identity as a school would no longer exist. Even though the faculty and students were remaining on the same campus, there still were concerns about how and what their identity would be in the new school. After all, the Director of Nursing from St. Luke's was now in charge of their school and hospital. How the merger was to be actualized was a major concern for the faculty and students. Time would tell them all about their new beginning.

---

[63] Bowman, 114.

CHAPTER III

PRESBYTERIAN-ST. LUKE'S SCHOOL OF NURSING

How do you merge two School's of Nursing; especially, when each has had a long and respected history? This was not going to be an easy task for anyone to accomplish. At this point in history very few hospitals, much less School's of Nursing, had merged. From the beginning, there was no question as to which hospital would have to close and which would remain open. Presbyterian Hospital had the newer buildings as well as the space to expand. St. Luke's had well qualified staff and excellent services but lacked modern facilities and space. It took two years for the physical merger to be completed.

In September 1956, Miss Edith Payne was appointed the new Director of Nursing for the combined schools. The task of combining all the different aspects of the nursing educational programs of the two schools was now her responsibility. Miss Payne's educational experience and work experience qualified her for the task. Since Miss Payne was comfortable and familiar with the program at the St. Luke's School of Nursing, she sensed it was important to move over to the Presbyterian school immediately. This would enable her to become familiar with the staff, physical

surroundings and the Presbyterian program.

Miss Payne immediately began to evaluate the type of program to be developed for the new school. The shortage of nurses throughout the country caused some nurse educators to attempt to develop a more efficient and less expensive method of educating nurses. Up to this point, the diploma and baccalaureate programs were the only two ways that a person could be educated to enter nursing. In 1952, Louise McManus, Director of the Division of Nursing Education at Teachers College, Columbia University, announced the beginning of a project to establish the Associate Degree Program in Nursing through the community college system. Dr. McManus felt that nursing programs were mainly hospital run and these:

> . . .programs were mainly of the apprentice type, directed primarily at the immediate care of patients, without regard for the community and academic experiences nurses should receive. . . . That the demands of the hospital, as far as nurse education was concerned, required a three-program that included repetitive practices believed to be considerably in excess of that needed for economical and effective learning.[1]

The preliminary reports indicated that in actuality the two year programs were successful in educating bedside nurses. This began the rapid development of Associate Degree Programs throughout the United States.

By October 1956, Miss Payne had submitted a proposal for the new program to the nursing committee of the Board of

---

[1] Kalisch and Kalisch, 646.

Trustees. The plan proposed two years of academic and clinical experience and a third year of a salaried nurse-internship. Miss Payne felt that:

> A number of educational factors substantiated this recommendation:
> 1. In most three-year diploma schools, the senior student assumes graduate nurse responsibilities.
> 2. Increasing and constantly changing demands on the nursing professional dictate the revision and reconstruction of a program in nursing education to prepare the nurse for her new professional function and service.
> 3. Graduates of other two-year programs who have taken state board examinations have equaled or surpassed scores achieved by graduates of three-year programs. [2]

Miss Payne felt that since the two year programs had proven successful but recognized the major concerns of the programs was the minimal clinical experience that the students were given. The proposed program at Presbyterian-St. Luke's School of Nursing would fill this void by having the third year of the program be a salaried-internship.

Miss Payne was committed to graduating the same number of persons from the new program as had completed the individual programs. However, she did not want to dilute the curriculum. She believed the proposal would sustain this commitment. This proposal was accepted by the committee of the Board of Trustees.

Since it was important to have the faculty develop the curriculum, Miss Payne established joint committees and a

---

[2] Edith D. Payne, "Salaried Nurse-Intern Concept Lending New Vigor to School of Nursing", Hospitals J.A.H.A. (August 1, 1958) 50.

nursing council to deal with the different issues at both institutions. These committees would review and make any necessary changes in either of the two programs. An example of variations in the two programs was illustrated by the differences in the two student government associations. The Presbyterian student government activities were much stronger. Therefore, it was important to strengthen the St. Luke's activities. The faculty at St. Luke's School of Nursing had just finished revisions of their program; it was therefore critical to make similar changes at Presbyterian school. Miss Payne believed it was important to try and have some consistency at both institutions before the actual merger took place. By having them similar, this would assist in an easier transition when the actual physical changes occurred.

The faculty organization of the two schools needed to be combined and new By-Laws established. The faculty merger was accomplished on October 9, 1957, when the Articles of the By-Laws were unanimously accepted at the Administrative Committee (See Appendix VII).[3]

The task of the joint faculty committee was to develop a program for the new school that utilized the strengths from both programs. The faculty was given the time to study

---

[3] "The Following Articles Of The Bylaws Were Approved Unanimously At The Administrative Meeting On October 9, 1957," The Articles of Bylaws is a separate document in the Rush-Presbyterian-St. Luke's Medical Center Archives.

and evaluate what would be the best program to be offered at the School. The program that was organized was a three year program that was unique in that it introduced a one year nurse-internship program. In the first brochure printed in 1959, the program was identified the following way:

> During the first two years, the students learns [sic] to give nursing care by acquiring and applying skills and knowledge of principles in selected, patient-centered experiences in the hospital. This nursing care reflects the students's [sic] awareness of the patient as a person as well as her ability to give physical care. In the third year, the student practices her profession as a salaried nurse-interne [sic].
>
> Instruction in all courses focuses the student's primary objective-to become a professional practitioner. She achieves this objective by following a pattern most suited to her individual interest and progress.[4]

The internship was described:

> The Nurse-interne [sic] will be scheduled for a 40 hour week on all tours of duty and during weekends. Her rotation during these four quarters will include at least 12 weeks in medical nursing, 12 weeks in surgical nursing, and experience in maternity, child care, operating room or psychiatry depending upon her preference and the availability of assignments at the time. Patient-centered conferences will enrich this clinical experience.
>
> During the medical and surgical nursing experiences, the nurse-interne [sic] will attend seminars in Team Leadership in Nursing and Management of the Patient Unit.[5]

Admission requirements into the new program were the following: The applicant must be seventeen years of age or

---

[4] School of Nursing Presbyterian-St. Luke's Hospital Chicago 1959-1960, Rush-Presbyterian-St. Luke's Medical Center Archives, 5.

[5] Ibid., 13.

older, a graduate of an accredited secondary school, rank in upper half of the class, take the Pre-Nursing and Guidance Test administered by the National League for Nursing, and have a personal interview.[6]

In the previous programs, individuals who were married were not allowed to enter the nursing program. In the new program, the marital status of the student was no longer a hinderance into entering the nursing program.

The stated Educational Philosophy of the program was the following:

> To assure the total development of the individual, educational experience must be continuous, democratic, and concerned with evolving social patterns.
>
> The educational program of the Presbyterian-St. Luke's Hospital School of Nursing creates the opportunity for a student to experience and develop the philosophy that:
>
> As an individual, the nurse understands and respects herself and other individuals.
>
> She assumes the responsibilities of a citizen. She values her own and respects the spiritual convictions of others.
>
> As a professional person, she realizes that nursing is a self-directed, independent profession which assumes responsibility for the care and rehabilitation of the sick, prevention of illness, and promotion of health carried on cooperatively with other health services.[7]

The educational objectives developed by the faculty were printed in the School brochure as the following:

> That a graduate of this school may qualify for general duty nursing positions in hospitals and comparable work situations and secure a basic

---

[6] Ibid., 17-18.

[7] Ibid., 6.

> education for further study and specialization, the curriculum has been planned to enable a student:
>
> 1. To understand and apply basic principles involved in giving nursing care to the patient.
> 2. To realize the significance of the physical, emotional and spiritual factors which affect the patient's response and welfare.
> 3. To understand and apply basic principles inherent in communicating and working with others.
> 4. To develop a personal and professional sense of achievement and satisfaction from life in a democratic society.[8]

The curriculum for the new program was illustrated in the first printed brochure in 1959 (see Appendix VIII).[9] One of the major differences between this program and the previous program was that there would be no outside clinical affiliation experiences. The faculty was very proud of the curriculum and believed that it would continue the reputation both schools had always enjoyed. The National League of Nursing was sent a copy of the program that was developed for review, and it was given their endorsement. National League of Nursing surveyed the School in 1960 and it received full accreditation.

It is very important for every school of nursing to distinguish itself from other schools. The schools of nursing accomplished this with the nurses cap, pin and uniform of the students. The pin and cap are the symbols of the professional status and achievement accomplished by that nurse. The new School also had to have these distinguishing

---

[8] Ibid., 6.

[9] Ibid., 8.

symbols that would allow the nursing community to recognize the achievements of its graduates. It was important to portray to the community that these individuals came from a long history of distinguished educational organization, even though the School was a new one. Miss Payne appointed a committee that represented students, alumnae, and Women Board members from both organizations to decide on the cap, pin and uniform. This committee with help from outside professionals made the decision of these new symbols for the school.[10] The uniforms that was required of the students were:

> The custom-designed light gray uniform trimmed with white and distinctive Presbyterian - St. Luke's cap are worn by the students during their first two years. White shoes and stockings are prescribed with this uniform.
>
> An Identically styled white uniform is worn during the Nurse-Internship year.
>
> A gray flannel Blazer, decorated with the school crest. . .[11]

The committee wanted to be sure that the uniform was practical as well as stylish. The material utilized for the uniform was easily washable and cared for. The white uniform required the students to utilize cuff links which followed the pattern of the school pin. The white uniform

---

[10] Florence K. Lockerby, "New Uniform Design for Hospital Merger," Hospital Management, 5 July 1957, 44.

[11] School of Nursing Presbyterian-St. Luke's Hospital Chicago 1959-1960, Rush-Presbyterian-St. Luke's Medical Center Archives, 21.

became the official graduation uniform for the school.[12] In order that the nurses cap could be worn with any hairstyle, it was designed in a square, shallow shape with a removable head band. The organdy material utilized for the cap allowed it to be cleaned easily.

The school pin was designed for the new school with the help of a professional designer who incorporated symbolic details from the two previous schools. On graduation, each graduate nurse received a card explaining the pin so that they would understand the rich history that laid behind their pin. The card read:

> The shape of the pin is the quatrefoil, which is floral in origin, used largely in architecture for stained glass windows and wood carvings. The four petals denote the four cardinal virtues, namely justice, prudence, temperance and fortitude.
>
> The contour of the quatrefoil frames the outline for the Latin Cross, seen publicly in the reign of Constantine the Great, the first Christian Roman emperor, crowned in 306 A.D. The arms of the cross are in trefoil design, suggesting the Holy Trinity. This form is known as the "budded cross".
>
> The Latin Cross with twelve or more rays of light issuing from the center is called the rayed or Easter Cross. The color blue connotes truth and loyalty. The name, "School of Nursing, Presbyterian-St. Luke's Hospital," is in raised letters in lines paralleling the horizontal arm of the cross.
>
> The effect of the overall design is that of a window through which one glimpses the rayed cross, signifying life, sacrifice and service.[13]

---

[12] Annual Report Department of Nursing Presbyterian-St. Luke's Hospital Chicago, September 1, 1958-August 31, 1959, Rush-Presbyterian-St. Luke's Medical Center Archives, 5.

[13] Lockerby, 45.

The design of the pin, uniform and cap was very successful for the School. The input from all the different groups assisted the School in a easier transition and assisted the students to accept the merger in a new identity.

No one was prepared for the number of applicants to attend the new School. The first class enrolled was larger than either School had ever handled. This meant there was not enough housing space for all the students. For a while, the Presbyterian students had been allowed to live at home for the first two years of their programs. The decision was made to allow students to commute but the tuition fee had to be adjusted since tuition included the cost of living in the residence. The students who lived at home and commuted to the school were charged one hundred dollars a quarter for tuition. The students who lived in the residence were charged one hundred and fifty dollars for tuition for the first two years. Books, uniforms, student health fee, library, and student activity fees were the same whether the student lived on campus or at home. During the third year, the Nurse Intern's were paid $2700 per year or $225 a month. Students during the intern year were required to pay for room and board.[14]

Change is very difficult for many people to make. The movement of these two individuals schools to one combined

---

[14] School of Nursing Presbyterian-St. Luke's Hospital Chicago 1959-1960, Rush-Presbyterian-St. Luke's Medical Center Archives, 19.

school was very difficult for the students. Miss Payne was sensitive to the students' needs to maintain some identity with the school they had been admitted to the completion of their program. In her annual report of 1958, she stated:

> The last St. Luke's Graduation was held in the Cathedral of St. James on September 20, 1957 with eighty-two graduates receiving the diploma of the St. Luke's School of Nursing. The last Presbyterian graduation had been held in the Fourth Presbyterian Church on May 24, 1957, with seventy graduates receiving the diploma of the Presbyterian School of Nursing.
>
> The first joint graduation is planned for September 1958. A new diploma has been designed for the school. Those students graduating from the previous programs will have the designation of Presbyterian Division or St. Luke's Division on the diploma.[15]

This compromise allowed the students to maintain some identity with the School they had selected to attend and now were graduating from a different one.

The first years of the merger were very difficult, since students were divided between the two institution. Miss Payne wanted the transition to be orderly and successful. A plan was developed as to where students would receive both their classroom and clinical experiences. Miss Payne gave a summary of the plan for student placement in her 1958-1959 Annual Report. It stated:

> The class admitted in September, 1958 [Class of 1961] was assigned to the school at the west side locations so that all courses for this class could be given in one place, and so that the

---

[15] Annual Report Department of Nursing Presbyterian-St. Luke's Hospital Chicago, September 1, 1957-August 31, 1958, Rush-Presbyterian-St. Luke's Medical Center Archives, 1.

> faculty teaching this class could work more effectively together. The class of 1960 was assigned to the St. Luke's division for medical and surgical nursing classes and clinical practice. Psychiatric nursing classes and practice for this class in the St. Luke's division until February 28, when the new psychiatric department on the 12th and 13th floors of the East Pavilion was fully opened. After February 28, the program of teaching and clinical practice was carried out in the new facility. Teaching and clinical practice in the obstetrical and pediatric departments continued in both divisions until May 25 when it was all centered on the west side. This move of the educational program took place shortly before the closing of these nursing units at St. Luke's.[16]

The physical merger of the hospital and school was completed on June 26, 1959. Compared to some other departments, nursing had very little difficulty with the actual physical merger since Miss Payne had begun planning for the actual merger of the department in 1956. Her leadership style that involved all parties in the decision making process facilitated a smooth transition.

The combined program attracted many applicants. The hope was to admit the same number of students that each individual school had admitted prior to the merger. The new program was viewed as successful because the number of applicants exceeded all numbers that the faculty had predicted.

One other significant event occurred with the class of

---

[16] Annual Report School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital Chicago September 1, 1958 - August 1, 1959 Rush-Presbyterian-St. Luke's Medical Center Archives, 1.

1961, was that the first male student graduated from the school. Up until the 1960s, men only allowed to attended all male nursing schools, of which there was a limited number in the United States. Many individuals were apprehensive about allowing men to attend the school but in actuality they presented very few problems.

The department of nursing went through a major organizational restructuring in November 1960. The new chairman of the executive committee, Herbert Sedwick, was evaluating the financial aspect of the organization. He separated nursing service from nursing education because he felt it would be more cost effective.[17] Miss Payne was appointed as Director of Nursing Education. The Associate Director of Service was appointed as Director of Nursing Service. Miss Payne did not agree with the separation because she believed that nursing service and education were too intertwined to be separated. This separation would only cause the quality of care and education to decline but, being the administrator that she was, took on the new role with vigor.

Miss Payne began focusing on the problems that faced the school. One problem that always was an issue was housing, which was still a major concern for students. There seemed to never be enough space to accommodate all the students. Also, the cost to the school regarding room and

---

[17] Bowman, 147.

board became a financial burden. In 1962, the school began charging each student for room and board. They were charged $125 a quarter or $500 a year. The fee assisted the school in meeting the necessary costs of housing for the students.[18]

One of the unique parts of the new curriculum was the internship; but, it presented the most issues. The internship was seen as the piece that was missing from the Associate Degree and Baccalaureate programs. It enabled students to receive the best clinical experience prior to being a graduate nurse and allowed an easier time adjusting to the responsibilities required of a graduate nurse. After the second class completed the internship program the faculty felt that the program running smoothly. Two major concerns were identified regarding the internship:

> 1. The amount of responsibility that nurse interns are expected to assume in nursing service.
> 2. The strain that nurse interns experience when staffing in the Nursing Service Department is not up to a desirable level.[19]

The nursing service was continually having to deal with the fact that the units were short-staffed with graduate nurses. Staffing problems affected the responsibilities of the students by requiring them to take on more responsibilities

---

[18] Annual Report School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital Chicago September 1, 1961 - August 1, 1962 Rush-Presbyterian-St. Luke's Medical Center Archives, 2.

[19] Ibid., 4.

that they were not prepared to perform. In 1962 the school was surveyed by the National League for Nursing which set the standards for nursing education. Even though the School received full accreditation, the internship aspect of the curriculum elicited some concerns by the National League for Nursing. In April 1964, the school received a visit from the Coordinator of Nursing Education for the Committee of Nurse Examiners of the Department of Registration and Education.

> The report from the Department of Registration and Education following this visit commended the school for having assumed a leadership role in nursing education and for the satisfactory standard of education continuing in the basic program. The department further raised questions concerning the clinical assignment of students in the internship program. These questions centered on the problem of the assignment of such students on the evening and night tours of duty to nursing units where there is not a registered nurse in charge of the unit. Conclusions and recommendations from the report are as follows:
>
> Conclusions
> 1. The educational program for the first two years has been soundly planned and is being successfully implemented. Faculty members, during this period, assume responsibility for the selection of learning experiences and the teaching and supervision of the students in all areas. Student assignments in the clinical area are based upon educational needs.
>
> 2. There is an abrupt change in policy once the student enters the third year. Particularly on the evening and night tours of duty, the student functions without direct supervision and carries a heavy workload based upon nursing service needs of the hospital. Such practices are a matter of concern to this Department.

> Recommendations:
> 1. That commendation be given to the school for having assumed a leadership role in nursing education through the study of and experimentation with the nursing curriculum.
>
> 2. That immediate steps be taken to correct practices which during the third year and that a report of changes be submitted within a three month period.[20]

The faculty reviewed these recommendations. To comply with them, the decision was made not to assign nurse interns to any administrative duties while on duty in the clinical units. The faculty decided during the school year 1964-1965 to totally eliminate the nurse internship program. Miss Payne stated in the annual report:

> It was the belief of the faculty, when this program was planned in 1956-1957, that students could be prepared for nursing in a two-year educational program. In accord with this belief, a recommendation has been submitted to the President of Presbyterian-St. Luke's Hospital that the internship or third year of the program be discontinued. Recent legislation in Illinois, reducing the requirements for minimum length of diploma programs in nursing from three to two years, has made this recommendation possible.[21]

The elimination of the internship coincided with the faculty reviewing and revising the curriculum. The changes that

---

[20] Annual Report School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital Chicago September 1, 1963 - August 1, 1964 Rush-Presbyterian-St. Luke's Medical Center Archives, 3.

[21] Annual Report School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital Chicago September 1, 1964 - August 1, 1965 Rush-Presbyterian-St. Luke's Medical Center Archives, 9.

occurred were the following:

PSYCHIATRIC NURSING

Theory and clinical laboratory were to be offered in a six week sequence. Human Development should be a prerequisite to psychiatric nursing since a child psychiatric department has been formed at the hospital. Also that psychiatric and pediatric should be offered close together since they will be complement each other.

PEDIATRIC

The faculty accepted to include the recommendation from psychiatric nursing. Also to include some information that students receive in medical surgery but will not have had by the time the students are in the pediatric course.

FUNDAMENTALS OF NURSING AND MEDICAL SURGICAL NURSING

The decision was made to combine these two areas into the medical-surgical five courses preceded by a course Orientation to Nursing. The fifth course will contain greater emphasis on problem solving approach to comprehensive nursing care.

SOCIAL SCIENCE

The Introduction to the Study of Human Behavior, Psychology of Interpersonal Relations and the social content of Human Development in Old Age were consolidated to two psychology courses.

The Sociology of Interpersonal Behavior, Adulthood and Society and Urban Sociology were consolidated into sociology courses.

Abnormal Psychology was revised.

COMMUNICATION

The three communication courses were reorganized into two courses.

The American Culture class was revised and continue in the program.

NURSING

The Graduate Nurse and Development of Modern Nursing was consolidated into one course, Development of Modern Nursing.

SCIENCE

Human Body and Microbiology were revised to include material from three clinical science courses. The course Drug Therapy, Physical Science and Nutrition were revised.[22]

---

[22] Ibid., 7-9.

These changes were put in effect for the 1965 entering class. The faculty worked to implement the changes and felt that these revisions would give the students an excellent education in nursing. The Associate Degree programs at the Community Colleges were beginning to be developed and were going to be a major competition factor to the diploma programs. The faculty wanted Presbyterian St. Luke's Nursing Program to maintain its high standards for education, but also to be able to compete with the other nursing programs. The revisions tightened up the curriculum and maintained the level of clinical experience that was known to be given to the students at the School.

Another organizational restructuring began when Dr. James Campbell became President of Presbyterian-St. Luke's Hospital in November 1964. Dr. Campbell opposed the separation of nursing service and nursing education. Once Dr. Campbell took office, he asked Miss Edith Payne to become director over the division of nursing.

Miss Payne reorganized the Division of Nursing and developed a new concept. She wanted the Head Nurses to have a dual role within the organization. She wanted the clinical managers who were the experts on clinical experience to also have a role in the School of Nursing. She knew that meant that most of the current Head Nurses would have to return to school to meet the educational requirements for the faculty position. Miss Payne felt this

new system would assist both students and staff to deliver the best care possible to the patients. Since Dr. Campbell envisioned that the purpose of the institution was to serve the patients first, this plan represented the philosophy of the institution. [23]

Miss Payne was pleased with the changes the faculty had made with the organization and the curriculum. In 1965, Miss Payne was dealing with some issues of which the faculty were unaware. Miss Payne had a strong belief and background in research which she used to make this decision regarding the nursing program. Miss Payne felt it was imperative for the future of nursing that the education of nurses must be moved to institutions of higher learning. Society was changing rapidly and technology in the health care industry was exploding. Nursing needed to be ready for the changes and, without increasing the necessary knowledge, nurses were going to be by-passed by all the other professions. Also, the statistics on the number of qualified students who chose not to enroll in the school had been analyzed since 1961. The one reason that was given consistently by the applicants was that students, if given the opportunity, preferred to enroll in a college program. This had to have been a very difficult time for Miss Payne. In the 1966-1967 annual report Miss Payne wrote:

---

[23] Barbara E. Schmidt interview by author, 2 October 1992, Chicago.

The major concern that the Division of Nursing has been faced with during the past year was the lack of qualified applicants to the School of Nursing and the consequent implications of this situation on the future of the school. During the previous two years there has been a small, but consistent, drop in the number of applications received and the numbers of students enrolled. In November of 1966, the increased seriousness of the situation for the coming year was evidenced.... Many factors influence nursing education and the decision of applicants in the selection of nursing education programs:

The increasing demand for, and availability of, college education for women is unquestionably a factor in decreasing interest in diploma education in nursing.

Another factor which must not be overlooked is the increasing difficulty experienced by graduates of diploma programs in securing college credit for education received in hospital schools.

There is reason to believe that the position of the American Nurses' Association regarding nursing education is currently having a marked influence on applications to diploma schools of nursing. The Position Paper, issued in January 1966 and widely circulated by late March includes the following statements:

"The education for all those who are licensed to practice nursing should take place in institutions of higher education.

Minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing

Minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing."

The Position Paper has been widely distributed to counselors in high schools and there is every indication that they are counselling students into baccalaureate and associate degree nursing programs. There has been reaction to the statements in the Position Paper to the effect that nurses prepared in diploma programs (hospital schools of nursing) may have a questionable future in nursing.

In conferring with the directors of selected schools of nursing in Chicago it was evident that they were experiencing similar problems. Careful study has been made each month of applications received at Presbyterian-St. Luke's Hospital

> School of Nursing. In March it became increasingly evident that it would be impossible to enroll even a small class; consequently, the last class of students in the Presbyterian-St. Luke's Hospital School of Nursing will graduate in September 1968.[24]

The decision to close the School of Nursing was a futuristic one. Nursing literature had been discussing the education level necessary for the entry into the nursing profession. Many associate degree programs for nursing were being established in the junior colleges. That meant there were three different educational levels available to an individual who wanted to become a registered nurse. In terms of these three different levels, how would it affect the nursing profession? There was no other profession that had three different entry levels with three different types of educational preparation. Miss Payne wanted the best for her profession and what was best for the students. Many students who met the admission criteria for Presbyterian-St. Luke's School of Nursing would have also met the criteria to enter a baccalaureate program. She felt that a disservice was done to the students by offering this program at a hospital. Many students would be required to retake much of their course work if they wanted to go on to a baccalaureate program in nursing. Even though nothing at this point had been said or written about the Rush Medical College charter

---

[24] Annual Report School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital Chicago September 1, 1966 - August 1, 1967 Rush-Presbyterian-St. Luke's Medical Center Archives, 1-2.

being reestablished, one has to wonder if somehow Miss Payne knew what the future was going to bring to the institution.

The decision to close was very difficult one since the nursing leadership, nursing alumnae, and the Women's Board all opposed it. Miss Payne believed it time to affiliate with a Nursing College or University. She believed that her decision reflected the way the profession of nursing was heading.

Miss Payne was the Director of Nursing until the end of the program. She decided to retire after the last graduation on December 1, 1968.

Miss Payne was well respected by her colleagues in the profession of nursing and in the community. Dr. James Campbell gave the best description of Miss Payne in his eulogy of her at the memorial service held on April 2, 1976 at Rush-Presbyterian St. Luke's Medical Center. He stated:

> . . .I am grateful for the life of Edith Payne. She was for me a particularly strong, reliable and valiant colleague. Somehow she seemed to be willing to live up to the challenge of every inordinant swing in the cycles of our changing times, particularly as they impacted on health care and education at our own institution. She captured the creative capacity as described by Dr. Morris R. Cohen in his Nature in Reason, when he wrote, "Inventiveness itself being the daughter of exuberant energy and capable means". Whether it be transferring an entire enterprise from one base to another, whether it be creating a whole greater that the sum of its parts, whether it be terminating a school to become a college, whether it be changing an institution's direction on almost a moment's notice, one could expect Miss Payne to be leading the movement, if it were forward, and digging in her heels in deep protest, if it were retrogressive.

> Although neither of us was comfortable about calling the other by our first names, we had no hesitation about taking a certain amount of pleasure in knowing that our conjoined dialogue to various groups in the Medical Center in the early 60's was known as the "Jim and Edie Show". ... . . .We stand for the parity of the professions that she so clearly enunciated. We stand for the dedication to the young people who follow us in setting a good example thereto; and we are dedicated to putting the patient first, no matter at what price of our personal and professional stress. Miss Payne's willingness to put her nursing staff to any test made it clear to all of us how much she believed in her profession and its capability in assuring its deserved status through the demonstration of excellence in both care and education. She was proud to be a nurse, and she created a pride in her students and in her staff that goes with excellence, with care and with dedication.[25]

The Presbyterian-St. Luke's School of Nursing closed in September 1968, but this opened the door for a new beginning. Dr. Campbell had already begun to dream of re-establishing the Rush Medical College charter. It was only a matter of time before the nursing education tradition would be established into the Rush College of Nursing. This would establish a new beginning for nursing at Rush-Presbyterian-St. Luke's Medical Center and the profession of nursing.

---

[25] James Campbell, "Excerpts from a Memorial Service for Edith D. Payne", Remarks by James A. Campbell, M.D. President, Rush-Presbyterian-St. Luke's Medical Center. Rush-Presbyterian-St. Luke's Medical Center Archives, 1-2.

PART II

HISTORICAL OVERVIEW OF THE UNIFICATION MODEL IN NURSING AND THE DEVELOPMENT OF RUSH COLLEGE OF NURSING

In the 1960s nursing leaders began to examine the organizational structure of nursing education and nursing service. Concerns were being voiced over the lack of communication between nursing practice and education. In particular, nursing educators and nursing service leaders were critical of each other for not performing their responsibilities to the fullest potential. The nursing educators criticized the quality of patient care they were witnessing in the hospitals. On the other hand, nursing service leaders were critical of the nurse educator's lack of clinical skills required to meet patients' needs in their institution. Students were caught in the middle of the feud. It was necessary for the students to adapt to the instructor's belief system to succeed in their nursing program. However, the students also wanted to provide optimum care for the patients; therefore, they would seek the advice of staff nurses to find out what was best for the patient. These tensions often put students in a precarious position. For many years, both nursing education and nursing service tolerated each others' existence and did not

seek ways to change the others' behavior.

Another factor that impacted the field was the mechanism by which nursing practice was changed or updated. For the most part, change in practice occurred when research by other professionals in other fields illustrated the necessity for a change. There was very little, if any, nursing research being done. How could nursing research be done if nursing educators and nursing service leaders were not willing to cooperate with each other? In order to due clinical research, the nurse researchers needed to have access to a patient population. In many institutions, nursing researchers were denied this access. They were not only denied because of their poor relations with nursing service leadership but also because medical researchers viewed them in competition for the same patient population. The medical researcher always had priority over any other discipline.

The nursing leaders began to look at the different ways other professions were organized. The development of the unification/collaborative practice model was seen as an answer to the question of how to bring the two nursing entities together, improving patient care, as well as the profession of nursing.

Part II will examine the history of Rush College of Nursing, which was established utilizing the unification model in nursing. Also, an overview of the different

unification models that were developed in the United States will be presented.

CHAPTER IV

UNIFICATION MODEL IN NURSING

The Webster definition of unification is "the process of unifying or uniting."[1] What are the processes in nursing that need to be united? Many in nursing see that it is important to reunite nursing practice, education and research to strengthen the profession. Luther Christman, one of the founders of the unification model in nursing, stated:

> The full use of knowledge is an obligation each profession owes to the public it serves. Artificial constraints on full professional competence do a disservice to the public. The academic enterprise cannot remain encapsulated from the empirical utilization of knowledge, and the service system cannot remain insulated from the sources of most knowledge and still produce professional services that will be highly valued by society. When the two elements of practice are welded together in a unified whole, a linkage system is in place for rapid dissemination of new knowledge, for the examination of novel and more sophisticated practice issues, and for the growth of a rich media to support strength and vigor in clinical efforts. In fact, this unification is the absolute basic requisite for the creation of centers of excellence in nursing. Clinical research cannot thrive without easy entry to the care arena for that is where existing research problems are. ...the reuniting of education and practice is a powerful means of enhancing the

---

[1] Webster's Encyclopedic Unabridged Dictionary of the English Language rev. ed. (1989), s.v."unification."

strength of the profession.[2]

The historical perspective of how the profession of nursing became fragmented in practice and education is necessary in order to understand the purpose behind the unification model.

The earlier nursing schools were established by community leaders who were interested in educating care givers for the patients that were in the hospital. Yet the administrators of the hospitals also viewed the students as cheap labor. When issues developed between whether a student would be allowed time off to attend class or deliver care to a patient, the patient's needs were met first. In the beginning, nursing service and nursing education were directed by the same individual and under the auspices of the hospital administrator. This brought criticism from nursing educators whose concerns over

> . . .their lack of autonomy in operating schools of nursing and their frustration with balancing the educational needs of the student nurses with the service needs of the hospital led them to conclude that nursing education should be located in institutions whose primary mission was education.[3]

The movement of nursing education to an institution of

---

[2] Luther Christman, "Unification: More Than Just A Theme," Paper presented at the Jessie M. Scott Award Lecture, The American Nurses' Association Convention, Louisville, Kentucky, June 11, 1988.

[3] Kathleen S. Hanson, "The Emergence of Liberal Education in Nursing Education, 1893 to 1923," Journal of Professional Nursing 5 (March-April 1989): 83.

higher learning developed even more of a gap between nursing service and nursing education. This only caused the lack of coordination between the two entities to deepen. Both departments usually competed for the limited resources that the hospital had to offer nursing. Therefore, one of the entities would not receive the necessary resources it required. Usually, the school of nursing was not provided the appropriate resources. This sometimes set up an adversarial relationship between the practitioners and faculty members. Once the college and university education system emerged, the students would receive their clinical experience in a facility over which the school of nursing had no control. The faculty and students were guests in the clinical facility, which prevented the faculty from having any control over the quality of nursing care that the students would be trying to emulate. Also, the separation of the nursing faculty from the clinical setting would decrease the faculties' own ability to maintain their clinical skills. This would eventually prevent the faculty members from being able to develop themselves into experts of their field. This did not hold true for physicians and medical education which defined:

> The underlying philosophy and principles of medical education are organized and motivated to make for coordination and integration between the science areas and clinical fields so that the aims of service, education, and research meet and are

fulfilled at any point in the school.[4]

When the decision was made to formalize the educational process for physicians, it changed from apprenticeship in a practicing physician's office to the university which compelled the profession to utilize scientific knowledge as the basis for practice.

From the beginning of nursing education, many felt it was an apprenticeship system of training because students learned to become a nurse by actually doing tasks in the hospital. The Webster's definition of apprentice is:

> a person legally bound through indenture to a master craftsman in order to learn a trade. . .to bind to or place with an employer, master craftsman, or the like, for instruction in a trade.[5]

Apprenticeship was not the way nursing students learned their profession. The students did not have a one-to-one relationship with another practitioner; rather, the students learned by trial and error. Students delivered the care to the patients and managed the hospital units with an instructor available for guidance. The students did not see the "master craftsman" deliver care to patients in the hospital, but saw them as overseer of the students who delivered the care.

The development of the different national nursing

---

[4] Erma Holtzhausen, "Nursing Service in a Teaching Hospital," American Journal of Nursing 46 (August 1946): 550.

[5] Webster's Encyclopedic Unabridged Dictionary of the English Language rev. ed. (1989), s.v. "apprentice."

organizations also divided the profession between the educators and the practitioners. The American Society of Superintendents of Training Schools for Nurses, which in 1912 became the National League for Nurses Education, was established in 1894 for the sole purpose of setting standards for nursing education and only nursing educators were members. In 1896, the Associated Alumnae of the United States and Canada was established. This organization in 1911 became known as the American Nursing Association. The main purpose of this organization was "to bring all nurses together in an association attuned to general needs and common welfare."[6] In actuality, it was known as the organization for the nurses who provided patient care.

Earlier graduate nurses worked primarily as private duty nurses in private homes; only a very few actually worked in the hospital after completing their training. It was not until after the Depression that graduate nurses began working in the hospitals. Many graduate nurses began working in the hospitals for room and board and no salary because no one was able to afford the cost private duty nurses during the Depression. Many schools of nursing were forced to close their doors during the depression due to lack of financial support. In some ways this was a positive step since many of these schools had poor academic standards

---

[6] Teresa E. Christy, "The Fateful Decade, 1890-1900," American Journal of Nursing 75 (July 1975): 1164.

for their nursing programs. Also, advances in medical technology and the development of standards for the nursing profession by government regulatory bodies and nursing organizations forced hospitals to employee graduate nurses to deliver the necessary patient care. The increased numbers of graduate nurses working in the hospital put a strain on the organizational structure of nursing; and over time, divided nursing into two separate entities, nursing education and nursing service. Each entity became its own department with separate directors, and without an administrative link to each other. How well the two directors were able to work together define the working relationship between service and education.

Since the faculty members' primary responsibility was to teach students, they had little input into the practice issues in the hospital units. Few were able to maintain their nursing skills to deliver quality care. Unlike their counterparts in medicine, this divided system prevented the faculty, practitioner, and student from collaborating to solve patient's problem. Instead, many times the practitioner and faculty would work against each other. While the faculty member would emphasize the textbook method of delivering care to the students, the practitioner would demonstrate the practical method in delivering care to meet the daily workload. Textbook illustrations and actual care practices could be very different from each other since

little research was done to evaluate the care delivered. Tending to be ritualistic, nursing practice was done the same way for years, "because it had always been done this way." Changes occurred when the research by physicians demonstrated the need for change. Nursing students, often finding themselves in the middle of the two contentious nursing groups, ended up confused and unsure of what was best for the patient.

The separation between nursing service and education continued to expand over time. Nursing leaders identified this bifurcation as a major problem; but, very little was done to close the gap. Anne Goodrich, Dean of Yale University School of Nursing, was one of the first nursing leaders to begin discussions on the importance of the unification of nursing education and service. Miss Goodrich identified a structure that could reduce this separation. Her view on the faculty role was that:

> . . .the usual ward instructors, acting as head nurse and assistant head nurse, and one instructor acting as a ward nurse for every two or three students, and this not less for the stabilization of the service than for the instruction of the students. The latter will be selected for their interest and sound preparation in the nursing care of that branch of medicine which the ward unit represents. By sound preparation I mean a college graduate with a comprehensive professional preparation and additional experience in the specialty selected.[7]

Even though some agreed with her idea, little materialized

---

[7] Goodrich, 326.

with this concept until the development of the University of Florida School of Nursing.

University of Florida

The first documented unification model which began to close the gap between nursing service and nursing education was established by Dr. Dorothy M. Smith, the Dean of the College of Nursing at the University of Florida in 1956. The University built a new hospital to service the needs of the new nursing college as well as the existing medical school. When Dr. Smith interviewed for the Deans position, she felt it was important not only to be in control of the College but also the nursing department of the hospital. Smith wanted the nursing program organized under the medical organizational structure in which the practitioners were the educators. Dr. Smith felt this system would ensure the development of the "master craftsman" needed in the profession and could be fulfilled if both service and education where combined. Smith stated:

> A unified nursing education and nursing practice staff provide one approach to building a nursing science. Karl Meninger's definition of medical science holds also for nursing science: 'The correlating of general knowledge with particular knowledge in the interests of helping the patient is the essence of diagnosis. The need to particularize the afflictions of the individual patients is paralleled by the need to generalize from the afflictions of this and other patients regarding pathology and illness in the abstract. Such abstractions make up the substance of medical

science.'[8]

At this point in the nursing profession, nursing science was underdeveloped. Smith believed that the unification of service and education would stimulate the development of nursing science which in turn would improve the nursing profession and the care delivered. Smith stated that the unification model:

> . . .has made possible the reduction of the lag between present knowledge and practice, and the opportunity to search for new knowledge beyond present practice...Our unified approach includes the development of standards of nursing practice and the establishment of criteria for the continued evaluation of this practice. Thus, students are exposed to innovation and creativity which reinforce the necessity for continued learning.
>
> The theme of the unified approach is basically the application of the scientific method to the solution of problems in nursing. . . . Innovation in nursing education and nursing practice up to this point has tended to come from medical research and general educational research. While such research will continue to be useful to nursing, it now seems likely that the major innovations will come from competent nursing research.[9]

Dr. Dorothy Smith knew that what her proposal for the University of Florida was to be very different from what was the traditional organizational structure. The proposed structure would meet with resistance from others who felt the traditional model was preferable. Smith stated:

---

[8] Dorothy M. Smith, "Education and Service under One Administration," Nursing Outlook 13 (February 1965): 55-6.

[9] Ibid., 56.

> . . .our primary mission was to develop, introduce, teach, and establish a professional clinical role-a new pattern of behavior-primarily intellectual in nature. This role required continued contact with patients but was different from the already established technical nursing role and from the medical role.
>
> Developing and establishing the professional clinical role entailed meeting and altering preexisting expectations of others roles to which it was related, for example, those of the staff nurse, physicians, hospital administrator, and patient.
>
> . . .the purpose of faculty practice is..to demonstrate professional practice for teaching purposes, to refine skills, and to study nursing (clinical Research).
>
> . . .The distinguishing characteristics of professional nursing practice is **clinical thinking**. Every patient has the right to a nurse who by virtue of this clinical thinking manages nursing care and is accountable for that care. In order for clinical thinking to occur, there must be data collection, nursing problem setting (nursing diagnosis), care planning, implementation, and evaluation.[10]

The Nursing Division of the University of Florida was formed into a decentralized nursing organization. The structure established was a clinical hierarchy, not the usual administrative hierarchy. The nursing supervisors and head nurse roles were deleted and the Nurse II role was established. The important criteria was that the Nurse II needed to be clinically competent in the specialty that they represented. The position of Unit Manager was established and placed under administration with the responsibilities of performing all of the non clinical aspects of management.

---

[10] Dorothy Smith, "Response: Faculty Practice from a 25 - Year Perspective," ed. Kathryn E. Barnard and Gloria R. Smith, Faculty Practice in Action (New York: American Academy of Nursing, 1977), 30-1.

The presence of the unit manager would allow nursing and medicine to focus on the clinical aspects of patient care. The importance of the success of the decentralized program was the capacity of each discipline to delegate responsibilities and authority to the individuals responsible at the unit level. Medicine and nursing were able to successfully complete this aspect of the model. Smith never felt that administration was able to transfer the responsibilities and authority to the unit manager. The Unit Manager position was never fully implemented as it had been envisioned.[11]

The unification model was in existence at the University of Florida from 1959 until 1972. Dorothy Smith resignation from the University of Florida in 1972, marked the end of the unification model at this institution. Dr. Claire Fagin commented on Smith's tenure at University of Florida:

> . . .structure provided neither power nor safety. Despite wide admiration for her accomplishments, she was left at the mercy of changed professional relationships and environmental conditions that increased vulnerability for her and her structure. Smith left an indelible impression on all who knew her, and she imbued the University of Florida students of her era with a sense of power, significance,

---

[11] Linda Aiken, Distinguished Leaders in Nursing: Dorothy Smith Sigma Theta Tau and National Medical Audiovisual Center Production, April 1979.

and beauty of the nursing profession.[12]

Case Western Reserve University

Dr. Dorothy Smith's work on the unification model did not go unnoticed within the profession of nursing. In 1961 the faculty at Case Western Reserve University, under the direction of the Dean Dr. Rozelle Schlotfeldt, began to examine a collaborative model between the University and the University Hospital.

> The model at Case Western Reserve was designed to develop a structure between two private, independent, institutions each with its own governing board, administration, and budget.[13]

The faculty at Case Western Reserve had a strong

> . . .commitment to provide a productive and stimulating clinical learning environment for undergraduate and graduate students of nursing, . . .and to help reduce the gap between available knowledge and its application.[14]

In the early 1960's the nursing educators were beginning to examine at the process of nursing education and to evaluate the effectiveness of the education nurses were

---

[12] Claire M. Fagin, "Institutionalizing Practice: Historical and Future Perspectives" ed. Kathryn E. Barnard and Gloria R. Smith, Faculty Practice in Action (New York: American Academy of Nursing, 1977) 5.

[13] Jannetta MacPhail, "Promoting Collaboration/ Unification Models For Nursing Education and Service," ed. National League for Nursing. Council of Baccalaureate and Higher Degree Programs, Cognitive Dissonance: Interpreting and Implementing Practice Roles in Nursing Education (New York: National League of Nursing, 1980) 34.

[14] Rozelle M. Schlotfeldt and Jannetta MacPhail," Experiment in Nursing," American Journal of Nursing 69 (May 1969): 1018.

receiving. The purposes in proposing a collaboration/ unification model were:

> . . .To have nursing faculty share in the responsibility for providing quality nursing care and exemplary role models in nursing practice, both necessary elements in establishing a favorable learning climate for students. and . . .To promote nurse-physician collaboration.[15]

The faculty at Case Western Reserve sought to solve issues of nursing education and practice within their organization. In developing the collaborative model, the faculty noted:

> It is generally agreed that faculty have responsibility for selecting learning opportunities for students and for providing an academic environment which holds promise of stimulating their continuous learning. As a result of historic circumstances, however, nursing faculties, in general, have divested themselves of responsibility for the quality of nursing care provided in the hospitals used for students learning. In so doing, they also have divested themselves of authority to create an optimal clinical learning environment. Although called "laboratories," faculty members responsible for guiding students' learning have had little or no control over the nursing care given, and little or no influence on the practitioner role models students observe and emulate, or over nursing research being done.
>
> Faculty members in most schools play the role of guest in the hospitals where students learn to become practitioner and investigators. Such a role, unfortunately, has not encouraged them to seek opportunities to enhance their own expertise as clinicians or to test promising hunches with a view toward advancing nursing knowledge and improving practice.[16]

The faculty wanted control not only over their educational process but also over their clinical practice.

---

[15] MacPhail, Promoting Collaboration, 33.

[16] Schlotfeldt and MacPhail, 1018-20.

Unlike the University of Florida which developed the unification model that simulated the medical model, Case Western Reserve faculty wanted their model to be an academic leadership model. This model would have the faculty become leaders in defining the nursing practice at both institutions. In order to initiate this new model it was important to have both institutions agree to the process. Both the hospital and university nursing organizations identified the importance of the experiment but it took several years to convince the chief executives and Board of Trustees to accept the concept. The cost of the new system and the support services needed would have to be furnished by both institutions in order for the experiment to work.

The project at Case Western Reserve began in 1966, after it had received funding from the W. K. Kellogg Foundation. The five specific objectives of the project were:

> 1. To enhance the quality of nursing care.
> 2. To provide an exemplary learning climate for nursing students and staff.
> 3. To increase the spirit of inquiry and research in nursing practice.
> 4. To improve utilization of human and material resources.
> 5. To promote collaboration among health professionals in the academic health center.[17]

A new interinstitutional relationship diagram was developed to depict the relationship of the hospital and university,

---

[17] Jannetta MacPhail, An Experiment in Nursing: Planning, Implementing and Assessing Planned Change (Cleveland: Case Western Reserve, 1972), 4.

which continued to be independent organizations.

> . . .It is believed that each agency entering into such a relationship has need for a chief nursing executive/administrative officer. Each dyad agency in the relationship is thus shown as having its own governing board, central administrative officers, and directors of specialized services(units), such as the director of the nursing department(agency) and the dean of the nursing school. The latter two officers are seen as having cooperative relationship in each pair of interrelated agencies. . . .
> . . .Each designated administrative leader is expected to minister to and support the clinical chiefs and their associates in the attainment of the nursing care, nursing education and nursing research goals that guide the entire enterprise. Leadership of practice, education, and research in each nursing specialty is decentralized, in recognition of the expertise required of and demonstrated by the leadership appointees and their associates.
>
> Doubts have been expressed about a plan that requires the clinical leaders to be accountable both to the dean of the school and to the chief executive in the health care agency in which he or she gives leadership relative to nursing practice and research. The response deemed appropriate relative to those expressed doubts is to point up that professionals are not and should not be directed; rather, they should collaborate. Further, leadership derives from the demonstration of particular knowledge and expertise, rather that from power obtained through organizational structure and superordinate-subordinate relationships.[18]

The Dean of the School of Nursing was to have a hospital appointment and the chief nursing executive was to have a faculty appointment. Three new types of appointment for nursing professionals that were developed to meet the

---

[18] Jannetta MacPhail, "Case Study: The Case Western Reserve University Model", in Nurses and Doctors: Their Education and Practice, ed. Terrance Keenan, Linda Aiken, and Leighton E. Cliff (Cambridge: Oelgeschlager, Gunn, and Hain Publishers, 1981), 98-9.

objectives of the new model were the following:

1. **Shared Appointment**, which involves sharing of cost by the two institutions and division of time and responsibilities between the two institutions. The top level clinical leaders, who serve as chairpersons of faculty groups in the school of nursing and directors of the clinical services in the hospital, hold this type of appointment. The faculty nurse-clinicians role is another example of the shared appointment. The division of cost and responsibility is usually, but not exclusively, on a 50-50 basis. The percentage allocation is determined by the two chief nurse executives, the dean of the school of nursing and the vice president for nursing in the hospital, based on the needs of the two organizations and the expectations to held for the shared appointee.

2. **Faculty-associate appointment** involves a primary appointment in the school of nursing and an associate in nursing appointment in the hospital. This is the type of appointment held by the dean, who is an administrative associate, and by all faculty who are associates in nursing and are involved with patients through their practice, teaching, and research responsibilities. There is no sharing of cost between the two organizations for such appointments, which afford faculty practice and research privileges and entail responsibility for influencing nursing practice of a quality desired for students to observe and emulate. Faculty are expected to maintain their competence in practice and may influence care by serving as role models and consultants to staff, by working with an individual or group to effect needed changes in clinical practice or in leadership styles, or by contributing to both informal and formal staff development programming.

3. **Clinical-leadership appointment** is the joint appointment designed for nurses in "mutually agreed-upon" leadership positions in University Hospitals. All must be nominated by the school of nursing's committee on appointment, reappointment, promotion, and tenure for the leadership position in the hospital and be nominated and approved as well by the committee for the clinical appointment in the school of nursing. There is no sharing of cost for this type of appointment, which entails major responsibility for ensuring that the quality of care provided patients is of the caliber

> desired for students to observe and emulate and that a supportive learning environment exists. In addition, clinical appointees serve as role models and consultants for students and may participate in formal teaching and research and guide graduate students' research endeavors.[19]

The three different appointments facilitated the importance of the practice issue for both organizations. Other changes that occurred in both organizations were the following:

> . . .nursing service to develop new roles for nurses prepared at the master's level to assist the director of a clinical specialty in providing day-to-day nursing care to the patients. A cadre of well-qualified nurses were recruited as assistant directors and nurse clinicians, all of whom had master's degrees. Similarly, qualified faculty members in the School of Nursing carry out day-to-day responsibilities for education and research in clinical specialties. Thus, the chairperson/director has qualified assistants in both organizations to help assume this extensive scope of responsibility.
>
> Another major change in nursing service was the development of a unit management system to free nurses of nonnursing activities. In recognition of the problems encountered in implementing other unit management systems, a program was carefully designed to help the nurse change their roles to eliminate the nonnursing activities and focus attention on the practice of nursing and development of staff.
>
> New roles were defined for all nurses; the nurses themselves assisted in the redefinition. Differences in educational preparation were recognized by delineating different sets of role expectations for the graduates of the three types of nursing programs preparing for entry into registered nursing practice (baccalaureate degree graduates, diploma graduates and associate degree graduates). In addition, different titles were selected for each type of beginning graduate and different salary scales were stipulated.

---

[19] Jannetta MacPhail, "Implementation and Evaluation of the Case Western Reserve University Unification Model," ed. Linda Aiken, Health Policy and Nursing Practice (New York: McGraw-Hill Book Co, 1981), 231-2.

> . . .The status system and reward system were changed to attach importance to and reward clinical competence; the traditional reward system had rewarded performance of nonnursing tasks and tended to force nurses to move away from patient care. In the new system, nurses are rewarded for staying closely involved in patient care and becoming increasingly competent in practice. The development of the unit management system under nursing provides a needed support system to help the nurses change their behavior and focus their attention.[20]

The faculty at Case Western Reserve University did recognize that not all faculty had to have an active role in practice issues.

> There are some educators who would hold that learning in nursing is properly a matter of theory building and conceptual thinking, and should not be encumbered by service obligations. Other educators are persuaded that, as a clinical field, nursing science must be implanted in practice and be manifested in skilled nursing interventions that validate and empower the nursing process.[21]

Other issues that needed to be addressed in order for the collaboration\unification model to succeed were: (1.) incentives and reward system in academia and (2.) the faculty work load and scheduling. It was important to address these two issues if the new model was to be accepted not only by the individual institutions but also by the nursing profession at large.

Nursing had long struggled for recognition as a viable academic discipline in the university setting. The expectation of the academic community that faculty possess

---

[20] MacPhail, "Case Study," 89-90.

[21] MacPhail, Promoting Collaboration, 34.

advanced degrees and meet the criteria of research and publication has been a struggle for many in the nursing profession. Advocates of the unification model wanted to include the criteria of practice as a valuable contribution to the role of the nursing faculty. Since the clinical practice of faculty was not recognized by accreditation bodies as a criteria in the evaluation process, it difficult to have it receive the recognition it deserved. One factor that assisted in the acceptance of the unification model was that the medical profession had an acceptable two track system for years.[22]

Faculty work load and schedules were another factor that needed to be considered in the development of the unification model. The student-faculty ratio and the expectation of faculty involvement in teaching, research, publication and curriculum development were aspects that need to be balanced. It is important that a schedule be developed that allowed faculty to balance the necessary requirements of their position without feeling overwhelmed by the different role expectation. Both the faculty and the organization must be flexible for the success of new model. To achieve these goals, curricular changes may be required to allow for the flexibility to faculty.[23] It was important that the faculty accept the philosophy of the

---

[22] Ibid., 35.

[23] Ibid.

collaboration/unification model as part of the own philosophy for this model to succeed. The faculty was involved at all levels of decision-making to ensure acceptance of the model.

The collaboration\unification model existed at Case Western Reserve until the mid-1980's. To date, some faculty continue to have joint practice privileges. The joint administrative role between the hospital and the University no longer exists.

University of Rochester

The University of Rochester has offered nursing education since 1925. Strong Memorial Hospital was established as a clinical site for students attending the medical school. The School of Nursing was also developed to meet the needs of the institution for the nursing care of patients. The School of Nursing was established as a hospital program that was integrated within the nursing service organization at Strong Memorial. The leaders of the School of Nursing strived to have its faculty have the same academic status as other faculty within the university. However, nursing education was seen as a service organization rather than an academic profession. In 1951, nursing faculty received academic appointments within the university.[24]

---

[24] Loretta C. Ford, "Case Study: The University of Rochester Model," ed. Terrance Keenan, Linda Aiken, and Leighton E. Cliff, Nurses and Doctors Their Education and

In 1957, a reorganization occurred and the School of Nursing was separated from nursing service which established nursing education as a department within the medical school. This separation was done to allow the faculty in the School of Nursing the same recognition and benefits that faculty in the other schools within the university held.[25] The school began to offer a baccalaureate and master's degree in nursing.[26]

In 1969, a committee was formed to study nursing education at the University and to assist the Nursing School to evaluate the following issues: (1.) poor communication and coordination between nursing service and nursing education and (2.) increase academic preparation of nurses without diverting them from patient care.[27] The members of the committee consisted of nurses from education and service, physicians from the medical school, and university officials. The committee's recommendation was that "a new autonomous School of Nursing be established with an organizational design which would unify practice, education and research."[28]

Practice (Cambridge: Oelgeschlager, Gunn & Hain, 1981), 76-7.

[25] Ibid., 77.

[26] Loretta Ford, "Unification of Nursing Practice, Education and Research," International Nursing Review 27 (6) (1980) 178.

[27] Ford, A Case Study, 77.

[28] Ibid., 178.

Dr. Loretta Ford was appointed Dean and Director of Nursing for the new School of Nursing that was to be formed. The school received a grant from W.K. Kellogg Foundation to assist in establishing the new organization. The goals of the restructuring were:

> 1. to develop academic leadership which exemplifies the highest standards of scholarship and clinical practice;
> 2. to develop a strong education\practice system in which a rigourous (sic), systematic review and continuous evaluation of the interrelationships of nursing, medicine and other disciplines can exemplify models of high quality patient care;
> 3. to promote articulation of education and practice goals so that meaningful and stimulating experiences, with emphasis on clinical expertise, are provided in a learning climate conducive to education of students and staff;
> 4. to establish a strong clinically oriented research climate in order to contribute to the body of nursing knowledge and practice.[29]

The following organizational structure was developed:

> The Dean and Director of Nursing is the top academic and administrative officer for all of nursing. Associate Deans for education and practice are responsible for the over-all quality of their respective programmes. The clinical nursing chief's role is comparable to the medical department heads in specialty areas... The Clinician II is both clinical specialist and faculty member in a specialty nursing area and is responsible to the respective clinical nursing chief for teaching students, for the quality of care delivered, for scientific investigations of nursing problems, for consultation and for selected staff development and continuing education. The Clinician I manages the 24 bed unit (ward) with an assistant clinician. Staff nurses on each unit are responsible to the Clinician I.[30]

---

[29] Ibid.

[30] Ibid., 178-9.

Some of the concerns that arose when these changes were implemented were: 1. The plan was to change a complex bureaucratic system into a professional care system, 2. The changes would affect both the University School of Nursing and the Nursing Service Department of Strong Memorial Hospital; 3. Plans were developed to build a new hospital which would also require further changes.

The task of recruiting qualified faculty members was difficult since many nursing professionals were competent in education, practice, or research but very few were qualified in all three areas. The rigorous requirements of maintaining a faculty appointment at the University of Rochester needed to be met. Some faculty were allowed to take more time to meet the promotion and tenure requirements.[31]

The relationship between nursing and medicine had historically experienced tension and was an issue that needed to be continuously developed. To reduce this tension it was required that both disciplines work and develop together in developing the standards of the institutions. The new organizational structure assisted in the establishment of joint practices, shared research and teaching projects, and also, combined committee assignments. This cooperation strengthened the working relationships of these two professional groups at the University.[32]

---

[31] Ford, A Case Study, 78.

[32] Ibid., 80.

The development of research in clinical nursing generated power struggles with other disciplines who now had to compete with nurses for the same patient population and funding. Interdisciplinary research committees were developed as a mechanism to prevent these struggles. These committee assisted in preventing duplication of research studies.[33]

As the development of the organization continued, it was necessary to develop the individual nursing programs that would be offered at the University. The different programs established at the University of Rochester were:

> . . .undergraduate programme[sic]. . .is an upper-division baccalaureate programme (two years plus one summer session) based on two years general post-secondary studies. The programme[sic] goals are to prepare a professional nurse for practice in a variety of health care settings, and to provide a base for graduate and continuing education.
>
> Clinical specialists are prepared at the master's level in specialty nursing areas: Medical-Surgical; Psychiatric; Pediatric; Family Health Nurse Clinician (primary care); Community Health; Gerontological; and Women's Health. . . .
>
> . . .The Ph.D. in Nursing Programme[sic], initiated in 1979. . .focuses on theory building and research competencies.[34]

Other changes at the University of Rochester occasioned by the unification model were the development of the primary nursing model, faculty practice, and collegial relationships with physicians. These changes were consequences of the

---

[33] Ibid., 82.

[34] Ford, "Unification of Nursing Practice," 179.

model's promotion of improvement in the clinical practice of nursing.

Primary Nursing was the system of nursing that nursing leadership throughout the country promoted as the professional model of delivering patient care. This model is:

> . . .the assignment of a specific nurse to a specific patient from his admission to the hospital through to his discharge. The primary nurse, with the help of an associate is responsible for planning, implementation and evaluating care for the patient. . . .
> . . .Autonomy, authority and accountability characterize the role of the primary nurse and these dimensions encourage nurses to function as true professionals and as colleagues with other health workers, especially physicians.[35]

Primary nursing was well received by staff, patients and physicians. The improvement of patient care assisted in elevating the profession of nursing.

The implementation of clinical practice of the faculty was an important component of the philosophy of the unification model. Most of the faculty were educated as clinical specialists who were role models for the nursing staff as well as the students. The school's philosophy and goals demonstrated that faculty practice:

> 1. improves the quality of nursing care delivered by bringing advanced clinical skill, research interests, and staff development resources to nursing services.
>
> 2. promotes credibility of faculty and students, nursing staff and medical colleagues;
>
> 3. offers opportunities to observe clinical

---

[35] Ibid., 181.

> phenomena, to generate and test hypothesis, and to gain access to patient populations for research;
>
> 4. enriches the clinical learning opportunities, provides realistic examples in teaching and helps in up-dating the curriculum;
>
> 5. aids faculty in gaining an appreciation of the problems of health care delivery, including political and administrative issues, and apprises staff of educational goals, trends and problems; and
>
> 6. creates a unified force to facilitate system changes.[36]

The faculty have embraced the clinical role of their positions and have felt that it assists them to advance in the profession of nursing. But there are some issues that have arisen with this complex role. These issues are the multiple roles required such as: workload, promotion, and tenure. Dr. Ford stated:

> Teaching, administration and curriculum development consume the time and energy of most faculty members. Seasoned faculty without clinical practice skills and without a track record in research are not attracted to, nor sought by us. As a result, faculty tend to be young and inexperienced in multiple roles. Many have not practiced as clinical specialists and they generally have introductory research skills. They have not prepared for teaching, since many master's programmes do not encourage or require functional courses or minors. However, what they lack in preparation, they make up in commitment, energy and intellect, fast-tracking themselves and quickly gaining competence and maturity in multiple roles but not without stresses and strains and changes in life styles and behaviors.
>
> Traditional patterns of faculty activities must be adjusted to prevent overloads. The numbers of faculty employed have been expanded appreciably, committee meetings must be reduced,

---

[36] Ibid., 182.

clinical preparation time is usually lessened and emphasis is placed on processes in learning.[37]

Even with these issues, the unification model at the University of Rochester is still in force. In 1987, the faculty revised the philosophy, operational definitions and the organizational structure of the School of Nursing.

The University of Florida, Case Western Reserve University and University of Rochester are only three of the institutions that implemented some form of a unification model. None of these institutions were carbon copies of other, yet, all three had the conviction that it was important to reunite the profession of nursing. The issue of having the experts drive the profession to its fullest potential is an important one that the profession has been grappling with since the late 1950's. The unification model was an attempt to have the experts with the knowledge be the driving force behind educating the new practitioners of the profession, as well as, setting the standards of quality care for the profession.

There is one other institution that has been a leader in the development of the unification model and that is Rush College of Nursing. In the subsequent chapters the history of the establishment of the Rush College of nursing will be discussed.

---

[37] Ibid.

CHAPTER V

THE BEGINNING OF RUSH UNIVERSITY, COLLEGE OF NURSING AND THE INTRODUCTION OF THE UNIFICATION MODEL

Education of health professionals has been a long tradition of Presbyterian-St. Luke's Hospital. But with the changes occurring in nursing in the 1960's, it was deemed necessary to close the school of nursing. The faculty felt they were doing the students a disservice by continuing with a diploma program when the trend in nursing education was at the community college or university level. In 1966, Edith Payne, Director of Nursing at Presbyterian-St. Luke's Medical Center, was a member of the Illinois Study Commission In Nursing.[1] This Commission was established to evaluate nursing and nursing education in Illinois. The shortage of nurses had become a major issue throughout the country as well as in Illinois. It was necessary to look at all the aspects of nursing to plan for changes that were required. The recommendations from the Commission were to not only revamp nursing education but also to redefine the practice of nursing. The recommendations were seen as

---

[1] M. Sue Kern,"Nursing education at Rush-Presbyterian-St. Luke's Medical Center" report written to hospital administers identifying the educational activities at Rush-Presbyterian-St. Luke's Medical Center, September 1971, Archives of Rush-Presbyterian-St. Luke's Medical Center, 9.

appropriate in order to better serve the health needs of society. The Commission was seen as providing the needed support to meet the educational needs of the profession. The nursing profession identified the institutions of higher education as the mechanism by which to improve nursing education. Whether the education of nurses belonged in the institution of higher education had been a long standing issue for the nursing leaders at the Presbyterian-St. Luke's School of Nursing and now they had support from this Commission.

The educational needs of health care professionals were becoming very complex and the Illinois Board of Higher Education recognized this fact when it requested a separate study on the field. The study, Education in the Health Fields for State of Illinois, was to evaluate the higher education needs of the health care fields in Illinois. This study was approved by the Illinois General Assembly. Dr. James Campbell, President of Presbyterian St. Luke's Hospital, was named the director of the study. The task of the Committee was to do a:

> Study of needs and requirements for additional higher educational programs. 6.1 The Board shall conduct a comprehensive study to determine the needs and requirements of this State for additional educational programs in the health professions of medicine, dentistry, and related fields. Such studies shall include the determination of the proper geographic locations for, the probable cost of and the necessary ancillary facilities such as hospitals and nursing schools required with the establishment of such additional programs as recommended in the Board's

Master Plan.[2]

The major outcome from this study was:

> . . .that State funds be appropriated for the expansion and strengthening of existing programs and development of new programs in education in the health fields, both private and public institutions. It was believed that the amalgamation of public and private sectors would increase production of needed personnel in the State in the most effective fashion and that such utilization of existing clinical facilities throughout the State would be far less costly than the development of new schools or institutions. The report further urged that new approaches to curricula be made in all the health fields, the need to teach requisite courses in location where they could be most effectively taught, greater collaboration between the areas of practice and education, and fuller exploration as an academic resource. The report contained a strong recommendation to increase the amount of scholarship and loans for citizens of Illinois to make these opportunities a reality. Finally, research in health care education was encouraged and it was asserted that the development of public health programs concerned with both urban and rural health as well as the establishment of new nursing and medical curricula, would aid in the development of better care programs.[3]

The faculty at the Presbyterian-St. Luke's Hospital School of Nursing had the insight that the level of education needed for nursing was at the University level which they could not offer. Prior to the closure of the Presbyterian-St.Luke's School of Nursing, the nursing department began discussions with University of Illinois to utilize the hospital as a clinical site for the medical-surgical rotation in their nursing school. In 1967 a

---

[2] Board Of Education, Education in the Health Fields for State of Illinois Volume 1, (Illinois: 1968) 1.

[3] Rush University College of Nursing And Allied Health Sciences, National League for Nursing Self-Study, Chicago: Rush-Presbyterian-St. Luke's Medical Center (1975), 3.

Cooperative Agreement was signed that allowed the use of Presbyterian-St. Luke's Hospital as a clinical site.[4] In the fall of 1968 the University of Illinois expanded the use at the hospital to include the use of pediatric and maternity departments. Also the graduate students utilized the hospital as a clinical site. In 1970 a new agreement was signed to allow for joint appointments for the faculty and for payment to the hospital for use of their facilities and staff.[5]

Other agreements for nursing education were initiated with Crane College (now Malcolm X Community College). An agreement was also worked out with the Chicago Board of Education Practical Nurse Program to utilize the Presbyterian-St. Luke's facilities for clinical practice. Even though Presbyterian-St. Luke's Medical Center no longer had their own school, they continued in promoting nursing education by having the facilities be used by other schools of nursing.[6]

Dr. James Campbell had a vision for the institution that not everyone knew, which was the possibility of reactivating the Rush Medical College charter. The Rush Medical College that was founded in 1837, had been an integral part of the Presbyterian Hospital until 1940, when

---

[4] Ibid., 4.

[5] Ibid., 5.

[6] Ibid.

the charter was separated from the hospital and the Presbyterian hospital affiliated with the University of Illinois. Some of the medical staff at the Presbyterian Hospital did not want to see the medical school just fade away but had no financial backing to go it alone, therefore they did the next best thing by keeping the charter active. A few select physicians maintained the charter by meeting the legal requirements to keep it active until another alternative could be decided upon. Part of Dr. Campbell's plan was to revive the Rush Medical College charter and have the hospital be part of an academic center. How this was to materialize no one was quite sure of at first. Attempts were made with the University of Illinois to have the Rush Medical School become part of their existing system. But Dr. Campbell did not want to give up total control to the university. He wanted financial autonomy from the university but the University of Illinois stated this was not possible.

While continuing to negotiate the future of the Rush Medical College with the University of Illinois the decision was made by the Board of Trustee's to have Rush Medical College and Presbyterian-St. Luke's Medical Center merge as one entity. The Rush Medical College Board of Trustees had a special meeting on July 28,1969 to discuss and vote on the possible merger. The Board of Trustees of the Presbyterian St. Luke's Hospital voted on a merger at a special meeting

on September 3, 1969. Dr Campbell stated the following at the meeting:

> . . .the surviving corporation, Rush-Presbyterian-St. Luke's Medical Center, as having four major divisions: (i) the Educational Division, which would be the Rush University of Health Sciences, and would have the potential to include a medical school, graduate school, nursing school, and school of allied health sciences, each giving appropriate degrees; (ii) the Patient Care Division, which would be Presbyterian-St. Luke's Hospital, and would be composed of inpatient facilities and several outpatient facilities, including the Health Center and the Mile Square Health Center; (iii) a Research Division, which would not be physically separated from other divisions but would be would be fitted in appropriately as an element of the other divisions of the corporation; and (iv) the fourth element, which would be a Network or Affiliations Division, by which the new corporation would work in the local area in the city and throughout the state in its relationship with other entities in the health care field.[7]

The Board of Trustees unanimously adopted the resolution which authorized the officers to follow through on the necessary steps that were required to form the new corporation. The merger papers were signed on October 24, 1969. The institution became the Rush-Presbyterian-St. Luke's Medical Center.[8]

The organization continued discussions with the University of Illinois until January of 1970, when Rush-Presbyterian-St. Luke's Medical Center severed all medical education relations with the University of Illinois Medical School. The School of Nursing at The University of Illinois

---

[7] Minutes, Special Meeting, The Board of Trustees of Presbyterian-St. Luke's Hospital, September 3, 1969, 2.

[8] Bowman, 165.

continued to utilize the facilities offered by the Division of Nursing of the Medical Center. Dr. Robert Glaser, acting President of Stanford University, who was assisting the Trustees of Presbyterian-St. Luke's hospital in developing the Medical School, told them to develop their own Medical School and University.[9]

Dr. Campbell was the moving force behind the development of the University and the hospital. His main focus was educational development and improvement in patient care at the Medical Center. Dr. Campbell felt it was very important that everyone in the organization should work closely together to deliver the best possible care to the patient.

Health care in the late 1960's was becoming highly technical and required health care providers to increase their knowledge in the technology that was being developed. In order for this to occur, it was important for the health care providers to have further education to reach the level that was required to deliver quality of care. Dr. Campbell believed every health professional was essential to each other and was equal in the organization. He also believed that change in practice and further development of practice occurred by research in health care. Quality of care was being discussed by all professionals, but parameters being utilized to define quality of care were not clear. It was

---

[9] Bowman, 165-66.

only through research that these parameters could be defined. All of these components were essential in order for the improvement of quality of care to occur for the patients.

Dr. Campbell asked a consulting firm, Medicus, to assist him in defining what would be appropriate for the development of quality of care. Luther Christman, Ph.D., R.N. was the nursing consultant, who over the next two years would assist Dr. Campbell in further developing nursing within the new organization.[10]

Sue Kern, Chairman of the Division of Nursing presented to Mr. Gail Warden, the Executive Vice-President for Operations, nursing perspectives on nursing education at Rush-Presbyterian-St. Luke's Medical Center. The report stated:

> The need for nurses, particularly baccalaureate and masters prepared, continues to exist in urban Chicago even though the suburbs and several other urban areas [i.e., Minneapolis, Denver, Boston, Seattle, San Francisco] report positions filled. It is well documented that there are more applicants for programs than current programs can admit at this time. There is also no question of the interest of Rush Presbyterian St Luke's Medical Center in developing a program in nursing education and no question that the setting would provide excellent opportunities for curriculum innovation. It would afford the opportunity to educate physicians and nurses with some shared courses and clinical experiences which would perhaps help establish role definition and congruency in the interest of patient care. Recruitment and remediation programs which would attract careerists in nursing for and from the inner city would also be possible.

---

[10] Luther Christman, Interviewed by author, 26 January 1993, Chapel Hill, Tennessee, Tape recording, Evanston.

Further information, however, raises other points for consideration. Current programs are now not operating at capacity for several reasons, especially lack of prepared faculty and clinical facilities. Presbyterian-St. Luke's Hospital is being well utilized as a clinical facility by established programs which plan further development. Will the needs of the Medical Center and Illinois be met better by developing another program at this time and competing with others for faculty as well as withdrawing our clinical facilities, or by supporting established programs until they are closer to operating at capacity?

What are the possibilities for nursing education to be developed as a collaborative program in the affiliated network of hospitals being developed by the Medical Center? At least two of the hospitals in the network have diploma programs and one is cooperating with a college in a baccalaureate program.

Generic education in nursing is an undergraduate program and will require availability of general education courses at the undergraduate level. Either a direct affiliations with a undergraduate college or purchase of undergraduate courses from one would be necessary. Housing and transportation accessible and safe would also need to be considered as many students may be young and come from outside the community of the a Medical Center. All of these considerations mean additional costs. Legislation pending in Congress holds potential for some support as does the State program. Even with such support, however, the cost for educational programs in nursing are high and any plan which is developed should reflect a great deal of depth in the plan for financing the project.

Student and faculty recruitment will be dependent on the program which is developed providing graduates with credentials recognized throughout the country. Illinois Department of Registration and Education approval, general education courses from an accredited school and a nursing curriculum eligible for National League for Nursing accreditation would be essential.

Recommendations of the Division of Nursing are to:

1. obtain the consultation of an experienced collegiate nursing school administrator preferably from a similar setting to explore in depth the issues raised in this paper.

2. explore the possibility of a joint plan for nursing education among the affiliated network hospitals.

3. expand the continuing education programs for nurse associate preparation.

4. consult with the Illinois Health Education Commission, Illinois Committee on Nursing Career, the National Commission for the Study of Nursing in the Department of Health, Education , and Welfare relative to new manpower projections, trends in practice and financing.[11]

Clearly, the nursing leaders at the hospital had reservations about developing another nursing education program. The main focus of nursing was the shortage of nursing staff for the hospital; and to begin a new project did not seem feasible. Little did the nursing leaders know, that Dr. Campbell and Mr. Warden were discussing with Dr. Christman, an experienced collegiate nursing leader, the development of a nursing education program at Rush as part of his consultation.

Dr. Luther Christman is a nationally known nursing leader who is a visionary, as well as controversial. Luther never shied away from any issue that would improve his profession. He began his nursing career in 1939 when he graduated with his nursing diploma from Pennsylvania Hospital School of Nursing for Men. In 1948, he received his bachelor's degree in nursing from Temple University in Philadelphia. Dr. Christman felt it was important to continue his education and wanted to continue it in a clinical field. There were very few clinical master's

---

[11] M. Sue Kerns, Nursing Education at Rush-Presbyterian-St. Luke's Medical Center, (Chicago: Rush-Presbyterian-St. Luke's Medical Center), September 1971, 13-5.

programs in nursing or any that would be open to him because of his gender. Nursing made it difficult for men to continue their work in clinical nursing. His graduate work was completed at Temple University in 1952, in clinical psychology. After receiving his masters degree, he accepted the Director of Nursing position at Yankton State Hospital in Yankton, South Dakota.[12] While in this position, Dr. Christman began developing three different nursing concepts that would turn out to be his life long work. The first of these was the practitioner-teacher role which Dr. Christman described as:

> an organizational device that is constructed to enable a professional practitioner to play the full professional role. The full professional role encompasses the subrole segments of service, education, consultation, and research. It is the expectation of society that professional persons will use this full role, in all its variations, in return for the society that accords the rights and privileges of professional status. Furthermore, students are helped, to a very great extent, by having viable behavioral models, when the full role is played, that smoothes the way for a much more precise role socialization into the profession.[13]

Dr. Christman envisioned that this role would assist in uniting nursing service and education. The combining of the nurse educator and the expert clinical nurse would further assist in the development of the nursing profession and

---

[12] Luther Christman, "Luther Christman," in Making Choices Taking Chances: Nurse Leaders Tell Their Stories, ed. Thelma Schorr and Anne Zimmerman (St. Louis: C.V. Mosby, 1988), 48.

[13] Luther Christman, "The Practitioner-Teacher: A Working Paper," December 1973, (unpublished), 1.

improve the quality of care patients would receive. One of Dr. Christman's concerns regarding nursing education was that it was isolated and single focused. Many schools of nursing only focused on nursing, with little or no socialization with other disciplines within the educational system. He sees nurses as applied scientists, who need to take information from all the different scientific communities and utilize that knowledge in their practice. Also, many schools were only concerned about the immediate community they served rather than the health care community as a whole. As science and technology were exploding in the health care field, nurses were unaware of the advancements being made in the scientific arena. Much inbreeding occurred within nursing, therefore stifling any ability to change. If new ideas are not cultivated, there is little room for expression much less enactment of new ideas. The profession of nursing tended to be stagnate as well as authoritarian in its outlook. Nursing did not accept changes in its profession very rapidly. Very few nurses received advanced education in their field, and did not have the background to assimilate new research findings into their practice. Maintaining clinical competency was not an important factor, for nursing faculty, in order to teach in nursing. Besides, there was no mechanism for faculty to maintain clinical competency. Dr. Christman believed that nursing educators, who were clinically competent, would also

be role model's for the nursing students and nursing staff that delivered the patient care. His belief in clinical competency as a behavioral model would assist the profession of nursing to improve the care society wanted and demanded.

The Practitioner/Teacher role would assist in developing another concept of Dr. Christman's, which was the unification model in nursing. Dr. Christman stated that:

> The amount of scientific knowledge a practitioner possesses is fixed by the individual's level of professional preparation. Clinical behavior is a direct outcome of attained preparation because the predispositions to act in the clinical situation are formed, limited, and defined by the quantity of knowledge possessed by each practitioner. No one can use knowledge which he/she does not have. Hence, the total role expression of knowledge and the quality of individual practice correlates one to one with the individual knowledge systems. The variation in practice at each level of preparation is most likely a result of the variation in one's ability to apply possessed knowledge in the practice arena. There can be no guarantee that individuals will use the knowledge they possess. . . .
> . . .The full professional role for any of the clinical professions encompasses the activities generally listed under the concepts of service, education, consultation, and research. When nurses adopt only one of these subroles and try to force the subrole into a full role activity, a diminution in quality occurs. Furthermore, when large numbers of nurses make this decision the profession is dichotomized. The growth of the profession is hampered because the growing edge of each group is narrowed and lacks regular stimulation. When full the professional role is achieved. The growing edge has a far different quality. It compares favorably to the progress that can be identified in the other major clinical professions where service and education is united. . . .
> . . .Expert clinicians must deal with the role expression of knowledge as applied scientists because the fundamental sciences do not change their theory and content with the user. . . .
> . . .The full use of knowledge is an obligation each profession owes to the clients it serves. Artificial constraints on full professional competence do a

> disservice to the public. The academic enterprise cannot remain encapsulated from the empirical utilization of knowledge, and the service system cannot remain insulated from the source of most knowledge and still produce professional services that will be highly valued by society. When the two elements of practice are welded together in a unified whole, a linkage system is in place for the rapid dissemination of new knowledge, for the examination of novel and more sophisticated practice issues, and for the growth of a rich media to support more strength and vigor clinical efforts.[14]

With the development of the unification model, emphasis is placed on clinical competency and advanced knowledge. At this point, most nursing services were organized into doing functional or team nursing. Completion of tasks was the major emphasis, exhibiting fragmentation of care. There was one nurse or health care worker who would do treatments for a group a patients or distribute medications. However, there was no one person that was held responsible for the total care that was delivered to the patient. The new organization could not tolerate the fragmentation of care that the old system promoted.

This opened the door for Dr. Christman's third concept which was nurse-physician team management. In developing this concept Dr. Christman described the necessity the following:

> . . .A physician develops a very specific and responsible relationship with his patients. The axis

---

[14] Luther Christman, "Education + Service = Practice" paper presented at Ohio League for Nursing, Columbus,Ohio, October 16,1978. From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. **Luther Christman Collection**.

> around which this relationship rotates is his direct clinical practice with patients. Nurses have bypassed this direct relationship and are organized in a bureaucratic hierarchy. Unlike physicians, professional nurses attempted to resolve the shortage of nurses by trying to give nursing care through others. This move to a managerial practice of nursing resulted in a proliferation of nursing personnel with different kinds of training, much of it being mediocre.
>
> A physician, for the most part attends to all the medical needs of his patient, but a nurse seldom gives similar total nursing care to her patients. One nurse may be responsible for all medications, another for all treatments, and another for giving the bed baths and taking vital signs. No one nurse may have all the nursing information on the patient. The head nurse, most removed from direct contact with patients, may be the one with whom the physicians have the most discussion about the patients. In this situation both physicians and the unit nursing staff are captives of the communicating skill, mood, quirks, work schedule, and clinical orientation of the head nurse. The pressures of the work of the head nurse may cause her to order a much different set of priorities of activities than either the physicians or nurses in direct patient care would perceive as most appropriate.[15]

The patients were becoming informed consumers and were demanding quality of care while the nursing delivery system prevented this quality from being established. The nurse-physician team management would be very similar to the method used by physicians. The nurse would become a clinical expert in the group of patients and she/he would deliver care to that population. The nurse would meet all the needs of the patient, from admission to discharge, and would work with physicians with the same clinical focus. The relationship between the nurse and physician would

---

[15] Luther Christman, "Nurse-Physician Communication in the Hospital," American Journal of Nursing, November 1965, 542.

develop so that they could depend on each other's clinical expertise. Even though Christman began this method of delivery during his tenure at Yankton, it would eventually be known as primary nursing throughout the nursing community. Dr. Christman feels it would have been politically advantageous to have maintained the name "Nurse-Physician Team". He felt the name "primary nursing" caused some rifts between nursing and physicians that could have been avoided.[16]

After leaving Yankton, Dr. Christman accepted a position as a nursing consultant with the Michigan Department of Mental Health. The job responsibilities included the development of the nursing programs in the various state hospitals and in the training for the mentally retarded.[17] While in Michigan, Christman was elected President of the Michigan Nurses Association and returned to graduate school for his doctoral degree. He joined the nursing faculty at University of Michigan in 1963 as part of the psychiatric nursing faculty. In 1965, Luther Christman was awarded his doctoral degree in anthropology and sociology from the University of Michigan. Dr. Christman felt that during his time at University of Michigan he

---

[16] Luther Christman, Interviewed by author, 26 January 1993, Chapel Hill, Tennessee, Tape recording, Evanston.

[17] Luther Christman, to Lois Heckman, 27 October 1975, 4. From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. **Luther Christman Collection**.

> . . .sharpened my research skills and became more impressed than ever that nursing could be developed as an applied science and that vast and considerable changes in nursing care and health care were very possible with the use of the methods of science and by utilizing the scientific content already available.[18]

He remained on faculty at the University of Michigan until 1967.

Dr. Christman's work was becoming known throughout the country. In 1967, Dr. Christman accepted the position of Dean of Nursing at Vanderbilt University and Director of Nursing at Vanderbilt Hospital. Dr. Christman was the first male Dean of any College of Nursing in the country. At Vanderbilt University, he was able to continue the development of the Practitioner/Teacher role, as well as the unification model. When he was asked to come to Vanderbilt University, Dr. Christman requested to have responsibilities not only as Dean; but, also as the Director of Nursing. Unless both education and service were under the management of one person, it would not be possible to establish the unification model.[19] Luther stated:

> I was fortunate enough to receive a grant from the Division of Nursing, Department of Health, Education and Welfare, almost immediately upon arriving at Vanderbilt. This Grant was to develop nursing as applied science. Throughout my stay at Vanderbilt, this theme was central to all my work.

---

[18] Ibid.

[19] Luther Christman to Dr. R.R. Purdy, September 28, 1966, From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. **Luther Christman Collection**.

> We developed the practitioner-teacher role as the keystone to uniting education and service because I was serving as Director of Nursing of the Vanderbilt Hospital. The school grew from a small school of about 150 students with one graduate student, to about 550 students, including those in various clinical specialties in the graduate program. We were the first school to work closely with the Veterans Administration after the agency was authorized by Congress to support nursing education, and a number of faculty positions were supported by the VA.[20]

While trying to implement these new changes, the nursing faculty had been so far removed from the clinical arena, it was difficult for them to regain their skills. The younger faculty had the clinical competency but were unable to meet the scholarly requirements for faculty promotions. In the Practitioner/ Teacher role the clinical component required so much of their time, it was difficult to do the scholarly work that was required of all the faculty to meet the standards for promotions.

While at Vanderbilt, Dr. Christman began consulting work with Richard Jelnik and the newly formed Medicus company. One of the institutions that he began consulting at was the newly formed Rush-Presbyterian-St. Luke's Medical Center in Chicago, Illinois. Little did Dr. Christman realize where the consulting work at Rush-Presbyterian-St. Luke's Medical Center was going to lead. Over the next two years Dr. Christman would meet with Dr. Campbell and Mr.Gail Warden, an administrator, discussing what was the best way

---

[20] Ibid.

to develop nursing at the Rush institution.[21] After much discussion, Dr. Campbell leaned across the table and asked Dr. Luther Christman when he was going to come to Rush and implement all the changes.[22] In October of 1971 a proposal was sent to him regarding the position of the Dean. The philosophy and purpose was defined as the following:

> Reuniting the academic and care elements of health by developing a network of health care agencies and educational facilities which will provide the health manpower, patient care services, and delivery system to serve a population of 1,000,000 to 1,500,000 people in the State of Illinois.
>
> In our efforts to achieve this goal we subscribe to the following philosophies as they pertain to health care delivery and the education of health manpower:
>
> That humane, sensitive, technically effective care of patients is essential.
>
> That health care is a right of all people and should be delivered in such a way that it provides for a single standard of care for the people whether rich, poor, black or white and even sick or well.
>
> That health care should be delivered to the patient in the most economical manner which emphasis health maintenance rather than illness care and as close as possible to the patient's place or residence, i.e., in his local neighborhood whenever possible.
>
> That service and education in the health profession must be approached co-jointly in the same organizational structure under the same leadership.
>
> That quality health manpower must be

---

[21] Luther Christman, Interviewed by author, 26 January 1993, Chapel Hill, Tennessee, Tape recording, Evanston.

[22] Ibid.

produced in sufficient quantity and of sufficient kinds and variety to meet the continuing health care requirements of a population of 1-1.5 million people plus our share of export to California and the world.

That the roles of the various individuals on the health care team must be carefully scrutinized to avoid proliferation of professional roles that can result in poor coordination, overlap and gaps in task accomplishment. Moreover, it is our obligation to assure that tasks are assigned at the lowest appropriate level of the organizational level to control costs but also assure the greatest "job satisfaction", humanism, and stability.

That any educational system, and most particularly in the health professions must provide for entry, departure and re-entry as the individual elects to progress up the educational ladder if economy and retention are to be achieved.

That in nursing and the allied health professions, associate of arts educational programs, vocational programs, inservice and staff development programs, baccalaureate, master doctoral, and continuing education programs should be part of the same educational system to assure consistency, continuity, and economy.

That research in health care delivery is essential to the development of any program whether operational or academic.

That within the Rush network there should be multiple colleges and multiple health delivery units including hospitals, health centers, health maintenance organization, etc., with a unified faculty serving the various

educational and service efforts.[23]

The proposals delineate the responsibilities of the position which included: the establishing of the College of Nursing which would include education levels from certification through doctoral level, developing the nursing service department to deliver quality patient care, redefining the roles of nursing and allied health personnel, seeking and acquiring outside funding to develop both nursing service and education, and represent the interest of the nursing service and nurse education within the corporation. The proposal also described the curriculum format as the following:

> It is our feeling that the curriculum of the College of Nursing and Allied Health Sciences must provide for innovative approaches to the education of nursing and allied health personnel with specific recognition of the need for the role re-definitions for those being educated for the future.
> It is expected that a totally new educational effort in the areas of nursing and allied health will evolve which will reflect a total systems analysis of the entire inpatient care delivery scene. It should provide a different kind of nurses, one who might be a nurse clinician functioning in something very much like the physicians assistant model, or possibly a return to the private duty or one patient one nurse concept, but most importantly a more coordinated effort for handling the non-clinical activities through other para-professional groups.
>
> As conceived the model will be characterized by a

---

[23] Rush-Presbyterian-St. Luke's Medical Center, Position Proposal To Luther Christman For The Position Of Dean, Office Of Nursing Sciences And Services, (Chicago: Rush-Presbyterian-St. Luke's Medical Center, October 1971), 1-2. Archives of Rush-Presbyterian-St. Luke's Medical Center.

> school that will teach nursing and the allied health sciences in such a way that will link the clinical and non clinical, the nurse and allied health personnel as parts of a genuine patient care team that understands and can carry out the total patient care effort effectively rather than the current so called team who merely work in geographic proximity in frequently less than peaceful co-existence.[24]

The Dean/Director of Nursing position would report to the Executive Vice President for Operations and would be part of the management council. In the proposal, Dr. Christman was offered a faculty appointment in both the new College of Nursing and the Medical College.[25]

Dr. Christman accepted the position because he felt the strong commitment of the management team and establishing a new College would allow him the opportunity to put all his concepts into operation. Even though he had begun establishing some of his concepts at Vanderbilt University, it was much more difficult since that organization had been entrenched for a long time. In accepting this position, Dr. Christman knew there was no history or long term faculty members who would need re-education. The new organization would allow him to start at the beginning and hire people who had the same philosophy and wanted to accomplish the same goals that he was professing. This was a once in a life time position and he could not pass it up.

On February 16, 1972, the Executive Board of Trustees

---

[24] Ibid., 4-5.

[25] Ibid., 5-8.

met and Mr. A.B. Dick presented to the board the concept of the College of Nursing and Allied Health. The Board unanimously approved the formation of the College of Nursing and Allied Health as well as the appointment of Dr. Luther Christman as the first Dean.[26] The official announcement of the formation of the new College and the appointment of Luther Christman Ph.D. was made on February 17, 1972.[27]

Dr. Christman met with some of the hospital administrators on February 24, 1972 to discuss the organizational structure of Rush-Presbyterian-St. Luke's Medical Center. Dr. Christman's views on the organization were:

> . . .what is needed is a complete re-organization which begins at the top level in the organization. This necessitates that the top executives in a medical center adopt the role of change agents. This role is critical because the top executives in a medical center control the distribution of resources and, therefore, control the power and destiny of the organization.
> . . .conceptually hospitals and medical centers are loose holding companies comprised of a variety of departments and divisions with their own interests. Each one of these organizational entities are out for their own sub optimization. Any re-organization within a medical center should consist of strategic, planned change. The results of a re-organization should facilitate inter-dependance of organizational units. To preclude the opportunity for individual units to work for their own sub optimization.

---

[26] Minutes of Executive Board Meeting on February 16,1972, at Rush-Presbyterian-St.Luke's Medical Center Room 600. Archives of Rush-Presbyterian-St. Luke's Medical Center, 6.

[27] Presbyterian-St. Luke's Nursing Notes, "Rush College of Nursing and Allied Health," March 1972, Archives of Rush-Presbyterian-St. Luke's Medical Center, 3.

> . . .that the goal of any re-organization should be high quality patient care. Within present organizational structures the patient receive good quality care as a result of random chance. This is due in part to the superficial arrangements between organizational entities. Medical Center committees often are formed to avoid decision making which would lead to increased quality in patient care.[28]

A new organizational structure was developed by July 1, 1972 to enhance the operation of the organization. Luther Christman was looking forward to beginning the development of the new College. He was to officially start on July 1, 1972, but instead he came on June 5, 1972, a month earlier than anticipated.

The nursing alumnae association was excited about the new organization. Some felt it was going to give new life and meaning to their organization. However, this was not true of all the nurse leaders in the Department of Nursing. Some, therefore, chose to leave prior to Dr. Christman's arrival. Many others felt it was going to be a new beginning and that it was going to give the nursing department the power and recognition that it deserved and earned.

The development of the new organization would require a heavy commitment from all the nursing personnel in the

---

[28] Minutes of February 24, 1972 meeting with Gail L. Warden, Luther Christman, Basil Georgopoulos, Leon Dingle and Robert Zieserl on Exploratory Meeting On the Organizational Dynamics of Rush-Presbyterian-St. Luke's Medical Center at Rush-Presbyterian-St. Luke's Medical Center Room 600. Archives of Rush-Presbyterian-St. Luke's Medical Center, 1-2.

department. There was very little time for a "honeymoon" period for Dr. Christman. The expectation was to have the first class of nursing students to enter in September of 1973 and it was going to be necessary to request grant money to assist in the start up costs for the college. It was also very important to look at the quality of care that was being delivered in the hospital. But like many challenges that Dr. Christman had taken on in his professional work, he was ready, willing and able to begin a new chapter in the History of nursing at Rush-Presbyterian-St. Luke's Medical Center.

CHAPTER VI

ADMINISTRATION OF LUTHER CHRISTMAN

Rush-Presbyterian-St. Luke's Medical Center (RPSLMC) was beginning a new era for nursing education with the inception of the Rush College of Nursing. Luther Christman was the creator of the College of Nursing. This chapter will present the chronological history of Rush College of Nursing utilizing the unification model structure. The development of the unification model and the College of Nursing would assist the profession of nursing in elevating the clinical practice of nursing through the educational process of the profession.

The conception of a new University is a major undertaking, this is especially difficult to accomplish in the framework of an existing institution. It requires that the entire organization make changes which can be very difficult and stressful. The new endeavor required not only opening a university but also reorganizing the entire organization to ensure quality patient care. Health care in the early 1970s was experiencing major expansions due to the information explosion that was occurring in the field. Also, quality patient care was being demanded by the consumers. Advancements in the profession of nursing also

were occurring. The nursing profession was coming of age and there was an outcry for better education for nurses. At this point, nursing was viewed as a technical occupation but with the advancement that was occurring, nursing was desperately trying to define itself as a profession and raise the standards of nursing.

Original Changes To RPSLMC

Rush-Presbyterian-St. Luke's Medical Center was organized in a traditional bureaucratic organizational model. Most decisions were made by the top level managers of the organization, with the decisions being filtered down to the lower level workers. This made it difficult for decisions to be made in an expedient manner, as well as only giving a few individuals power to initiate change. Dr. James Campbell, President of Rush Presbyterian-St. Luke's Medical Center, and Dr. Luther Christman, Dean and Vice President of Nursing, wanted to streamline the decision-making ability of the organization to improve the input from all levels of the organization. The administration of the Rush-Presbyterian-St. Luke's Medical Center had begun to make changes in the organizational chart prior to Dr. Christman arrival. The objectives of revising the organizational structure were to:

> A. Establish a climate and a formal structure for decentralized organization, facilitating decisions and management action at the lowest possible level. To achieve this, a means for designating personal accountability has to be established for all aspects of the internal operation of the

Medical Center.

B. Recognize the role of both "generalists" and "specialists" in the management structure. Utilization of their talents is essential in accomplishing a decentralized organization that is orientated to problems of patients, a prompt response to management problems and the systems approach to problem solving-an important factor in attaining a high quality of care.

C. Achieve a high degree of economies of space, manpower, time, and other scarce resources.

D. Develop a sense of "unity of purposes" for all key managers and their staff in the entire organization.

E. Encourage and enhance "cross fertilization" of innovation and implementation of useful ideas throughout the organization.

F. Develop an effective management reporting system.[1]

The purpose behind these objectives was to improve the quality of patient care, as well as establish the medical center as an academic medical center. The academic medical center would be established to ensure quality of education for health care professionals, plus quality of research of health care issues. Believing that the matrix model would assist the organization in reaching these goals. Dr. Christman stated:

> If power is viewed as the ability to shape social outcomes, the exercise of power is elusive unless it occurs within some type of identified structure. In order to make social power work for the common good, it is necessary to utilize

---

[1] Gail L. Warden to The Operational Staff, 12 June 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1-2.

> organizational designs that make it feasible for the members of each component of the organization to express their competencies in ways that facilitate the roles of persons in other parts of the organization. The matrix-type organization is the best example of this design. The members of each component have both equity and parity. In this instance, equity is defined as having a stake in outcome, whereas parity means having equal or similar power with other major influential. The matrix mode encourages both symmetry and balance, organizational components which can be arranged so that power can be arrayed horizontally and vertically to achieve a design that permits effective role expression and at the same time expedites the steady forward movement of the organization. Symmetry connotes a high degree of similarity in the placement of decision-making nexuses in the organization; balance indicates the formation of constructive alliances between the profession and disciplines.
>
> The three components in every hospital-based patient care situation are managers, physicians, and nurses. The fourth component of the health center, the basic scientists, have a pervasiveness that crosses all applied science endeavors so that they, too, become an important component of the matrix organization. With all due respect to the contribution of other types of health professionals, only randomly do they enter into the process of caring for patients. Thus, at RPSL, four major components-- managers, physicians, nurses and scientist-- comprise the matrix model. Decision making is shared as means of stimulating the growth and development of all components.[2]

The matrix organization assisted the unification of education and service in the organization and helped close the communication gap between these two entities. The unification model integrated the position of Dean for

---

[2] Luther Christman, "Rush Matrix Model", Paper presented by Luther Christman at University of Pennsylvania, Philadelphia, 29 April 1982, From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. **Luther Christman Collection**, 1-2.

Nursing and the Vice-President of Nursing into one position.[3] This individual would have responsibility for both the educational goals of the organization as well as ensuring quality of patient care. The unification model affected every level within the organization, even at the staff nurse level. The development of the unification model and the College of Nursing caused changes to occur within the service segment of nursing in the organization. These changes consisted of the development of the Practitioner-Teacher role in the nursing service organization, the introduction of primary nursing into the organization and development of a research focus on clinical practice.

Development of Division of Nursing

Prior to his arrival on June 5, 1972, Dr. Christman began working on the task at hand. Since a new organizational structure was being developed for the institution, it was necessary to develop a new structure for the Division of Nursing that would complement the whole organization. Some of the work that needed to be done

---

[3] Initially when Dr. Christman came to Rush-Presbyterian-St. Luke's Medical Center, his title was Dean of the College of Nursing and Allied Health and Director of Nursing. Once the Matrix model was officially put into place his title changed to Dean of the College of Nursing and Allied Health and Vice President of Nursing Affairs. This changed occurred within the first year but clear documentation is unobtainable. This is shown in the organizational chart that was obtained from the Archives of Rush Presbyterian St. Luke's Medical Center dated 7/1/1972, his title is illustrated as Vice President of Nursing Affairs but in the Presbyterian St. Luke's Nursing Notes March,1972, his title is Director of Nursing Affairs.

included: to hire qualified faculty (especially doctoral prepared faculty that were required in order to establish the doctoral program; these individuals were in short supply throughout the country); to develop a curriculum for both the undergraduate and graduate programs to begin in fall 1973; to prepare grant proposals to meet the increase in expenses that the organization faced in beginning the new school; to acquire approval from the necessary accrediting agencies to open a new university. Prior to admitting their first student, it would be necessary to have the approval of the Department of Registration and Education of the State of Illinois which they received on May 8, 1973.[4] Also, it was necessary to have approval from the North Central Association of Colleges and Secondary Schools, which was granted to Rush University on August 2, 1972.[5] The development of the practitioner/teacher role in the clinical setting needed to be established, as well as development of an evaluation process to validate the changes that were made within the organization to ensure they were effective and appropriate changes. At this point in nursing, no quantitative mechanism existed to evaluate the quality of

---

[4] Letter from Department of Registration and Education to Luther Christman, Dean of Rush College of Nursing and Allied Health Sciences, 8 May 1973, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

[5] Letter from Norman Burns of the North Central Association of Colleges and Secondary Schools to James Campbell, President of the Rush University, 2 August 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

care that was being delivered. Changes in nursing practice prior to this time were made without the support of sound scientific data. The lack of concrete evaluation made it difficult for the nursing profession to make appropriate change in a timely fashion. Dr. Christman had an enormous task in meeting his goals for the Division of Nursing.

Immediately on accepting the position at Rush-Presbyterian-St. Luke's Medical Center, Christman began recruiting a faculty to come to Rush and assist in developing the new program. It was necessary to focus on doctoral prepared faculty, both new and experienced faculty with research abilities. Dr. Christman's plan was to develop both an undergraduate and graduate nursing program that would eventually include a clinical doctorate in nursing. The organization would be developed into the unification model, which was a break from the traditional organization of nursing. It would be necessary to ensure the faculty that was hired would agree with his philosophy and be willing to take the risk to establish a whole new type of nursing organization that was to be different from the conventional organization in the nursing academic community. The new organization's primary focus would be on developing clinical experts in nursing.

On June 29, 1972 at the nursing administrative staff meeting Dr. Christman shared his proposed organizational structure for the Division of Nursing and the College of

Nursing.[6] A discussion of the structure follows:

> The College of Nursing organizational structure is delineated to allocate at each level of responsibility the appropriate degrees of freedom needed to accomplish the work required at that level. This pattern is designed so that the persons in the various roles do not collide with the degrees of freedom needed by persons in complimentary roles. The purpose of this arrangement is to enable each person to function at his highest level of productivity with a minimum of constraint.
>
> Central to this organizational structure are the following:
>
> I. Roles are spelled out with a view to avoiding conflict between the operating orbits of each type of position responsibility.
>
> II. The formal communication system should be capable of carrying the heaviest load. It is essential that a two-way formal; communication system exist so that messages move easily between the highest and lowest echelons.
>
> III. The decision-making process is decentralized to allow the process to operate as close to the level of activity as possible.
>
> IV. The management structure is designed to enhance the clinical means to improve patient care.[7]

The key roles in this new organization are the Chairpersons, Program Directors, Unit Leaders and the Practitioner-Teachers of each department within the Division of Nursing.

> The chairpersons have line authority and are responsible for managing the resources allocated in order to achieve the goals and aspirations of their respective departments. Chairpersons must monitor all the professional efforts of their departments to ascertain that the professional standards of that

---

[6] Administrative Staff Meeting of the Rush-Presbyterian-St. Luke's division of Nursing 29 June 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1-2.

[7] Application for Federal Assistance For Construction of Health and Educational Facilities from the U.S. Department of Health, Education, And Welfare by Luther Christman, November 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 38.

> specialty are being met and that the standards conform to the expectations of the University. Chairpersons, in addition must give watchful attention to the interdigitation of their department with other departments of the College, to departments in other Colleges of the University, and to management in general.
>
> Program directors have line authority and are responsible and accountable for managing the successful conduct of the specific programs to which they are assigned. Programs may be internal to a department or cut across two or more departments. Program directors, moreover, must give special attention to the interface of their programs with all other College and/or University programs to insure the best possible use of resources.
>
> Unit Leaders are the same prototype of management to their respective units as are chairpersons to their departments....
>
> ...the practitioner-teacher role is an organizational device that is constructed to enable a professional practitioner to play the full professional role. The full professional role encompasses the subrole segments of service, education, consultation, and research. It is the expectation of society that professional persons will use this full role, in all its variations, in return for the society that accords the rights and privileges of professional status. Furthermore, students are helped, to a very great extent, by having viable behavioral models, when the full role is played, that smoothes(sic) the way for a much more precise role socialization into the profession.[8]

Also at the June 29, 1972 administrative staff meeting Dr. Christman asked that a letter stating the process for applying for faculty appointment be distributed to all the staff nurses who might be eligible for faculty appointment to the new college. He wanted anyone who was already employed at Rush and had the appropriate credentials to become part of the faculty of this new endeavor. This

---

[8] Christman, "The Practitioner-Teacher: A Working Paper," 1-3.

included nurses who worked with physicians in joint practice.[9] These "masters prepared" nurses worked with physicians in their private practice, who had an interest in advanced nursing practice and met the criteria for faculty appointment. The criteria to become a faculty member were that the individual needed to have a master's degree in nursing and have a defined expertise in clinical practice. By September of 1972, the College had twenty-two faculty members already appointed, with the possibility of fifteen more to be granted appointments. The first faculty meeting was convened on September 14, 1972. It was necessary to begin developing the appropriate faculty committees to establish the curriculum and necessary policies of the College.

Location of College of Nursing

The College of Nursing was to be housed in the Schweppe-Sprague building. This was the old nursing school building from the Presbyterian-St.Luke's School of Nursing. The space that was allocated lacked adequate numbers of classrooms, faculty offices, student lounges, or space for the Admissions Office for the University. A major renovation project was undertaken to have this building meet the needs of the school. The institution submitted a grant

---

[9] Administrative Staff Meeting of the Rush-Presbyterian-St. Luke's Division of Nursing 29 June 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1-2.

proposal to Department of Health, Education, and Welfare (HEW) to assist in off-setting the cost for construction for the new University. The Plan was to complete the renovations by August of 1973, in time for first class of the students.[10] The majority of construction was finished by the time the students arrived, but it took another two years to totally complete the construction.

Financial Support for the College

The development of the new college required financial assistance from outside sources. The Rush College of Nursing was very fortunate in receiving this funding. Dr. Christman and his staff worked very hard on receiving grant money from many different sources. In June of 1972, Rush College of Nursing received its first Grant of $500,000 from the Bush Foundation. This was only the beginning of their support. Other grant money was received from the Nurse Training, State of Illinois Board of Higher Education,[11] and Chicago Community Trust. [12] The U.S. Department of Health, Education and Welfare also provided funding to

---

[10] Annual Report of 1972-1973 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 2.

[11] Donald Oder to Luther Christman, 25 September 1972, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

[12] Annual Report of 1974-1975 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 2.

develop nursing education at Rush College of Nursing.

The most substantial support received by the College of Nursing was from the Kellogg Foundation. On November 15, 1978, the John L. and Helen Kellogg Foundation made a gift of $4.5 million to establish the first National Center of Excellence in Nursing. Two million dollars was allocated to endow the first deanship of a College of Nursing in the United States.[13] Also the Kellogg gift allocated funds "to facilitate the selection of future leaders in nursing in the student body at all levels in the College of Nursing, and to provide recognized leaders in the nursing profession an opportunity to spend, study, research and to teach at the new National Center, the Foundation provided $500,000 for an endowment for the John L. and Helen Kellogg Scholars and Scholars-in-Residence."[14]

The Rush-Presbyterian St. Luke's Alumni Association also came to the support of the College by donating $30,000 to rebuild the nursing skills laboratory. The Women's Board of Rush-Presbyterian St. Luke's Medical Center assisted in raising funds for the development of the College of Nursing.[15] All the funding that was received assisted the

---

[13] Background on $4.5 Million Gift for Nursing Excellence To Rush-Presbyterian-St. Luke's Medical Center Chicago, November 15, 1978, 3.

[14] Ibid., 3.

[15] Annual Report of 1975-1976 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center,

College of Nursing in developing the program at Rush College of Nursing on a fiscally stable foundation.

Another organization that has assisted the College of Nursing with funding was the Golden Lamp Society. In 1973, the Golden Lamp Society of the Rush Presbyterian St.Luke's Medical Center was formed to:

> Recognize those nurse alumni of the Presbyterian-St. Luke's Hospital school of Nursing whose active and abiding interest in high quality patient care is directed toward increasing the potential of nurses to serve humanity. Invitation to membership is extended by the executive committee of the society to those nurse alumni whose interest in, support of, and commitment to nursing education has been and will continue to be a source strength to the Medical Center.[16]

This organization's membership consists of alumni, faculty, colleagues and friends of the College. The purpose of this organization is:

> 1. To strengthen interest in Rush-Presbyterian-St. Luke's College of Nursing.
> 2. To provide the assistance and counsel by its members to the Medical Center management through elected representatives.
> 3. To provide annual financial support that will set a standard of giving for others to follow.
> 4. To hold meetings and seminars at which plans and accomplishments of the College of Nursing can be discussed.
> 5. To sponsor professional conferences and clinics for the benefits of its members.[17]

The Golden Lamp Society has been a great support to nursing

3.

[16] The Golden Lamp Society of Rush-Presbyterian St. Luke's Medical Center, 1973, Chicago: Rush Presbyterian-St. Luke's Nursing Alumni Association, 1.

[17] Ibid., 6.

education at Rush University. It has offered students scholarships to support their continued education at Rush and assisted the College in other "causes which has a specific and direct relationship to students."[18]

Development of the Undergraduate Program

The public announcement of the opening of the new University brought numerous requests for information on the proposed school. The concept of the new college was enthusiastically accepted by prospective students. The intention from the beginning was that students would be admitted to the college in the junior year of their college education. With this in mind, it was necessary to develop relationships with other colleges and universities as a network system to assist in the articulation of the education of the students prior to their admission to Rush College of Nursing. One of the major tasks was to develop the network system and define the necessary course work needed for the students to matriculate to the Rush campus. Dr. Christman stated:

> We are negotiating with the Associated Colleges of the Midwest, The Illinois Institute of Technology and one other independent liberal arts college as the base for recruitment of quality students into the health programs. Most colleges are responding favorably and are now part of the total consortium. The Associated Colleges of the Midwest compose most of the network of cooperating colleges. Beloit, Coe, Cornell, Grinnell, Knox,

---

[18] Golden Lamp Society Minutes of 27 March 1974 of the Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

> Macalester, Monmouth and Ripon Colleges are the schools now participating. The academic network thus includes representation from the states of Illinois, Iowa, Minnesota and Wisconsin. The faculties and administrators of these colleges have cooperated wholeheartedly in bringing this consortium to fruition. It is expected that several more schools will join this consortium for health. The total enrollment of liberal arts students in the network approaches 20,000 students. The presidents and faculty of these institutions have pledged to enroll ten percent of their students for health professions the first two years, or pre-health years, and will offer aa common core curriculum. This means that students can be early decisions makers or decide as late as the end of the sophomore year without losing any time or having false starts.
>
> We are interested in developing persons in the health fields as humanists as well as scientists. One of the charges that the liberal arts faculty members are eager to assume is to assist in developing a student's humanistic qualities and value system especially as they relate to the broad issues of health care. Over the next several years we are hopeful that innovate programs to help develop this highly desirable component will accelerate.[19]

The consortium gave the faculty of Rush College of Nursing control over the pre-health curriculum. The faculty was able to evaluate the courses that the individual institution offered. This gave Rush the ability to give input on course requirements in order for the student to be successful in the Rush program. This was different from other institutions that were not part of the consortium. The student might be required to take another course because the one that was taken did not meet Rush requirements.

This consortium also was the beginning in developing a

---

[19] Annual Report of 1972-1973 for the Division of Nursing, Rush Presbyterian-St. Luke's Medical, 1-2.

consistent pool of students for the different health care programs at the Rush University. The students that were admitted through the consortium had the advantage of being given priority acceptance into the College of Nursing at Rush University.

The other source of prospective students was from the staff at the Medical Center itself. The emphasis was on the staff to return to school to further their education. This was especially true for the L.P.N.'s, diploma graduates and the Associate Degree R.N.'s. There was also emphasis on the baccalaureate prepared nurses to enter the Master's program to further their education. The emphasis on returning to school did create some discontent on part of some staff in that they felt if they did not have a baccalaureate degree that they would not have a job at the Medical Center. The nursing administrators tried to alleviate their fears but also wanted to encourage the nurses to further their education to assist in professionalization.[20] The other source of possible students was recruitment from the extensive marketing in newspapers, journals and to other colleges.

Now that the college was beginning to take shape, it was important to begin developing the admissions criteria,

---

[20] Administrative Staff meeting of 1 August 1972 of the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center,2.

the curriculum, and the policies and procedures that needed to be established before the students were admitted. Dr. Christman wanted to develop an innovative nursing program for the Rush College of Nursing. He had written frequently that nursing education was stagnant and needed to meet societal needs to improve health care. Dr. Christman felt that nursing education was deficient since the educational process was administered in single purpose schools. Most nursing schools only had a nursing school and their focus was totally on nursing education. This did not allow the socialization of nurses with other disciplines. It is through this socialization that other professions were able to grow and change with the needs of society. Each discipline had something to offer other disciplines and by sharing knowledge, it opened the minds of the students to new and innovative ideas. The health care system required information from different disciplines because of the complexity of patients illness that require other disciplines to be involved in patient care. At this time, nurses took courses in the different sciences but the courses often provided only minimum competency in what nurses needed to know in practice. Dr. Christman's believed learning the information from different disciplines would encourage creative and critical thinking and encourage nurses to assist in implementing changes needed by the profession. Dr. Christman believed nurses were applied

scientists who needed to learn all possible knowledge, not "watered down" science just to meet the course requirements.

Dr. Christman stated:

> Nursing education had a lockstep-like appearance as each student had the same experiences, under the same conditions, and in the same manner as all other students. Each student was almost an alter ego of every other student. Due to the fact that nursing students had limited opportunities to share classes with students from other disciplines, few inputs were available to shake off this overwhelming sameness. Another reinforcing influence on stereotyped practice came about when nurses adopted errorless performance as a key value system. This development hampered the calculated risk-taking that is necessary to trigger change processes. With almost everyone in the nursing profession trained in such a fashion, it is no wonder that nurses graduated with such highly similar perceptions of nursing practice that there was little or no stimulus present to nurture creativity. . . . Very sharp breaks with traditional patterns of education must be attempted in an effort to interrupt this history of uninspired education and to enable the patients of new generation of nurses to receive innovation and scientific care.[21]

In developing the curriculum for the Rush College of Nursing Dr. Christman stated:

> . . .conceived as a means of developing rigorous scientific thinking in students and to develop a cognitive style that would enable students to use theory and content of science in imaginative ways while caring for patients. The curriculum is a method of developing the notion that nursing is an applied science. This motif is central to the curriculum design.
>
> The first year is devoted to laying the beginning of a scientific base. It is of no use to try to induct students into the application of the methods of science to nursing practice without their first knowing what science is in its generic sense. The bulk of the first year is used to lay the groundwork for this concept.

---

[21] Luther Christman and Ralph Kirkman, "A Significant Innovation in Nursing Education," Peabody Journal of Nursing Education, October 1972, 58.

> In addition to being a scientist it is exceedingly important for the nursing student to become a humanist. A very generous portion of the curriculum is left open for electives and the students can pursue the humanities of their choice.
>
> The second year is utilized to further increase the cognitive map of science but is ordered more specifically to the practice of nursing and to the enrichment of personnel experience by a broad choice of electives.
>
> It is in the third year that the most abrupt change from traditional nursing curricula takes place. Instead of the usual courses labeled medical nursing, psychiatric nursing, and similar appellations derived from the geographic division of the hospital and the physician specialty areas of practice, the students begin to have courses in the application of science to practice. It is in a core curriculum series that the major impact of the knowledge-linkage system begins to have an effect on the student at the desired level of complexity. The courses are co-taught by a basic scientist in the specific content area under discussion and analysis and a nurse faculty member. The basic scientist gives the theory and content of a particular science and the nurse faculty member discusses the clinical applications of that area of science.[22]
>
> . . .The senior year is used to develop more sophistication in the use of the methods of science in nursing practice.

Luther Christman indicated his vision of the curriculum for the new program. The faculty began developing the curriculum utilizing Dr. Christman's premises. The Pre-Health curriculum was defined by the faculty and published in the Nursing Notes in February 1973 (See Appendix XI).[23] The faculty established two parts to the admission requirements. The first part of the admission requirements

---

[22] Ibid., 59, 61.

[23] Luther Christman, "Admission Criteria for The College of Nursing," Presbyterian-St.Luke's Hospital, Nursing Notes, February 1973, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

described the expected achievement of the student during their high school career and the necessary ACT and SAT scores that were required to enter the college. The second part described the admission and course requirements for students who have already attended two years of college at an affiliate school or nonaffiliated school (See Appendix XII).[24]

The faculty also needed to establish the philosophy and the objective for the undergraduate program. The first philosophy of the College of Nursing adopted by the faculty in summer 1973 was:

> The philosophy of Rush College of Nursing is designed to help guide the students in terms of urgent present and future health needs of society.
> The resources of the Rush College of Nursing will be used to implement the philosophy of the Rush-Presbyterian-St. Luke's Medical Center. This philosophy embraces a commitment to freedom of inquiry, excellence in scholarship and service, and leadership in innovation in the delivery of health care. Nursing is developed as an applied science with all the scientific rigor implied by this concept. Expertness in nursing includes an ability to work harmoniously and productively with all members of the various health professions as well as contributing constructively to reform in the provision of health services to society.[25]

The first objectives of the College of Nursing adopted by the faculty in summer 1973 were:

> The curriculum is designed to furnish the knowledge required to work as a competent practitioner. The

---

[24] Ibid., 1-2.

[25] Luther Christman, "Proposal for Baccalaureate Program in Nursing, March, 1973," Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 11.

objectives of the undergraduate programs are to aid students to:

1. Acquire knowledge from the sciences and humanities and to synthesize this knowledge into an integrated body of knowledge.
2. Develop the ability to translate the information from the natural and behavioral sciences and the humanities into nursing care.
3. Develop proficiency in the use of the scientific method in nursing practice.
4. Become a general practitioner with a commitment to continuous learning and the improvement of nursing care.
5. Acquire a basis to enter graduate study in nursing.[26]

The development and the acceptance of the philosophy and objectives by the faculty of the College of Nursing incorporated many of the concepts that Dr. Christman had envisioned for many years. Dr. Christman saw this as a beginning of a new era for nursing education.

The faculty believed that it was important to define the educational environment that would be established at the college. It was felt that students were seen as sponges where information was poured on and the student would absorb the necessary knowledge. The faculty felt that students were individuals who brought different life experiences to school with them. It was important for the faculty to develop an environment were not only the students would absorb knowledge but that the faculty would also learn from the students. Also, the students would have an active role in defining their educational process. The faculty developed a statement regarding the Learning-Teaching Environment (See

---

[26] Ibid., 11.

Appendix XIII). In the development of the curriculum it was important for the faculty to define the conceptual framework that would be utilized throughout the curriculum. The conceptual framework utilized by the faculty in developing the undergraduate curriculum can be seen in Appendix XIV. The conceptual framework incorporated the concepts that were developed in the philosophy, objectives and the learning-teaching environment. This was to ensure that the concepts that Luther Christman and the faculty thought were essential would be integrated into all aspects of the undergraduate curriculum.[27]

The curriculum that was established for the College of Nursing was outlined in the National League of Nursing Self Study in 1975. The Undergraduate Nursing curriculum was:

> The development of Nursing as an applied science begins with the basic liberal arts and sciences which provides the base for the professional nursing curriculum at the Rush University campus. The basic behavioral and biological sciences taken the first two years at an affiliate school transformed into nursing practice in the psychomotor skills lab, classrooms, seminars, and clinical practice and experiences during the last two years. At the Rush University campus, the curriculum designed to meet these objectives includes advanced science courses, psychomotor skills laboratory, and seminars and practicum courses. These courses are integrated so that scientific concepts can be applied to nursing practice in seminars and the practicum courses, and in clinical experiences. Students have 12-15 hours of clinical experiences weekly. Each nursing student in academic residence at Rush University campus will have clinical experience in areas of medical, psychiatric, community, surgical,

---

[27] Ibid., 11-14.

pediatric, and obstetrical nursing.[28]

Baccalaureate Nursing Curriculum
Third and Fourth Year

Third Year		Quarter Hours
Fall Quarter		
BEHAV 301	Adv. Behavioral Science I	4
NURSG 311	Seminar & Practicum I	8
NURSG 301	Psychomotor Skills Lab I	2-3
	Elective	15-16
Winter Quarter		
PHYSO 311	Physiology	4
NURSG 312	Seminar & Practicum II	8
NURSG 302	Psychomotor Skills Lab II	2-3
	Elective	15-16
Spring Quarter		
PPHYS 401	Pathophysiology	4
NURSG 313	Seminar & Practicum III	8
NURSG 303	Psychomotor Skills Lab III	2-3
	Elective	15-16
Fourth Quarter(sic)		
Fall Quarter		
BEHAV 401	Adv. Behavioral Science II	4
NURSG 411	Seminar & Practicum IV	8
NURSG 401	Psychomotor Skills Lab IV	1
	Clinical or Advance Science Elective	2-3
		15-16
Winter Quarter		
HCSYS 401	Health Systems	4
NURSG 412	Seminar & Practicum V	8
NURSG 402	Psychomotor Skills Lab V	1
	Clinical or Advance Science Elective	2-3

[28] Rush University College of Nursing and Allied Health National League for Nursing Self-Study, 1975, Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 19-20.

Spring Quarter		
NURSG 431	Concentrated Clinical Studies	4
NURSG 413	Seminar & Practicum VI	8
NURSG 303	Psychomotor Skills Lab VI	1
	Clinical or Advanced Science Elective	2-3
		15-16
	Sub Total	90-96
	Pre-Health Curriculum	+90
	Required for Graduation	180-186[29]

The curriculum was developed with a strong base in science and theory. It was felt that if the student were given this the knowledge, they would be able to utilize these building blocks in every aspect of patient care. These basic concepts of science transcend into each clinical specialty but it was necessary to have these basic principles in order to develop the competency. By not only understanding the physical science but also the principles of behavioral science this would ensure the development of the student into a competent practitioner in any field of clinical practice.

The students uniform requirement were simply that any white uniform of the student's choice could be worn. Eventually the students were required to wear a patch that had the Rush logo on the sleeve of their uniform. During their rotation in Community Health Nursing, they were required to wear a blue uniform. Housing was limited for students but some accommodations were available on both the Rush campus and with Illinois Institute of Technology.

---

[29] Ibid., 20-1.

Also, some off campus housing was available.[30]

As the first class of baccalaureate students were nearing completion of their program, some issues regarding graduation surfaced. Dr. Christman had professed that nurses were applied scientists and instilled this concept into the first class of students of the college of nursing. He also wanted to break away from the various symbols to which nursing education had been tied, such as uniforms, nursing caps, pins and the rituals associated with these symbols. However, the students wanted to have a nursing pin that identified the nursing school of which they were graduates. The nursing pin for the college was designed by a group of students from the first baccalaureate class. Joan Arteberry Ph.D., the Assistant Dean of the Undergraduate program, worked with the students to design the nursing pin and school cap. The students had complete freedom to do as they chose with regards to the pin. They saw that they had three choices: (1.) develop a new pin that had its own meaning and symbols, (2.) integrate the design of the three prior school pins into a new pin, or (3.) reflect the symbol of Rush and utilize the standard logo of the institution. The students chose to use the standard logo of Rush. This logo, developed in 1971, had

---

[30] Rush University, College of Nursing and Allied Health Sciences Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1975-76, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 55.

the following meaning:

> Each hospital is represented by an anchor cross. Moved together and overlapped, the two anchor crosses form a complete circular unit bringing forward the universal cross as a dominant theme. The anchor cross, as one of the earliest Christian symbols of hope and steadfastness, has a universal identity and meaning. In its parts this seal signifies the joining of two old great hospitals. As a whole the seal symbolizes a new concept of medical care and service for the expanding community.[31] The 1971 revision removed the cross bar. The break in the circle indicates the ends of the two anchors.[32]

The design of the nursing school pin is an oval in shape. In gold lettering on a Kelly green background the name Rush University College of Nursing is imprinted on the outer rim of the pin. The green Rush corporate symbol on a white background is imprinted in the inner circle of the pin. The first baccalaureate graduates were given the school pin as a gift by the Nursing Alumnae Association. The alumnae association continues the practice of giving the graduates the school pin upon their completion of their program.[33]

The students were ambivalent about having a nursing cap that represented the school of nursing. In 1975, nurses were beginning to discard the practice of wearing nurses cap

---

[31] Memo from Bruce Rattenberry, Director of Public Relations of Rush-Presbyterian-St. Luke's Medical Center to Field Enterprise of Chicago 29 September 1975. Archives of the Rush-Presbyterian-St. Luke's Medical Center.

[32] Memo from Stuart Campbell, Medical Center Archivist published in the Orientation manual of the Division of Nursing, July 1992.

[33] Elaine Scorza, interview by author, 3 March 1993, Chicago.

when they worked after graduation. Nurses felt that the cap were cumbersome and that the purpose behind the nurses cap were no longer relevant. There were some faculty who had strong feelings about designing a nurses cap. It was felt that Rush College of Nursing was unique and was trying to make major changes in the educational process for nurses and that it was necessary to break away from the tradition of having a nurses cap. Some felt the nurses cap would continue to represent the subservient role nurses were supposed to assume. Some felt that physicians were not required to wear such symbolism and if one of the goals of the new college was to raise nurses to an equal level with physicians, then the cap was unnecessary. But the reality in the work force in 1975 was that some hospitals still required nurses to wear nurses caps as part of the required uniform for employment.

The students decided to design a nurses cap so that those individuals who needed or chose to wear a nurses cap, would all use one design; but all students would not routinely be given a cap. The practice of students wearing a nurses cap never was established while they were students, which was a real break from the tradition that nursing schools practiced. The cap that was decided upon was a standard, one button white cap that could be purchased at any uniform store. A one inch Kelly green stripe which was placed on the cap one inch below the edge of the cap to

define the cap as Rush College of Nursing. Within a very short time, it became standard practice within the nursing community that nurses no longer wore nurses caps. Very few graduates from Rush College of Nursing even realized that a cap had been decided upon.[34]

On June 10, 1975, the first commencement of Rush University took place at 2 p.m. at Orchestra Hall. This was a historic event because it was to be the first commencement of the new College of Nursing and Allied Health and 101st graduation of the College of Medicine.[35]

Accreditation of the NLN

The National League of Nursing(NLN) is the accrediting body of Nursing Education. All Nursing Schools and Colleges of Nursing that have a Baccalaureate and Master's program go through the accrediting process. In February of 1975, a team from the National League of Nursing came to Rush College of Nursing for the accrediting visit.[36] The report that was written by the surveyor included many positive and only a

---

[34] Ibid.

[35] Rush-Presbyterian-St. Luke's Medical Center NEWSROUNDS," Rush U. Holds First Commencement," Chicago: Rush-Presbyterian-St. Luke's Medical Center, June 1975, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 3.

[36] National League of Nursing Department of Baccalaureate and Higher Degree Programs, "Report of Visit for Accrediting Purposes to Rush University College of Nursing and Allied Health Sciences Chicago, Illinois February 11-14 1975," Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

very few negative comments. This caused confusion when Dr. Christman received official notice from the NLN that Rush College of Nursing was given a deferment of accreditation.[37] Dr. Christman requested a conference with the NLN which took place on June 20,1975. The documentation on what were the specific issues that the NLN had regarding the Rush programs are not available to this author. After Dr. Christman's meeting with the NLN where more documentation was presented, the NLN voted at their December meeting in 1975 to fully accredit the College.[38] This was a major accomplishment on the part of the faculty. Most schools do not even apply for accreditation until after they have graduated at least one or two classes of students. For the College to receive the full eight years of accreditation was an outstanding accomplishment.

During the review with the NLN survey team, areas of weakness were pointed out to the faculty in regards to the curriculum. In 1975, the faculty revised the curriculum by having the Psychomotor Skills Lab integrated into the clinical practicum hours. Research was one of the major focuses of the unification model that was an integral part

---

[37] Virginia Henderson to Luther Christman, 17 June 1975, Luther Christman Collection, From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. Luther Christman Collection, 1.

[38] Annual Report of 1975-1976 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

of the Rush philosophy. In order to better prepare the students as well as increase their knowledge of current nursing research, the faculty developed an Introduction to Nursing Research course that became a core course of the curriculum. A Pharmacology course was also developed by faculty, to assist the students to have a more in depth knowledge and understanding of medications.[39] The administration of medication was becoming a major focus in health care and many advances were being made with pharmaceutical agents. In 1978, the faculty further revised the pharmacology course and required the students to take pharmacology over two quarters.[40] To further develop the students' knowledge of nursing, the faculty developed a required course on Professional Issues.[41]

In 1977 the faculty began reviewing the undergraduate curriculum. One of the issues that arose was that the curriculum lacked continuity among the different core courses. The curriculum committee began evaluating the

---

[39] Rush University, College of Nursing and Allied Health Sciences Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1975-76, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 56.

[40] Rush University, College of Nursing Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago 1978-79, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 50.

[41] Rush University, College of Nursing and Allied Health Sciences Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1975-76, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 57.

curriculum threads to plot out how the courses needed to build on each other. An important issue was to insure that all the necessary content was given in the program and to prevent as little redundancy as possible. In 1980, a revised curriculum was implemented which included the development of the new Foundations of Nursing core course; revision and renaming of the established courses; and the implementation of a Nursing Management course. The Foundation of Nursing course was developed to give the students basic nursing skills. The Bulletin described the course as the following:

> Selected behavioral and biological concepts will provide the necessary information for students to integrate more complex concepts presented in subsequent courses. Initial emphasis is on psychomotor skills, enabling the student to perform basic nursing activities. Nursing principles are introduced to facilitate understanding and use of the nursing process.[42]

The intention of the Foundation course was to establish a sound beginning of clinical skills that would assist the student in the more advanced clinical courses. This allowed the revised nursing courses to build on the content in the Foundation course.

The Nursing Management course was developed as a by-product of the implementation of Primary Nursing in the Division of Nursing. In 1973, the Division of Nursing

---

[42] Rush University, College of Nursing Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1980-81, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 127-28.

adapted the organizational structure of Primary Nursing as the delivery system to be utilized at Rush Medical Center. Dr. Christman defined primary nursing as:

> . . .an organizational device whereby each patient is assigned a registered nurse who is primarily accountable for the design and implementation of nursing care for him or her. That nurse must monitor the progress of the patient and insure that the nursing care plan is specific to the patient's individual treatment goals.[43]

Primary nursing was to facilitate decision making regarding patient care at the bedside, where Dr. Christman felt that decisions regarding patient care should occur. Many nurses lacked the management skills required to carry out this organizational design. To assist the nurses in learning the necessary decision making abilities as well as appropriate management skills, the faculty felt it necessary to develop a course on Nursing Management. This course focused on leadership and management concepts at all levels of the organization. The content was to strengthen the management skills of the nurse at the bedside.[44]

Sigma Theta Tau

A year after the first baccalaureate class graduated from Rush College of Nursing, some faculty were interested

---

[43] Luther Christman, "A Micro-Analysis of the Nursing Division of One Medical Center," ed. Michael L. Millman, Nursing Personnel and the Changing Health Care System, (Cambridge: Ballinger Publishing Company, 1978) 144.

[44] Rush University, College of Nursing Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1980-81, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 129.

in establishing a Local Honor Society. The hope was to establish a local chapter of Sigma Theta Tau, the national nursing honor society. In May 1976, a group of faculty, alumnae and students formed a steering committee to begin establishing a honor society at Rush College of Nursing.[45] The purpose of the society was to:

1. Recognize superior achievement
2. Recognize the development of leadership qualities
3. Foster high professional standards
4. Encourage creative work
5. Strengthen commitment to the ideals and purposes of the profession.[46]

The House of Delegates of the Sigma Theta Tau voted to grant Rush College of Nursing their charter on October 22, 1977. The charter ceremony for the Gamma Phi Chapter was held on May 19, 1978.[47] The first officers of the new organization were: Andrea Barsevick, M.S. President, Gloria Jacobsen M.S.N., vice president; Steven Ray B.S.N., recording secretary; Elizabeth Rende, B.S.N., corresponding secretary; Harold Berner, M.S., treasurer; Margaret Hansen, M.S. counselor; Sandra Graves M.S., counselor; and Frank

---

[45] 60th Anniversary Celebration Historical Calendar 1984 and 1985 Sigma Theta Tau, July 1985, Indianapolis: Sigma Theta Tau. Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago.

[46] Form Letter to prospective candidates from the Local Honor Society, 14 May 1976, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago.

[47] 60th Anniversary Celebration Historical Calendar 1984 and 1985 Sigma Theta Tau, July 1985, Indianapolis: Sigma Theta Tau. Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago.

Lamendola B.S.N., archivist.[48]

Development of the Graduate Program

The commitment of Rush College of Nursing to develop a graduate program in nursing was very important to the faculty. The College of Nursing graduate program opened the same year as the undergraduate program in 1973, with the programs for a Master's of Nursing in Medical/Surgical, Psychiatric and Geriatric degrees. The admissions requirements to enter the graduate program at the Rush College of Nursing were the following:

Graduate Admissions

For admission to the graduate program at Rush College of Nursing and Allied Health Sciences, the student must show evidence of a grade point average of 3.0 (4.0 scale) for the last two academic years. The student must be a licensed or certified by the appropriate body or give evidence of intention to be certified or licensed. Each student must submit a completed physical examination form. Two transcripts from each professional school and/or institution of higher learning previously attended must be submitted, along with a total of three letters of reference from academic and/or work experience. In addition, Graduate Record Examination scores are to be submitted. The student is expected to participate in a personal interview with faculty members in his or her area of specialty.

Students in the following categories must meet all general admission requirements above and those listed below which apply to them:

Graduate Program in Nursing; Baccalaureate degree with major other than Nursing: Students must pass an examination required by the College of Nursing and

---

[48] Rush-Presbyterian-St.Luke's Medical Center NEWSROUNDS July 1978, Chicago: Rush-Presbyterian-St. Luke's Medical Center,12. Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago.

> Allied Health Sciences to determine skills and knowledge, as well as potential for professional practice and study in an elected field of specialization.
>
> Foreign Students: All documents are to be submitted along with an authenticated English translation where submitted in language other than English. The students must pass the English Proficiency Test (TOEFL) where English is not the first language of the native country. In addition, the student must pass an examination required by the College of Nursing and Allied Health Sciences to determine skills and knowledge, as well as potential for professional practice and study in an elected field of specialization.
>
> Early Admissions: All early admissions are conditioned and are based upon completion of requirements for a baccalaureate degree, state and other general requirements.
>
> Special Students: Those non-matriculating students who wish to take courses in the graduate school must do so with the approval of the Dean and the graduate faculty.[49]

Rush College of Nursing was the first graduate program that was established for the purpose of educating nurses for the clinical specialty role in nursing. Prior to this, graduate nursing programs' main focus was to educate nurses as educators or nurse administrators. The students were able to do a curriculum concentration in a certain specialty but it was not the main point of the program. In the late 1960s and early 1970s the explosion of knowledge and technology made it impossible for anyone individual to maintain the high level of expertise necessary to be an a competent practitioner in all different areas in health care.

---

[49] Ibid., 2.

Specialization was the move of the future in the health care field. Nursing also needed to move in this direction to assist in the care of patients.

Another unique aspect of the graduate program was that the curriculum was only a year in length or four academic quarters. The Rush program also did not require a thesis as part of the requirements for completion of the program. Some students wanted the option of writing a thesis in order to have more research experiences. In 1978, the faculty adopted the option for students to write a master's thesis.[50] The first published bulletin described the graduate curriculum:

> The Master of Science degree with a major in nursing requires completion of a minimum of one calendar year or 55 quarter hours of credit, exclusive of prerequisites and deficiencies. Each student is assigned as advisor who helps plan the program of study.
>
> Core content [required course work] of the curriculum encompasses concepts of health care delivery, behavioral sciences, biological sciences, and clinical investigation. Seminar-practicum courses provide individual and group focus on the student's area of clinical specialization. In the practicum, the student may choose both the practice area [Psychiatric, medical, surgical, or geriatric] and setting [community, or acute or chronic care centers]. Faculty preceptors in the student's area of specialization are constantly available. Students specializing in medical nursing may also choose the sub-specialty of oncology, which will be studied in depth in both theory and practicum course work.

---

[50] Annual Report of 1978-1979 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 108.

> Electives may be taken in any subject offered at the Rush University campus of the College of Nursing and Allied Health Sciences, or an affiliated school. Elective credits may be earned in a nursing specialty other than the student's major area.[51]

The faculty continued the development of the applied scientist concept into the graduate programs. The program was strong in behavioral and biological sciences to assist in the development of the nurses into clinical specialists. Rush College of Nursing was one of the first colleges whose only focus at the masters level was to prepare clinical specialists. This was a deviation from what was considered to be an accepted program. A sample of the graduate curriculum was as follows:

Master's Degree Program
Medical/Surgical or Psychiatric Nursing Curriculum

			Quarter Hours
Fall Quarter			
BEHAV	501	Behavioral Dynamics	4
PHYSO	451	Physiology*	4
		Elective	4
			12
Winter Quarter			
NURSG	583	Clinical Investigation I	2
HCSYS	521	Systems of Health Care I	2
NUMS/S	511	Seminar and Practicum I	7
		or	
NUPSY	511	Seminar and Practicum I	
		Elective**	4
			15
Spring Quarter			
HCSYS	522	Systems of Health Care II	2
NURSG	584	Clinical Investigation II	2
NUMS/S	512	Seminar and Practicum II	7

---

[51] College of Nursing and Allied Health Sciences Bulletin, Rush University, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Programs In The Health Professions 1974-75, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 39.

		or	
NUPSY	512	Seminar and Practicum II	
		Elective	4
			15
Summer Quarter			
NURSG	591	Independent Clinical Study	9
		Elective	4
			13
		Total	55

* Options for this course include Neurobiology or Physiological Psychology for Psychiatric students only.
** Medical/Surgical students and Oncology Students take Physiology II.[52]

Geriatric Program

The Master's program in Geriatric Nursing was similar to the Medical/Surgical program except for the electives in the spring quarter. The students were required to take NURSG 544 Clinical Assessment for Nursing Practice in place of the electives. The students also were required to take an internship in the fall quarter.[53] Since the medical center has had a strong commitment to the education, research and service of the elderly, it was appropriate to establish a department within the College of Nursing whose main focus was geriatric nursing. This department was established in April 1977.[54]

---

[52] Ibid., 40.

[53] Ibid., 41.

[54] Rush-Presbyterian-St.Luke's Medical Center NEWSROUNDS, "New department in the College of Nursing," Chicago: Rush-Presbyterian-St. Luke's Medical Center, April 1977, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 7.

Attitudes Toward Program

Some of the nursing leaders in the community did not feel this program would last. There were not very many hospitals that employed clinical specialists or even knew how to utilize them. Dr. Christman viewed the first graduates as pioneers who were going to have to pave the way by exploring new ground and prove to the hospitals and nursing community the necessity for clinical specialist in the hospital.

The other major criticism of the program was that Dr. Christman professed that nurses should continue their education straight through the doctoral level. He would always use psychologist ,lawyers and physicians as examples of professionals that continued straight through their program. Many in nursing believed that a nurse needed to practice for a few years before continuing on with graduate education. Experience working assisted nurses in developing the necessary basic nursing skills. The critics were amazed how quickly the program grew and developed not only a national reputation but an international reputation for an excellent clinical specialty program.

The graduate program curriculum, like any curriculum, continued to evolve over the next several years. In 1975, the faculty added NURSG 501, The Use of Concepts, Theories and Models in Nursing. This course was developed to assist the students to understand the theories of nursing that had

been developed and assisted the students in adapting them to practice.[55] In 1976, NURSG 511, Nursing Concepts Seminar was developed and added to the curriculum.

Community Nursing Program

Also in 1975, the college offered a Master's in Community Health Nursing. Many people in rural and some urban areas did not have access to adequate health care and it was felt that nurses could fill this void if they had the right education and clinical skills. The nurse practitioner program was seven quarters in length. The Community Nursing curriculum established was as follows:

			Quarter Hours
Fall Quarter			
BEHAV	501	Behavioral Dynamics	4
NUCOM	501	Physical Assessment	6
NUCOM	511	Community Nursing Seminar I	2
PHYSO	451	Physiology I	5
			17
Winter Quarter			
HCSYS	521	Systems of Health Care I	2
HLCED	583	Clinical Investigation I	2
NUCOM	502	Adult Health Concepts I	7
NUCOM	512	Community Nursing Seminar II	1
PHYSO	452	Physiology II	5
			17
Spring Quarter			
HCSYS	522	Systems of Health Care II	2
HLCED	584	Clinical Investigation II	2
NUCOM	502	Adult Concepts II	7
NUCOM	513	Community Nursing Seminar III	2
STAT	502	Biostatistics	3
			16
Summer Quarter			
NUCOM	504	Ob/Gyn Health Concepts	8
NUCOM	515	Community Nursing Seminar V	2

[55] Rush University, College of Nursing and Allied Health Sciences Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1975-76, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 64.

NUCOM	521	Community Health Services	3
PREMED	503	Epidemiology	3
			16

Fall Quarter

NUCOM	505	Pediatric Health Concepts	7
NUCOM	515	Community Nursing Seminar V	2
NUCOM	523	Community Organization for Family Health	2
NUCOM	531	Practicum in Family Centered Agency	2
		Elective	3
			16

Winter and Spring Quarters

NUCOM 600 Residency in Community Nursing No Credit
This residency carries no credit but is a requirement for the M.S. degree with a major in Community Nursing.

Minimum Required for Graduation 82[56]

The Masters program in Community Nursing was the prototype for the nurse practitioner programs. Health assessment was becoming a major focus in health care. Health Maintenance Organizations (HMO) were beginning to be developed. The role of the nursing practitioner was viewed as mechanism by which patients were able to receive a through assessment of their health status. If any abnormalities were discovered by the nurse, the patient was referred to a physicians. The role of the nurse practitioner would allow physicians to spend more time with patients who were more acutely ill yet meet the needs of the general public in their routine health assessments. The focus of the program was not only strong in biological and behavior science but also incorporated health system management theory. This was to assist the nurse in better

---

[56] Ibid., 64-65.

understanding the total system of health delivery system that was being utilized in the community. This would assist the nurse in directing the patients to the appropriate community agency that were appropriate.

Also the faculty developed NUCOM 501 Physical Assessment course designed to assist the students in learning the technique of performing a thorough physical assessment on their patients.[57] Up until this time assessment was part of the clinical and practicum courses but it was a very basic assessment. It was believed that clinical specialists needed a more in-depth course on how to do a complete history and physical of their patients. In the nursing community, a strong emphasis was put on nurses to develop assessment skills to further improve their abilities to deliver the best possible care to their patients. Another advantage for the Community Health Nurse program was that on December 22, 1975 the medical center established Rush Home Health within the department of Community Nursing. Rush Home Health which allowed students to receive clinical experience in a home health agency was a new advancement in health care. This innovation allowed patients to be discharged from the hospital earlier with the proper health care support they would need to be maintained

---

[57] Rush University,College of Nursing and Allied Health Sciences Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1975-76, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 69.

at home. The services included needed assistance from home health aides, laboratory services, therapy services, nursing services or medical management.[58]

During the 1976-1977 academic year the faculty revised the graduate curriculum. The purpose of the revisions were:

> The majority of graduate students in nursing complete the requirements of this program as their terminal degree, thus, the curriculum prepares them to function as a clinical specialists in a variety of health care settings. A few graduate students progress on to a doctoral level of study and this revised masters curriculum serves as a solid foundation for doctoral study.[59]

The revisions that were made were that:

> After review and evaluation the graduate curriculum committee developed a curriculum pattern of core courses in the sciences applied to nursing, specialty courses in nursing science and its application and several electives. The core courses included; Behavioral Dynamics, Health Care Systems, Clinical Investigations, Physiology, and Physical Assessment. The nursing courses included: Theories and Concepts in Nursing, The Application of Nursing Theories, and several seminar-practice courses for each student in their specialty. The specialty areas of nursing available are community health, gerontological, medical-surgical, oncology nursing, and psychiatric nursing.[60]

In 1978, the faculty began to evaluate the need for other

---

[58] Rush-Presbyterian-St. Luke's Medical Center, Home Health Care Services, Department of Community Health Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

[59] JoAnn S. Jamann, Report on the Doctor of Nursing Science Program, (July 1976-June 1977) Submitted to the Bush Foundation August 1977, Chicago: Rush College of Nursing, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

[60] Ibid., 1.

specialty programs to be offered by the Rush College of Nursing. In the Fall of 1978, the master's program in Rehabilitation Nursing admitted its first class.[61] In January of 1979, the first students for the master's program in the Anesthesia Nurse Practitioner Program were admitted to the College. The masters' program of Parent-Child Health Program was developed and admitted its first class in September 1979.[62] The different master's programs were designed to provide the flexibility to adapt to individual students' clinical focus. If a student wanted to specialize in critical care the student would be in the medical/surgical program and would take courses that focused on critical care. If the student wanted to study for pediatric oncology nurse specialization the student and advisor would develop a program to meet that person's individual needs. The flexibility allowed students to focus on their own interests in their program.

Doctoral Program

The primary intention of the College of Nursing from its inception was to develop a doctoral program in nursing. In July 1974, Rush University was accredited by the

---

[61] Annual Report of 1977-1978 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 101.

[62] Annual Report of 1977-1978 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 107-8.

Executive Board of the Commission on Institutions of Higher Learning of the North Central Association of Colleges and Schools to grant degree's at the doctoral level of education. This began the ground work for the doctorate in nursing at Rush College of Nursing.

By the 1970s, two types of doctoral preparation had been established within the nursing community in the country. Some universities awarded a Doctor of Philosophy (PhD) in Nursing while others awarded a clinical doctorate, the Doctor of Nursing Science (DNSc). Other nurses chose to receive their doctoral education in a discipline outside of nursing. Much discussion took place in the nursing profession regarding which was the most appropriate degree to be granted for nurses, Doctor of Philosophy (Ph.D.) or the Doctor of Nursing Science (DNSc.). The Ph.D is seen as the research orientated degree while the DNSc. is viewed as the clinical degree. Dr. Christman's views on the appropriate doctoral preparation was:

> Nurses have long aspired to full professional recognition. One way that members of other professions have achieved professional stature is through the establishment of centers of excellence within their academic domain. One of the barriers which nurses have had to overcome in being granted full professional status is their image, that is, how they are perceived by others. Among the leading professions, nursing has only a modest image. Full acceptance as a professional depends on establishing a complete educational system which can provide the means for nurses to enact the full professional role constellation of service, education, consultation, and research...
> ....The educational preparation for leadership in this direction must be anchored solidly in the central concern of nurses-- the clinical nursing care of

patients. For many years, the practice of nursing plateaued at a static level. The breakthrough into new and higher levels of clinical competence took place when the clinical masters' programs were established. The gradual acceptance of the greater competence of nurses occurred when a critical mass of nurses with this form of preparation became available to set a new pace for practice. . . .
. . .Nursing, as other clinical professions, is an applied science. Clinical practice is built on the precise application of theory and content from the fundamental sciences, both behavioral and biological. In order to raise the level of competence, it is necessary to increase the breadth and depth of the scientific base through appropriate educational design. Nurses at the masters' level have sharply increased the overlap of science found in the preparation of physicians, dentists, clinical psychologists, and other clinicians. The present level of competency will freeze at the master's range, unless a greater and more intense magnitude of education is devised to enable nurses to make quantum leap in competency. The increased scope of knowledge will enable nurses to contribute to the growth of the nursing profession in the same fashion as have other fully prepared members of the health professions.

For some time, nurses have made inroads in attaining doctoral preparation. Much of their scholarship, however, has not contributed substantially to the advancement of practice. The nurses who earned doctorates in the cognate fields of science related to practice have been in the most strategic position to utilize the methods of science to enhance nursing practice. This group, though small in number can now pool their talents to develop professional doctorates that are tightly imbedded in nursing practice. The launching of clinical doctorates is feasible. A degree of this nature will include a basic core of fundamental sciences, a strong research emphasis, and physical assessment skills. The design will be flexible allowing the candidate to select an area of practice and decide on an elective area of scientific training to advance clinical competence. Thus, alternative pathways to clinical enrichment are available. Doctoral dissertations will be focused on the clinical issues that nurses encounter in caring for patients. The gradual augmenting of the base of nursing practice will result as these investigative studies are transformed into the daily practice of nurses. Patients will be the chief beneficiaries of this

persistent effort.[63]

Dr. Christman further developed his ideas regarding doctoral education by professing that in actuality to produce Noble laureates, the leaders in nursing research should have the combined DNSc-Ph.D.degrees. Attaining the two degrees would allow the researcher to "have a vastly increased potential to augment the quality of clinical content needed to improve the care of patients."[64]

The faculty at Rush College of Nursing chose the Doctorate of Nursing Science as the appropriate degree to be granted by their institution. The faculty approved the Doctor of Nursing Science program at the January 24, 1977 faculty meeting. The college admitted five students for the first class in 1977.[65] The Doctor of Nursing Science Program was described as:

> Graduate education in nursing at Rush University is conceptualized as a continuum. Undergraduate education in nursing serves as a foundation for graduate study leading to the M.S.N. and/or D.N.Sc. The first phase of graduate study is clinical specialization at the

---

[63] Luther Christman, "Clinical Doctorates- A Means of Increasing the Clinical Competence of Nurses," January 1977, From the Nursing Archives, Mugar Memorial Library - Special Collections, Boston University, Boston. **Luther Christman Collection**, 1-3.

[64] Luther Christman, The DNSc-PHD Attempt, ed. by Mabel Wandelt and Betty J. Thomas, in Innovations in Nursing Education Administration (New York: National League for Nursing, 1990), 148.

[65] Annual Report of 1976-1977 for the Division of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 28.

> master's degree level. Successful completion of the requirements for the M.S.N. qualifies the nurse to practice as a clinical specialist and provides a base for continued graduate study in nursing. In the second phase of graduate study [the doctoral level] the student examines further the substantive areas of a clinical specialty and the current generalized theories of nursing, integrates knowledge from the behavioral and biological sciences, and develops research competence. The nurse who successfully completes the requirements for the D.N.Sc. can expand the general theoretical body of nursing knowledge and its applications to diverse and changing nursing problems. Graduates of the D.N.Sc. program will have developed competencies as an expert clinical practitioner, the investigative skills of a nurse researcher, and the leadership skills for developing health policy and changing health care systems.[66]

The Doctor of Nursing Science degree was to prepare nurses to become clinical researchers. It was viewed as important for the student would be an expert in their clinical specialty as well as gain the necessary research skills to assist the profession in maintaining the clinical skills. It was important to have the nurses utilize research to validate their clinical practice.

The admission criteria established for the doctoral program were:

> 1. Applicants to the graduate programs in nursing must have completed, or within one year will have completed a baccalaureate degree in nursing from an NLN accredited program. The undergraduate record should give evidence of good academic ability. The cumulative grade point average should be a "B" average, or at least a 3.0 on a 4.0 scale.

---

[66] Curriculum Committee Recommendations to Extend Graduate Education to The Doctoral Level, Rush University College of Nursing Doctor of Nursing Science Program, 6 January 1977, Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

2. An applicant who is licensed in at least one state as a professional nurse and holds a baccalaureate degree other than an NLN accredited B.S. with a major in nursing, must take proficiency examinations in nursing as specified by the College of Nursing.

3. Favorable recommendations are required from at least three individuals who know the applicant well. These recommendations should be sought from nurses, teachers or researchers; at least one of whom holds an earned doctorate. The recommendations should attest to the professional nursing competence and personal characteristics, and predict the applicant's success as a doctoral student and future professional contributions.

4. Satisfactory performance on the Graduate Record Examination Aptitude Test is required. Applicants are expected to have at least a 1500 combined score and students anticipating entrance into doctoral candidacy should have at least a combined score of 1650 on the GRE.

5. The applicant for doctoral study must have a personal interview with at least one faculty member who teaches courses on the doctoral level, with the coordinator of the applicant's selected clinical field, and when possible, with the Associate Dean for the Doctoral Program. The purpose of the interview is to ascertain the graduate student's general knowledge of nursing; and ability to express ideas and opinions. The applicant's previous clinical experience will be critically evaluated.

6. Acceptance for admission to graduate study does not imply admission to the doctoral candidacy. Formal admission to the doctoral program usually occurs after the completion of 55 quarter hours of graduate study at Rush University, or the completion of a MSN program which had a clinical focus. The student is expected to have a 3.5 cumulative grade point on a 4.0 scale for this graduate study.[67]

The admission criteria were established to accommodate students with diverse educational backgrounds. This would allow applicants who were either post baccalaureate students

---

[67] Ibid., 2.

or post masters in nursing to be accepted into the program. The applicants who had a masters degree in nursing must have graduated from a program that had a clinical focus, not an educational or administrative focus. This was to ensure that the students would have the necessary clinical expertise to be part of this program.

The program developed for the doctoral program was as follows:

> Each doctoral student designates an area of clinical nursing for specialization and investigation. The following is required for the post baccalaureate program leading to the Doctor of Nursing Science degree.
>
> Nursing
>
> | | |
> |---|---|
> | NURSG 501,NUCOM 501,HCSYS 522 | 9 |
> | Clinical Nursing | 37-44 |
> | Electives | 0-12 |
> | Total quarter hours | 58 |
>
> Basic Sciences
>
> | | |
> |---|---|
> | BEHAV 501, PHYSO 451-452 | 14 |
> | Electives | 17 |
> | Total quarter hours | 31 |
>
> Research
>
> | | |
> |---|---|
> | Research Design and Methods | 8-12 |
> | Advance Statistics | 8 |
> | Seminars and/or Electives | 8-12 |
> | Dissertation Seminars | 8 or more. |
> | Total quarter hours | 36[68] |

The doctoral students were required to meet the following

---

[68] Rush University,College of Nursing Bulletin, Rush-Presbyterian-St. Luke's Medical Center, Chicago, 1977-78, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 69.

requirements of the D.N.Sc. degree:

1. Complete a written comprehensive examination at the completion of 75 quarter hours of graduate study which included 20 quarter hours of Directed Clinical Nursing. 2. Pass an oral clinical examination that focused on the depth and breadth of the student's knowledge of their clinical experience. 3. The students must defend their dissertation proposal before their dissertation committee. 4. Upon completion of writing the dissertation the student must defend their work before their dissertation committee. 5. Once the dissertation is accepted by the committee and the student has successfully completed the defense, the student must present his/her research at a formal colloquium.[69] The faculty felt that it was important that the students should share their research findings with their peers.

The doctoral program of the Rush College of Nursing received approval from the Illinois Board of Higher Education unanimously at the meeting on June 5, 1979.[70]

Organizational Changes

There were some key events that occurred during the early years of the college. When the College was first established, the title of the College was the Rush College

---

[69] DNSc.Student Handbook, 1979-80, Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago, 13-14.

[70] Rush University College of Nursing, D.N.Sc. Advisory Committee Meeting Minutes of 8 June 1979, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1.

of Nursing and Allied Health Sciences. Dr. Christman felt this was an important factor in that, with all of the health professionals in one school, it facilitated communication between the different sciences. In 1976, the College of Health Science was established as a separate College. This was to the chagrin of Dr. Christman.[71] The hope of Dr. Christman was to maintain nursing and allied health in one college, bridging the communication and clinical gaps that existed. There were many different disciplines that had developed over the last fifteen years and there was beginning to be overlaps in professional responsibilities. His fear was that instead of all the different disciplines working together, "turf" issues of who was best qualified to perform what function would become the major focus among the disciplines.

Rush-Presbyterian-St. Luke's Medical Center was going to go through major changes when, in June of 1983, after nineteen years as President of the Medical Center, Dr. James Campbell retired from his position. Dr. Campbell planned to continue his association at Rush but in a different capacity. According to Bowman, "He was re-elected trustee, appointed consulting physician and reappointed professor, and was chosen for an honorary degree."[72] Dr. Campbell had

---

[71] Interview with Dr. Luther Christman by author, 26 January 1993, Nashville.

[72] Bowman, 181.

been a well respected leader in health care and had made the Rush-Presbyterian-St. Luke's Medical Center an outstanding health care facility for Chicago. Dr. Campbell was not able to fulfill these commitments because he died suddenly of a heart attack within three months of his retirement. At his memorial service, Dr. Mark Lepper eulogized him

> Without reservation, said Lepper, I feel under no other leadership would the resources available when Jim Campbell entered the presidency have produced anything remotely approximating the current Medical Center.
>
> Campbell's goals revolved around patients, whose needs included both compassionate and technically excellent care. Care had to be the same for all patients, rich or poor, black or white. All socioeconomic and racial groups were to be served in a "fair share" manner, representative of the entire metro-Chicago population.
>
> Or as Campbell had told the trustees a few months earlier, numbers weren't everything, and everything had to pass the test of compassion.[73]

Dr. Campbell was a true friend to all in health care. He believed all the different disciplines within health care had to be on equal setting in order for the best possible care to be delivered. Nursing was going to miss his support. Donald Oder became the interim president.[74] He maintained this role until April 1984 when Leo Henikoff M.D. was appointed President of the Medical Center.

"The White Paper"

Internal changes at Rush Medical Center were not the only force with which it had to contend. By the mid 1980's

---

[73] Ibid., 183.

[74] Ibid., 184.

the health care industry was a major focus in society. The cost of health care was increasing at a rate that average people were unable to afford it. Escalating costs require that all involved in health care need to evaluate the delivery system. Rising costs also had an impact on nursing education as well as nursing practice. Dr. Christman began discussions with the faculty about the need for the nursing education programs to be evaluated to see if they were going to meet the health care needs of the 1990's. On August 27,1984, the members of the Dean's office and the three major program directors prepared a document known as the "white paper." This report consisted of the following:

RUSH UNIVERSITY COLLEGE OF NURSING

PLAN FOR THE 1990'S

The purpose of education is to prepare for the future. In our rapidly changing world, effective academic programs continuously evolve in keeping with trends that predict the future. Among the current directions and trends that affect nursing education are the following:

1. The ever-increasing expansion of knowledge in the health sciences.
2. Entry into practice at graduate level for all health professionals.
3. Increasing emphasis on nursing expertise in both practice and research.
4. Changes in the nature of the health care system, resulting in more independent decision-making and increased complexity of decisions.
5. Decreasing emphasis on single-discipline programs and increasing "convergence of separate disciplines into multidisciplinary areas." (Lawson, 1984)
6. Integration of societal issues and considerations into academic programs.

In addition, the philosophy of nursing at Rush focuses on the application of science in nursing practice. The discipline of nursing is an integrated entity of practice, education, research and management. The goals and direction of nursing education at Rush stem from this philosophy of nursing as a clinical science and from recognition of future directions in health care.

In keeping with future needs and directions, the following are the goals and plans for the College of Nursing in the 1990's:

1. Provisions of a full spectrum college for both entry into practice and specialization. Entry into practice in nursing will be provided by graduate level education. The undergraduate(baccalaureate) level for entry will be discontinued. Specialization in practice and research will occur in doctoral programs other than those designed for entry into practice.
2. Further options will be provided through substantive minors at doctoral level, combined doctorates and post-doctoral training. These experiences will stress linkages among disciplines and prepare students as specialists in their own disciplines to address research challenges from converging branches of knowledge and technology.
3. Nursing curricula will emphasize the process of inquiry in the cognitive and clinical sciences, as well as in the study of ethical, social, political, and economic forces that influence scholarship and health care.
4. All faculty will have earned doctorates. The preponderance of faculty will have doctorates in nursing and postdoctoral training in their specialty areas. Faculty with non-nursing doctorates will have on-going scholarly and professional activities related to the phenomena of nursing.
5. All faculty teaching doctoral students will have established, on-going research programs.
6. Faculty will pursue multidisciplinary appointments and responsibilities, including clinical appointments and activities, congruent with their advanced graduate education.
7. Students admitted to the College will have at least undergraduate degrees. Students will

be at an advantage in nursing education if their undergraduate education covers a spectrum of behavioral and biological sciences, including some graduate level study.

8. The faculty will foster a scholarly environment through exchange with other members of the academic community and leaders in health care. Visiting faculty will participate in education, research and practice activities. A Visitors Review Committee will evaluate the College periodically.

Implementation of this plan will be phased to consider existing commitments and resources. The detailed plan for implementation will be developed in 1984-1985 fiscal year.[75]

The "white paper" stimulated much discussion among faculty. Special meetings were arranged to discuss the issues with the paper prior to the faculty meeting. Some of the concerns of the faculty were (1) the discontinuing of the baccalaureate education program, (2) level of entry to the profession at the graduate level of education, and (3) the requirement of all faculty to have a earned doctorate.

The faculty was concerned that society was not ready or could not afford to have the level of entry into practice at the graduate level of education. At this point in the State of Illinois, the nursing profession was trying to have the Illinois Nurse Practice Act require the entry level of nursing to be at the baccalaureate level. This movement

---

[75] Memo to All Members of the Faculty from Luther Christman, 27 August 1984, Chicago: Rush-Presbyterian-St. Luke's Medical Center. A footnote within the quote was from the following: Lawson, Robert B., "Graduate Curriculum," Science.255 (4663): 675, 17 August 1984. Archives of Rush-Presbyterian-St. Luke's Medical Center, 1-2.

meet with a great deal of resistance from the Community Colleges and the Associate Nursing Degree programs in the state and from other nurses in the community. This issue divided the nursing community over what was the appropriate education level necessary to be a competent practitioner. It was felt if level of entry requirement of a baccalaureate level could not be approved by the state legislature, why would the college want to take the risk of requiring a graduate education as the level of entry? Also, the baccalaureate program was a natural recruitment mechanism for the graduate program. If the baccalaureate program was discontinued, how would it affect enrollment in the graduate programs?

The issue that all faculty be required to have a earned doctorate was explosive. Many faculty felt that the college had been developed with the majority of faculty having a masters degree and was very successful. The clinical specialist role that was developed was the foundation of the college and to alleviate this aspect would be detrimental to the college's uniqueness in nursing education.

The first time the "white paper" was brought to the July 23, 1984 faculty meeting it was decided to form a task force to evaluate the future of nursing education at Rush. Faculty members were not ready to vote on the concepts of the "White Paper" without looking at a blueprint of how the concepts would be actualized in a formal curriculum

proposal. Many faculty felt they needed more time to discuss the issues as well as seek outside consultation from other nursing leaders who have developed innovative programs at other colleges of nursing. The faculty also needed more time to digest the requirement of an earned doctorate. Many faculty who were masters prepared were not sure if it was necessary to require a doctorate. Some on a personal level were unsure that they wanted to further their education and give that kind of time commitment. Also, the faculty wanted to further analyze the resistance of the general public to increasing the entry level of nursing. To have a entry level be at a doctoral level seemed even more far-fetched than the baccalaureate degree requirement.

During the time the faculty was discussing what major changes should take place, both the undergraduate and graduate curriculum committees were reviewing the curriculum. Both committees felt it was important to have periodic joint committee meetings to ensure that the curriculum would be well organized and easily adaptable to the new program.

The College of Nursing asked for consultation from different nursing leaders who had developed other types of programs. Dr. Greta Styles of the University of California at San Francisco presented the RN-MS program, D.N.Sc. and Ph.D. Programs that were established at her institution. Dr. Rozelle Schloetfelt of Case Western Reserve University,

discussed the Nursing Doctorate (N.D.) program that was developed and the program that Dr. Christman was supporting. Dr. Judith Krause from Yale School of Nursing presented the Generic Master's program that was being taught at Yale.[76] All of these options were discussed at length in order for the faculty to reach some consensus.

During this period in which the faculty was discussing the "white paper," Dr. Luther Christman resigned as Vice President of Nursing Affairs and Dean of the Rush College of Nursing on August 7, 1985.[77] With Dr. Christman's resignation, many faculty wanted to be sure of the direction of the educational program at Rush. On September 1986, Dr. Christman presented the faculty with an implementation plan for the "White Paper." His memo stated:

> The faculty has gathered much information and conducted extensive discussion regarding the future directions for the educational offerings of the College of Nursing. The following proposal is offered as a "first step" toward adapting our programs to the directions of professional education and the future educational needs of the students of nursing.
>
> Faculties are entrusted with the responsibility of preparing students for the "most current" practice as well as for the future. The following plan begins a move toward that future as it recognizes and is built upon several assumption derived from observing trends in health care and in higher education. The three

---

[76] Minutes of College of Rush University Undergraduate Curriculum Committee, 17 October 1984, Chicago: Rush-Presbyterian-St. Luke's Medical Center. Archives of Rush-Presbyterian-St. Luke's Medical Center, 1-2.

[77] Letter to Leo Henikoff M.D. from Luther Christman Ph.D., 7 August 1985, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

foundational assumptions for this proposal are:

1. that professional education is best built upon a strong foundation of the liberal arts and sciences.
2. that educational programs which prepare students for a profession should be planned with a strong emphasis on career-development.
3. that educational programs be flexible enough to accommodate and assimilate students with a wide variety of previous educational backgrounds.

The first assumptions has received extensive attention by this faculty and is generally accepted by this faculty and is generally accepted as true. The second and third assumptions may require more consideration and discussion.

A "Career Development Program", in this context is viewed as a series of articulated steps which proceed from the entry (generic) level to the terminal clinical doctoral degree. Several key considerations in the planning of such a program should be:

1. that each step be planned as a logical progression, building upon preceding academic work and preparing for the next step.

2. that students may "stop out" at the end of each step with no significant penalty when they return to resume movement through the educational program.

3. that educational offerings be planned to allow entry by persons with a variety of prior academic experiences (multiple entry options).

With this background, the following is proposed as the next step in developing our future.

PROPOSED RESTRUCTING[sic] OF THE GRADUATE PROGRAM

Emphasis in this proposal is upon redesigning the graduate program to allow multiple entry and exit options. This presentation is organized to emphasize the exit points and the entry options for each step in the program.

<u>EXIT POINT #1</u>: M.S. with beginning clinical specialization.

<u>ENTRY OPTIONS</u>:

1) B.S. with Major in Nursing.
2) R.N. (AD/Diploma) with B.S. or B.A. in another field.
3) R.N. (AD/Diploma) with "some" liberal arts

background and evidence of potential for graduate study.

4) B.S. or B.A. in liberal arts and/or sciences - no previous nursing education experience.

REDESIGN REQUIREMENTS:

1) this exist option would be based upon the existing program for the M.S.
2) Additional courses would be developed and a special program of study outlined to allow persons with no previous education in nursing [Option #4] to complete the requirements to qualify to write the NCLEX-RN in the process of the program. These courses would be designed to achieve current baccalaureate program objectives. Wherever possible courses would be shared with other student populations on the university campus. program design would take into account all state nursing education requirements.
3) R.N.'s without a B.S. [Option 3] would embark upon a program of study which allows consideration of previous education and the opportunity to demonstrate achievement of the baccalaureate and master's program objectives.

EXIT POINT #2: N.D.

ENTRY OPTIONS:

1) RN's with specialty Masters'.
2) Any of the entry points in Exit Point #1 [eg student would meet objectives of prior levels and choose to exit at this point].

REDESIGN REQUIREMENTS:

1) new program objectives would be developed which reflects this as a step between the existing M.S. and D.N.Sc. Additional research and clinical study would be required.
2) The person choosing to exit at this point might be:
   a) an advanced clinician who wishes additional research and clinical education but wish to defer completing the D.N.Sc.
   b) persons who need to "stop out" on way to D.N.Sc.
3) Degree would require approval from the Illinois Board of Higher Education since it does not fall into one of our already approved categories.

EXIT POINT#3: D.N.Sc.:

ENTRY POINT-ANY OF THE ABOVE

REDESIGN REQUIREMENTS:

1) Program objectives remain same as current D.N.Sc. objectives.
2) Each program of study would require evaluation of previous education to assure achievement of the objectives of each stage in our program.

EXIT POINT#4: Ph.D. in related science:
This option is suggested for persons who wish to enhance their potential as advanced researchers.[78]

Dr. Christman's memo regarding the implementation of the "white paper" assisted the faculty in understanding the importance of the concepts. One of Dr. Christman's criticisms of the profession of nursing was that the nursing leaders were not visionary; that changes in the profession occurred once new knowledge had been already established and needed to be implemented. Dr. Christman wanted Rush College of Nursing to be on the cutting edge in directing the profession into the future. Also, Dr. Christman wanted to eradicate the issue that it was difficult for individuals who have had other educational experiences to have easier access to the educational systems in nursing. Up until this point, someone with other educational experiences was given little acknowledgement for their previous education accomplishments. Dr. Christman's memo also delineated the different entry points and exist points of the educational system that would be established at Rush College of Nursing.

---

[78] Memo to Faculty, College of Nursing from Luther Christman on September 1986, Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, 1-3.

The faculty voted approval of the "white paper" at Dr. Christman's last faculty meeting as Dean of the College of Nursing. He felt a great sense of accomplishment with the acceptance of the new program. The Rush College of Nursing not only was to have a new Dean but also had a new program to develop. The faculty had a great deal of work to do in order to implement this new program.

It was difficult to recruit a replacement for Dr. Christman. Dr. Leo Henikoff and Donald Oder had given the faculty the commitment that the organizational style of the unification model would remain intact. Many faculty came to Rush only because of the Unification Model. In reality, the unification model made it difficult to recruit for Dr. Christman's replacement. The unification model was built on the premise that education, service and research was part of everyone's role. The faculty wanted an individual who would be a recognized leader in both nursing administration and nursing education. This was an impossible task. There were very few leaders who had the ability, experience or desire to accept the responsibility for both a college and a hospital. The climate around health care was changing drastically. Quality of patient care and cost effectiveness of that care were the main issues. These two issues were time consuming for all health care leaders and to expect that one individual was going to be able to direct the development of nursing practice and education was seen by

some as overwhelming.

It took over twenty months to name Dr. Christman's replacement. Kathleen Gainor Andreoli, D.S.N. assumed the role of Vice President of Nursing and Dean of the Rush College of Nursing on June 15, 1987.[79] Dr. Christman remained with Rush College of Nursing as Dean Emeritus until December 31, 1988.[80] This was an end of a wonderful era for the College of Nursing, and yet a new beginning.

---

[79] Rush-Presbyterian-St. Luke's Nurses Alumni Association, NEWS & VIEWS, Fall 1987, Archives of Rush-Presbyterian-St. Luke's Medical Center, 1.

[80] Letter to Kathleen Andreoli, D.S.N. from Luther Christman, Ph.D., 8 December 1988, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

CHAPTER VII

SUMMARY AND FUTURE RESEARCH

The history of nursing education at Rush-Presbyterian-St. Luke's Medical Center can be traced back to 1885 when St. Luke's Training School of Nursing was established in the small hospital on Michigan Avenue in Chicago. Rev. Clinton Locke had great hopes of developing a nursing education program that would be sustained over time. It is unlikely that Rev. Locke knew that nursing education would extend over seventy years and even longer after the school's merger with Presbyterian Hospital School of Nursing. St. Luke's Training School of Nursing had many outstanding nursing leaders who assisted in the development of not only nursing education but also were leaders in developing the profession of nursing. Miss Katherine Lett, Miss Margaret Johnstone, Mrs. Jessie MacDonald, Miss Madeleine McConnell, and especially Miss Edith Payne were visionary leaders of nursing who developed nursing education and practice at St. Luke's School of Nursing.

Another integral part of the history of nursing education at Rush-Presbyterian-St. Luke's Medical Center was the development of the Presbyterian Hospital School of Nursing. The insight of the founders in establishing a

hospital with a school of nursing on the west side of Chicago in 1885 was a futuristic decision. Little did the founders know that the institution they developed would have a continuing influence on the health care delivered in Chicago into the 1990s. Presbyterian Hospital School of Nursing also had outstanding leaders, such as Miss Helen McMillan and Miss Henrietta Froehlke who assisted in developing the strong education program that would be maintained throughout the school's existence.

The leaders of these respected institutions had the insight, ability and the determination to affect a merger into one organization that became Presbyterian-St. Luke's School of Nursing. This merger was done to maintain the high standards of nursing education needed to meet health care needs in Chicago. The merging of St. Luke's School of Nursing and Presbyterian School of Nursing in 1956 was a major undertaking. Very few institutions had attempted such an undertaking and been successful. Yet under the leadership of Miss Edith Payne, this was accomplished.

In the 1950s and 1960s the rapid scientific explosion of knowledge occurred which had such a major impact on the health care system. It became important for the health care professions to predict the degree to which the knowledge explosion would occur in order to establish standards for educating future health care workers.

In the late 1960s, nursing education was still taught

according to the apprentice type of system. It should be noted that other career options were beginning to open for women. The inherent view of women in higher education began to change. Also, access to college education had become more accessible to the general public. In the 1960s, there were few degree nursing programs at the college level. The momentum to elevate nursing education into a college program was developing slowly. The successful development of the Associate Degree program had created problems for the advancement of nursing education. Some leaders in the health care system believed that nursing was not a true profession but a vocation which did not require advanced education. Miss Edith Payne, the Director of Nursing at Presbyterian-St. Luke's School of Nursing, did not agree with these individuals. She was able to foresee the need for nursing to keep up with the scientific knowledge explosion. Miss Payne believed it essential for nurses to obtain as much knowledge as possible to deliver quality care to patients. Her belief led to the courageous decision to recommend closure of the diploma program at Presbyterian-St. Luke's Hospital. She felt strongly that nursing education in the future would require university level education. The school's closing in September 1968 opened the door for the development of the Rush University, College of Nursing.

James Campbell, M.D. and Luther Christman R.N., Ph.D. were the two major leaders who established the Rush College

of Nursing. Dr. Campbell, president of the hospital, envisioned the development of a university for the different health care professions. After the break from the University of Illinois, College of Medicine, Dr. Campbell believed there was a need for another college of medicine. But he also envisioned the need for university education for all the different professions within the health care system. He wanted to establish a Health University. It was through consulting with Dr. Christman that he saw how to include nursing education into the university.

The philosophy shared by Dr. Christman and Dr. Campbell emphasized that the patient was the driving force behind the health care system. Decisions should be made on what was best for the patient not what was best for any group of health care providers. This shared philosophy facilitated the working relationship between these two men.

Dr. Christman's nursing career was based on his belief that nurses needed to be better educated and he believed that this could be best accomplished at the university level. Luther Christman also felt that the profession of nursing would be able to develop to its full potential if it could work in a collegial relationship with other health care professionals, especially physicians. The knowledge that nurses gained from the other disciplines would provide the necessary knowledge needed to improve their clinical practice and assist in promoting a collegial relationship.

It was assumed that the collegial relationship between Dr. Campbell and Dr. Christman would eventually permeate throughout the whole institution.

Luther Christman developed the unification model and the Practitioner-Teacher role throughout his career. On his arrival at Rush-Presbyterian-St. Luke's Medical Center, he was able to implement both of these ideas. As indicated earlier, the unification model is: "A pattern for nursing which combines responsibility for nursing practice, education, research, and management into one structure."[1] Nurse educators over the years had disassociated themselves from clinical practice. There was a great deal of controversy over whether nurse educators were competent practitioners. There was also the question of whether or not all staff nurses on the hospital units delivered the standard of patient care appropriate to assist in the education of new nurses. The answer to these issues, according to Dr. Christman, was to bring the faculty back to the nursing units who were the experts on the quality of patient care. In most other professions, educators of that profession were the role models for students in developing their skills. Nursing should be no different. The unification model of nursing promoted faculty as role models to the students by exhibiting their abilities in practice,

---

[1] Jane Ulsafer-Van Lanen, Nursing Excellence The Rush Model Instructor's Guide, ed. by Maria D. Zacierka, (J.B. Lippincott Co., 1986), 6.

education and research. The unification model gave the faculty the credence needed to be part of the nursing unit. Faculty were no longer viewed as "guests" in the clinical units but as colleagues. The clinical leaders of the units were also teacher-practitioners whose main focus was management of the unit.

The practitioner-teacher role was defined as:

> Registered nurses with at least a masters degree who function as clinical specialists in the hospital and also faculty members in the College of Nursing, where they do classroom and clinical teaching. This role is a major contribution to the unification model.[2]

The role of the practitioner-teacher was established not only as a role model for the students but also for the staff nurses. The faculty members were able to be mentors for the staff nurses who were assisted in improving their clinical skills. Also as practitioners, the faculty was able to identify the clinical issues that needed further research to improve patient care and assist in identifying the standards of care for the profession.

The implementation of this new model was very successful, and within the first ten years a national and international reputation of excellence in delivery of patient care and nursing education was developed. Many nursing leaders from Japan, Switzerland, Australia and other foreign countries request consultations to learn more about the Rush Model of Nursing.

---

[2] Ibid., 6.

One major advantage of the unification model at Rush has been that the voice of nursing has grown strong and nursing has been able to gain control over practice, including definition of the direction of patient care. The collegial relationships with the different disciplines have grown strong and assisted in the development of the excellent reputation of Rush University.

Society's agenda toward health care has been changing over the last ten years. Whenever this occurs, the health care organizations must make adjustments. In the 1990s, the major agenda in America is health care reform. In the last ten years, health care cost in the United States has escalated to the point that it has become unattainable to over forty million Americans.

In the last six years, there has been a major thrust in health care to be cost effective. Even though many health care institutions have implemented cost containment measures, it has not been enough. Consequently, there are many institutions that are undergoing major internal reorganization. Rush is not immune to these pressures, and is currently in the midst of a reorganization. The faculty of the College of Nursing is concerned about the affect the reorganization will have on the Rush Model of Nursing, especially the unification model. There are currently only two institutions remaining that have the unification model: Rush University and University of Rochester. But there is

question at both institutions about how much if any of the model will remain.

When you look at the institutions that have had the unification model, it appears that when management philosophies change the unification model is threatened. This has been related to the perception of cost of a non-traditional educational model. Currently, the Rush University College of Nursing has sustained organizational changes designed to isolate the cost of education from that of patient care. Nevertheless, unification in practice still continues. Nurse managers continue to have responsibilities in education and service. Practitioner-teachers continue to have responsibilities in both service and education. The faculty continue to have responsibilities for staff nurse education as well as student nurse education. The Dean of the College of Nursing is still the Vice President of Nursing Affairs.

Future research questions regarding the unification model include: What was the climate of the institution when the model was first initiated? Were there any identifiable causes for changing from the model? In order for the unification model to be successful, is it important to have a certain organizational model? Can the unification model survive with support from only the nursing leadership of the organization or must it have total support from all levels of management in the organization?

The unification model was first established when quality of patient care was the main issue and funding was plentiful. The research that was done in regards to the unification model has always emphasized the issue of quality. Therefore, now that we are in the climate of cost containment, it would be important to investigate the issue of the cost effectiveness of the unification model.

Another issue that needs to be studied is the cost effectiveness of the unification model. How does the cost of unification model compare to a traditional nursing college or university? Since cost containment is a major issue in society today, it would be important to evaluate cost.

Dr. Christman said this about power:

> Power is the ability or authority to dominate people and to compel their action in particular ways. It also is the measure of relative strength and influence of a specific group, as compared with that of relevant other groups, on issues that affect directions and destinies.[3]

He believed that nursing could achieve power with the unification of service and education and that certainly was true at Rush Medical Center. But in researching the different unification models, it appears that a loss of power occurs with the loss of the unification. It would be important to look into the issue of power of a profession.

---

[3] Luther Christman, "Effective Mobilization of Power," ed. Jerome P. Lysaught, A Luther Christman Anthology (Wakefield, Mass: Nursing Digest, 1978), 24.

How does a profession attain power? How does a profession maintain this power? Can power be taken away or are the individuals within the organization giving it up? What role does leadership play in maintaining a innovative model in times of economic instability? What role does gender play in the issue of power?

Another research project would be a biographical study of the three previous nursing leaders who were part of the Presbyterian and St. Luke's history. Those individuals were Miss Madeleine McConnell, Miss Helen McMillan and Miss Edith Payne. Each of these women were unusual nursing leaders for their time. It would be important to explore each of their lives and their accomplishments.

Rush University, College of Nursing has a rich history of nursing education that spans over one hundred years. It has met, if not exceeded, all the benchmarks that were established prior to its existence. Rush University, College of Nursing has become internationally and nationally known for its accomplishments in the clinical practice of nursing and nursing education. With the foundation that was established by Dr. Luther Christman, it seems that the college will continue to grow and remain a leader in nursing education in the country.

APPENDIX I

STATE OF ILLINOIS, DEPARTMENT OF STATE

STATE OF ILLINOIS

DEPARTMENT OF STATE

HENRY D. DEMENT, SECRETARY OF STATE.

To all to Whom these Presents shall Come-- GREETING:

Whereas, a CERTIFICATE, duly signed and Acknowledged, have been filed in the office of the Secretary of State, on 1st day of April A.D. 1886 for the organization of the St. Luke's Training School for Nurses under and in accordance with the provisions of "An Act Concerning Corporations," Approved April 18, 1872, and in force July 1, 1872, a copy of which certificate is hereto attached;

NOW, THEREFORE, I, HENRY D. DEMENT, Secretary of State of Illinois, by virtue of the powers and duties vested in me by law, do hereby certify that the said St. Luke's Training School for Nurses is a legally organized Corporation under the laws of this State.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the great Seal of the State. DONE at the City of Springfield **SEAL**

this 1st day of April in the

year of Our Lord one thousand

eight hundred and eighty 6 of

the Independence of the United States the One Hundred

and 11

Henry D. Dement

Secretary of State

Articles of incorporation of the St. Luke's Training School for nurses, a corporation not for pecuniary profit.

We the undersigned citizens of the United States and of the County of Cook and State of Illinois desire to associate ourselves together for the purpose of forming a corporation not for pecuniary profit, and under the laws of the State of Illinois, as follows:

1st. The name of such corporation shall be the "St. Luke's Training School for Nurses."

2nd. The particular business and object for which said corporation is formed is the training and education of young women as nurses, and objects kindred thereto.

3rd. The government of said corporation shall be vested in a Board of seven Directors.

4th. The following are the names of the directors of said corporation for the first year its existence:
Clinton Locke; Mrs. N.K. Fairbank; Mrs. Orson Smith; Mrs. H.E. Sargent; W.H. Vibbert; W.K. Ackerman; Mrs. Clinton Locke

Arthur Ryerson
George Burry
Thomas Bates.

Chicago March 31st 1886

State of Illinois)
) SS.
Cook County)

I, James Whitaker, a notary public in and for said county of Cook in the State of Illinois do hereby certify that **Arthur Ryerson, George Burry and Thomas Bates** personally known to me to be the same persons subscribing to the above certificate of incorporation appeared before me this day in person and acknowledged that they signed and executed the same for the purposes therein set forth.

Given under my hand and notarial seal
this 31st day of March., 1886.

JAMES WHITTAKER
Notary Public

SEAL

APPENDIX II

STATE OF ILLINOIS, OFFICE OF THE SECRETARY OF STATE

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

SEAL

TO HONORABLE EDWARD J BRUNDAGE, ATTORNEY GENERAL OF THE STATE OF ILLINOIS:

I, LOUIS L. EMERSON, Secretary of State of Illinois, pursuant to Section 7 of an Act entitled "An Act Requiring Corporation to Make Annual Report to the Secretary of State, and Providing for the Cancellation of the Article of Incorporation for failure to do so, and to repeal a certain Act therein named," in force July 1, 1901, and amendments thereto, in force July 1, 1917, do HEREBY CERTIFY that the facts relating to the cancellation of the charter of St. Luke's Training School for Nurses in accordance with the provisions of Section 1 and 2 of the above entitled Act, as appearing of record in the office of the Secretary of State, are as follows, to-wit:

The Company was incorporated on the 1st day of April 1886 Location of business office at date of organization was: Chicago, Cook County, Ill.

The following persons were elected as the first Board of Directors: Clinton Locke, Mrs. N.K. Fairbank, Mrs. Orson Smith, Mrs. H.E. Sargent, W.H. Vibbert, W.K. Ackerman, Mrs. Clinton Locke.

Accordance to the last annual report on the _____ day of _____ 19____ the location of the business office was No report filed and the officers were No report filed

Notice required by Section 2 of the above entitled Act was mailed to the last known address of the corporation on or about January 15, A.D. 1902.

Certificate of cancellations was entered against the charter of this corporation in accordance with the provisions of Section 2, of the entitled Act on 1st day of July A.D. 1902.

I Further certify that no application for re-instatement has been filed in the office of the Secretary of State.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

Seal

Done at the City of Springfield, this 30th day of June, A.D. 1918

Secretary of State

CERTIFICATION OF CANCELLATION OF CHARTER.

WHEREAS, it appears that the St. Luke's Training School for Nurses being a corporation organized under the laws of the State of Illinois, has failed to file in the office of the Secretary of State, between the first day of February and the first day of March of the year A.D., 1902, an annual report and pay a fee of $1.00 therefor, as provided for in " An act requiring corporations to make annual report to the Secretary of State and providing for the cancellations of articles of incorporation for failure to do so, and to repeal a certain act therein named, [Approved May 10, 1901, in force July 1, 1901.] AND WHEREAS said act provides that a failure to make said report and to pay said fee shall be prima facie evidence that said corporation is out of business and shall work a forfeiture of the charter of such corporation, and making it the duty of the Secretary of State to enter upon the records of his office the cancellation of the charter of all corporation failing so to make report, NOW THEREFORE, I, James A. Rose, Secretary of State, do hereby declare that the charter of said St. Luke's Training School for Nurses is in pursuance of said statute duly canceled.

Given under my hand and seal, this first day of July, A.D., 1902

SEAL

James A Rose

Secretary of State

State of Illinois
ss.
County of Cook

In the Superior Court

Term,

A.D.192

THE PEOPLE OF THE STATE OF ILLINOIS AT THE RELATION OF EDWARD J. BRUNDAGE, ATTORNEY GENERAL,

In Chancery

v.

Genl. No. 12435

ST. LUKE'S TRAINING SCHOOL FOR NURSES

TO THE HONORABLE LOUIS L. EMMERSON, SECRETARY OF STATE,
SPRINGFIELD, ILLINOIS.

I, Samuel E. Erickson, Clerk of the Superior Court aforesaid, do hereby certify that a decree dissolving the above corporation was entered by the said Superior court on the 10 day of March A.D. 192/, and that I am the lawful keeper thereof.

witness my hand and official seal this 12 day of March A.D. 192/.

Samuel E. Erickson
Clerk of the Superior Court
of Cook County

APPENDIX III

RULES FOR PUPIL NURSES

ST. LUKE'S HOSPITAL CHICAGO

R U L E S
FOR
P U P I L N U R S E S

SECTION XVII OF RULES ADAPTED JANUARY 9, 1902.

1. The hour for rising is 6:15 A.M. Before leaving, each nurse must make her bed, dust and arrange the room, leaving it and the closet in good order, that they may be ready for inspection at any time. The walls and woodwork of the rooms must not be defaced in any way.

2. The hour for closing is 10 P.M. All nurses must be in at that hour, unless they have written permission to be absent. At 10 P.M. lights will be extinguished in the halls and sitting rooms; nurses must then retire to their rooms and be quiet; lights must be put out in the sleeping rooms at 11 P.M.; they must also be put out when a nurse leaves her room. Nurses are not allowed to take visitors to their rooms without permission from the Directress of the Training School.

3. Day nurses are on duty from 8 A.M. until 7:30 P.M. with two hours off for rest and recreation. Night nurses must be in their rooms from 10 A.M. until 6 P.M. unless given permission to the contrary.

4. The hours for meals are: 1st breakfast, 7:35; 2nd breakfast, 8:15; 1st dinner 12:30; 2nd dinner, 1:10; 1st tea 6:00; 2nd tea, 6:40. Sunday: 1st dinner, 1:00; 2nd dinner, 1:30; tea, 5:30; 2nd tea, 6:00. Nurses must come promptly to their meals, and not linger in the dining room or corridors afterward. No food is provided for the nurses out of the appointed time except by special permission. No visitors are to be invited to meals, or to spend the night.

5. Nurses may have late leave-until 11:45 P.M.- once a week, provided they are up to date with their lecture notes. Above rules applies to night nurses who may get permission to be up until 11:45 A.M. or to be called at 3:15 P.M.

6. Two dozen pieces, well marked, and one dress, are allowed each person per week; one extra dress may be put on, when necessary, if an order is obtained from the Directress of Nurses. No laces, muslins, white skirts or shirt waists can be received. A list of clothes, dated, must be pinned on the outside of the clothes tag, and the bag placed in linen room each Monday morning. Two sheets, two pillowcases

and three towels, will be allowed each week; a fresh bedspread every other week.

7. The bathrooms are not to be used after 10 P.M. Any one using the bath-tub is required to leave it in proper condition for the next comer.

8. The nurses are under the authority of the Directress of the Training School. When taken off duty on account of sickness, they must not return to the Hospital or leave the Training School without her direction; neither can they at any time visit wards, private rooms or office, without permission. Nurses are not permitted to receive calls in the wards from their friends, or other nurses, nor to receive callers during the hours they are on duty, without permission from the Directress of the Training School.

9. Nurses must report to the Directress of the Training School when they need the services of a physician , and not take medicine from the wards; nor they are allowed to consult a physician without her permission.

10. Nurses shall not be absent from class or lecture, without permission from the Directress of the Training School.

11. Nurses must attend Daily Morning Prayers in the Chapel, and it is expected they will avail themselves of the time given them on Sunday to attend some place of worship.

12. Nurses are urged to recognize the danger of fire from careless handling of matches or alcohol lamps.

13. Nurses can obtain their letters from the post-box after dinner, and on returning from duty; they are not allowed to remove letters other than their own.

14. Trunks are kept in the basement. When it is necessary, nurses can apply at the office of the Directress for the key of the trunk room. A small trunk neatly covered may be kept in bedroom.

15. The bridge-door will be locked at 8 P.M. and opened at 5:30 A.M. Special nurses on night duty must be particular about their appearance, avoiding untidy hair, bedroom shoes and slippers.

16. Only such persons as are specially authorized by the Hospital authorities, are allowed to operate the elevators and the Hospital will not be responsible for accidents resulting from the handling of the elevators by unauthorized persons.

17. Nurses are reminded that whistling, loud laughing, talking, singing, or any other boisterous conduct, are unbecoming to their calling, and will not be tolerated. They are urged to cultivate habits of punctuality, personal neatness and general good order, as these qualities, together with a gentle voice and manner are essentials in a good nurse.

18. Nurses are cautioned not to leave money or valuables in their rooms, as the Hospital will not be responsible for them if lost or stolen. They may be placed in the safe in the office, by obtaining an order from the Directress of the Training School.

19. All ordinary business pertaining to the Hospital must be transacted through the Directress of the Training School.

20. Nurses are warned that the private affairs of the Hospital and of the patients must be the subject of gossip either in or out of the Hospital.

21. In case a pupil has a grievance she shall lay the matter before the Directress of the Training School. If a Satisfactory ruling is not obtained she may appeal to the Superintendent and thence, if necessary to the President.

APPENDIX IV

CURRICULUM, 1953-1954

THE CURRICULUM OF ST. LUKE'S SCHOOL OF NURSING 1953-1954

Title of Course	Lect hrs	Lab hrs	Total hrs
FIRST YEAR, FIRST TERM			
Anatomy	32	24	56
Physiology	36	18	60
*Chemistry	36	24	60
*Microbiology	36	24	60
Nutrition I	15	30	45
History of Nursing I	15		15
Professional Adjustment I	15		15
*Psychology	30		30
Social Psychology	15		15
Nursing Arts	135	82	217
Introduction to Medical Surgical Nursing	20		20
Introduction to Medical Science	30		30
Total	415	202	617
FIRST YEAR, SECOND TERM			
Principles of Medicine	30		30
Principles of Medical Nursing	30		30
Pharmacology	30		30
Principles of Surgery	56		56
Nutrition II	15		15
Operating Room Technique	15		15
Total	228		228
SECOND YEAR, FIRST TERM			
Principles of Obstetrics	25		25
Principles of Obstetrics Nursing	25		25
Principles of Pediatrics	20		20
Principles of Pediatrics Nursing	36		36
Principles of Contagious Disease	9		9
Diseases of Ear, Nose & Throat Nursing	3		3
Diseases of Eye	9		9
Principles of Eye Nursing	3		3
Sociology	30		30
Total	169		169

Title of Course	Lect hrs	Lab hrs	Total hrs
SECOND YEAR, SECOND TERM			
Principles of Psychiatry	14		14
Principles of Psychiatry Nursing	16		16
Dermatology & Syphilology	15		15
Principles of Neurology	14		14
Principles of Neuro. Nursing	6		6
Emergency Nursing	20		20
Total	85		85
THIRD YEAR, FIRST TERM			
Principles of Communicable Diseases	35		35
Nursing Aspects of Community Living	30		30
Professional Adjustment II	45		45
Total	110		110
THIRD YEAR, SECOND TERM			
Advanced Medical & Surgical Nursing	30		30
Total	30		30
Grand Total not taking VNA	1037	202	1239
#THIRD YEAR, SECOND TERM			
Principles of Public Health Nursing	40		40
Grand Total Students Taking V.N.A. Affiliation Total	1047	202	1249

* Students in Combined Program are exempt from 15 hours of Psychology, 30 hours of Microbiology and 20 hours of Chemistry.

** Placement of four week vacation given each year.

+ Two weeks illness leave allowance is given at the finish the three year program.

Selected students are given this affiliation each year.

^ Students in the combined program are given 32 weeks of clinical nursing experience in medical and surgical nursing including the specialties.

! Six months credit is given to students in combined program.

CLINICAL EXPERIENCE		**WEEKS**
FIRST YEAR, FIRST TERM		
Clinical Practice is given in the Nursing Arts Laboratory and integrated with 120 hours supervised experience in the wards		24
	TOTAL	24
FIRST YEAR, SECOND TERM **		
Medical and Surgical Nursing (including Urology, Orthopedics & Gynecology)		14 ^
Diet Kitchen		4
Operating Room		6
	TOTAL	24
SECOND YEAR, FIRST TERM		
Operating Room (cont'd)		4
Obstetric Nursing		16
Pediatric Nursing		4
	TOTAL	24
SECOND YEAR, SECOND TERM **		
Pediatric Nursing (cont'd)		7
Nursery School		1
Formula Laboratory		1
Psychiatric Nursing		10
Medical & Surgical Nursing		5 ^
	TOTAL	24
THIRD YEAR, FIRST TERM **		
Communicable Disease Affiliation		6
Medical and Surgical Specialties		18 ^
	TOTAL	24
THIRD YEAR, SECOND TERM **		
Advanced Medical & Surgical Nsg		16
Out-Patient Dept. (those who do not take VNA)		6
+	TOTAL	22
Grand Total not taking VNA		142 !

THIRD YEAR, SECOND TERM

Visiting Nurse Association Affiliation	8
**	
Advanced Medical & Surgical Nursing	14
	22
Grand Total Students Taking V.N.A. Affiliation Total	142

The Curriculum of St. Luke's School of Nursing 1954-1955

The basic professional curriculum is planned to prepare graduates of the school to give professional nursing service to the patient, the family and the community. The preventive, curative, rehabilitative and teaching aspects of health are the basis upon which the curriculum is constructed.The curriculum covers thirty-six months including twelve weeks of vacation. A forty-hour week schedule is maintained through-out the entire program. Assignment to clinical practice may be during the day, evening or night periods.

PATTERN OF CURRICULUM

COURSE	YEAR GIVEN	LECT. HRS	LAB HRS	TOTAL	PLANNED WARD TEACH. CLIN EXPER.
SCIENCE					
THE HUMAN BODY	1	111	70	181	
NUTRITION	1	26	8	34	
ORG. CHEMISTRY	1	8	4	12	
MICROBIOLOGY	1	42	20	62	
HUMANITIES					
NURSING PROF.	1,2,3	120		120	
COMMUNICATION	1	72		72	
SOCIAL SCIENCE					
SOCIOLOGY	1	58		58	
PSYCHOLOGY	1	36		36	
NURSING					
BASIC NURSING	1	78	100	178	
MED/SUR NSG I	1	144		144	26 13 WKS
MED/SUR NSG II	1	72		72	26 13 WKS
MED/SUR NSG III	2	72		72	26 13 WKS
O.R. NSG	1or2	20		20	8 WKS

OB NSG	1or2	56		56	26	13 WKS
PSYCH.NSG	1or2	50		50	50	13 WKS
PEDS. NSG	2or3	66		66	26	13 WKS
COMMUNICABLE DIS. NSG	2or3	27		27	9	6 WKS
*VNA	(2or3)	(40)		(40)		
TOTAL		1058	202	1260	189	92 WKS

* Available to a limited number of students.

APPENDIX V

BOARD OF TRUSTEES MEMO

BOARD OF TRUSTEES MEMO

Chicago, Oct. 17, 1902

To the Board of Trustees of the Presbyterian Hospital.
Gentlemen:

For the past fifteen years the Illinois Training School for Nurses, which we represent, has been under contract to do the nursing of the Presbyterian Hospital, in addition to that at Cook County Hospital.

During all this time our relations have been most agreeable and harmonious, and ,we fully believe, mutually Advantageous. About two years ago most intimately acquainted with the work of the two hospitals began to fear that sooner or later we should be obliged to sever our connections with one or the other of the hospitals, from two causes: first; the enlargement of both hospitals and second; the greater amount of work imposed on the nurses by the daily increasing demands of Medical Staff. These have been so great at the Presbyterian Hospital that it requires three nurses now were two were ample fours years ago.

At the expiration of our last contract, October 1, 1901, it was with considerable reluctance that we entered into another, as we found it impossible the proceeding year to furnish the requisite number of nurses without calling in graduates, thus not only increasing our expenses, but reducing our income from special nursing. We had hoped that this demand would lessen, and that we might continue to serve you another three years, but this we now find impossible. We have now in the School one hundred and ninety nurses, and to satisfactory fulfill the requirements of the two hospitals we should have from twelve to fifteen more. Our Home is full to overflowing; we cannot house more pupils even could we manage their training, and we now have can be well trained and supervised.

A school for nurses differs from other schools, in that it cannot be handled by classes. Each individual must be separately planned for, and he work adapted, not only to secure for her the full training in all departments, but all to fill the requirements of the nursing in the hospitals.

Our experience teaches us that there is limited to the executive ability of even the most capable. We feel that this limit has been reached in our school at the present time, and that adding to the number of our pupil nurses is not practical.

This decision was arrived at by our Board at its July meeting, and the matter left in the hands of the Executive Committee with power to act. This Committee was slow in coming to a conclusion and only reached it after long and careful consideration. At the last meeting of our Board, held October 7, the Committee reported, recommending the termination to said contract. This recommendation was

unanimously approved, and it was ordered that the required notice be given to your Board.

Therefore, following the instructions of the Board of Managers of the Illinois Training School for Nurses, and in accordance with the terms of our contract with your Board, notice is hereby given that on the first day of November, 1903, we will terminate our said contract and withdraw our nurses from the Presbyterian Hospital.

In doing this we wish you fully to understand that while pecuniary considerations have necessarily had weight in influencing our decision, they have been subordinate to the main fact, that of the impossibility of increasing the number of our pupils, so as to meet the present demands of these two large hospitals.

In closing our connection with the Presbyterian Hospital we do it with sincere regret and with the most cordial feelings toward the Trustees and all those connected with its management.

We assure you of our hearty interest in your hospital and our desire to co-operate with you in every way, not only in establishing your own school, but in the future work of the hospital.

Very Respectfully yours,
The Board of Managers of the Illinois Training School for Nurses,

By Elizabeth D. Nixon,

Corresponding Secretary

APPENDIX VI

RULES FOR THE HOME

PRESBYTERIAN HOSPITAL SCHOOL FOR NURSES
RULES FOR THE HOME

The rising bell is rung at 5:30.

First breakfast is served at 6:15.

Nurses go on duty at 7 P.M. Before leaving the Home for the Hospital or other duty each nurse must make her bed, dust and leave her room in good order.

The hour for closing the Home is 10 P.M. All pupils are expected to be within doors at that hour unless they have special permission to be absent. Lights will then be turned out in the parlors and halls, and nurses must retire to their own rooms. Light in bed rooms must be turned out at 10:30 P.M. and during the evening turned out to these rooms whenever left vacant, the utmost economy of gas being necessary.

Nurses are expected to preserve at all times a quiet demeanor in halls, stairways and dining rooms: no noise, loud talking or laughing will be permitted. Care must be observed by each resident to protect the furniture and others property of the Home: matches must not be struck on the walls: the pipes in the bath rooms and other plumbing must not be plugged by careless use: sheets, towels and other household linen must be preserved for their legitimate purposes.

Hours for Meals.- First breakfast, 6:15 A.M.; second breakfast, 7:15 A.M.; first dinner, 12 noon; second dinner, 1 P.M.; first supper, 6 P.M.; second supper, 7:15 P.M.

Nurses must be prompt in coming to their meals and must not linger in the dining room after meals. No food is provided out of appointed time, except with permission.

Dishes, silver or food must not be carried from the dining room to the bed rooms. Nurses are not to go into the kitchen or to give orders to any of the servants. No visitors may be invited to meals or to spend the night in the Home.

Laundry Regulations - Clothes must be listed and ready for the laundry on Monday at 7 A.M. The following articles are allowed each nurse per week: Seven pairs cuffs, seven collars, one cap, seven handkerchiefs, one colored skirt, six aprons, two belts, one dress regularly and a second one in case of accident, eleven articles of underwear. One white skirt is allowed every two weeks, and a wrapper once a month.

Any clothing in excess of the specified numbers of each article and elaborately trimmed garments will be returned unwashed. All clothing must be distinctly marked in places where the name will be easily seen by the laundress. Washing must not be done in the bed rooms or bath rooms.

When a nurse is sick or ailing she should report at

once to the Superintendent, who will see that she is prescribed for, if necessary, by a physician. Nurses must not obtain medicine for their own use from the wards or drug store of the hospital. Nurses must not return to the hospital when off duty without permission. They are not permitted to receive phone calls in the hospital from their friends. Food, linen, silver or other articles must not be carried from the Hospital to the Home.

Pupils will be excused from classes and lectures only on account of illness.

APPENDIX VII

BYLAWS OF THE FACULTY ORGANIZATION

SCHOOL OF NURSING
PRESBYTERIAN - ST. LUKE'S HOSPITAL
CHICAGO
BYLAWS OF THE FACULTY ORGANIZATION

ARTICLE I NAME

The name of the organization shall be the Faculty Organization of the School of Nursing of the Presbyterian - St. Luke's Hospital.

ARTICLE II PURPOSE AND FUNCTIONS

Purpose

1. To provide for students those educational experiences essentials for successful completion of all requirements of professional nursing education in a diploma program.

2. To ensure maximum growth of individual faculty members.

FUNCTIONS

1. To establish and exemplify a philosophy.

2. To plan and implement a curriculum designed to activate the philosophy and objectives.

3. To interpret trends pertinent to the objective.

4. To constantly evaluate the program and keep it dynamic.

5. To select qualified students for the program.

6. To evaluate and analyze the student achievement.

7. To guide students toward their maximum potential as a person.

8. To maintain effective communication within the faculty.

9. To unify faculty effort for accomplishing objectives.

10. To provide stimulation, inspiration and needed information to faculty.

11. To report to nursing and allied professions.

12. To support and encourage research.

ARTICLE III MEMBERSHIP

The membership of this organization shall include all administrative and instructional personnel of the School of Nursing, Presbyterian - St. Luke's Hospital. This shall include:

1. Director of Nursing
2. Administrative Assistant to Director of Nursing
3. Director, School of Nursing
4. Administrative Assistant to Director, School of Nursing
5. Assistant Director in Administration of Nursing Education
6. Assistant Directors in Nursing Education
7. Chairman, Department of Communication
8. Chairman, Department of Natural Sciences
9. Chairman, Department of Social Science
10. Coordinators
11. Counselors
12. Instructors
13. Assistant Instructors
14. Director of Admissions
15. Admissions Counselor
16. Director of Students Activities
17. Directors of Residence
18. Assistant Directors of Residence
19. Supervisor Health Service
20. Librarians

ARTICLE IV OFFICE

Section I. The officers of the Faculty Organization shall be:

1. Chairman who shall be the Director of the School of Nursing.

2. A Vice-Chairman who shall be the Assistant Director in Nursing Education.

3. A Secretary who shall be elected by the faculty.

4. A Co-secretary who shall be elected by the faculty.

Section II. The term of office for the Faculty Organization shall be:

1. The chairman and vice-chairman shall hold office as long as they are in the position stated in Article IV, Section I, Rules 1 and 2.

2. The term of office for the secretary shall be for two years except for the first time this office is filled when it shall be for one year, and shall not hold office for not more than two successive terms.

3. The term of office for the co-secretary shall be for two years, and shall hold office for not more than two successive terms.

Section III. The election of Officers:

1. The school year shall be from September 1 to August 31.

2. The election of officers shall be by ballot and be held before the monthly meeting in May of each year.

Section IV. The duties of Officers shall be:

1. The chairman shall preside at all meetings of the Faculty Organization, be an ex-officio member of all committees, and shall supervise and coordinate the affairs of the organization.

2. The vice-chairman shall perform all the duties of the chairman in the absence of the chairman and other duties assigned.

3. The secretary shall take minutes of faculty meetings, prepare minutes for publication to all faculty members, and carry out other duties as directed by the chairman.

4. The co-secretary shall notify members of faculty meeting, circulate minutes from previous meeting, and circulate the agenda of the future meeting.

ARTICLE V MEMBERS

Section I. The meetings of the Faculty Organization shall be held each month on the 3rd Wednesday at 7:00 P.M. The meeting will be held from September through June.

Section II. Special meeting may be called by the chairman or at the request of any member of the faculty.

Section III. A quorum for a meeting shall consist of 20 faculty members.

Faculty Committees

Administrative
Student Welfare
Admissions
Curriculum all instructors are members of this committee

When indicated ad hoc committees will be appointed by administration.

Membership on committees will be decided by the chairman with administrative approval.

APPENDIX VIII

OUTLINE OF COURSES 1915-1916

OUTLINE OF COURSES 1915-1916

The Preparatory Course - Beginning Spring and Fall. - The morning hours are devoted to practical work under supervision, comprising instruction and practice in: Invalid cookery, setting and serving of trays, making surgical supplies, care of linen, making beds, giving baths, etc. In the Pharmacy the pupil is taught to make solutions and becomes somewhat familiar with the appearance of drugs.

The afternoon hours are devoted to theoretical instruction, including classes in dietetics, ethics of nursing and practical demonstration in elementary nursing.

Anatomy, Chemistry, Physiology, Materia Medica, Bacteriology and Hygiene are taught in laboratory or class recitation by instructors provided by the Rush Medical College.

Examinations are held in the above subjects at the end of each.

FIRST YEAR

Medical Lectures- twice a week for two months; October and November.
Chemistry- Three times a week; December and January.
Surgical Lectures- Twice a week; February.
Bandaging-Twelve classes; March.
Gynecology-Twice a week; April, May.
Examination on Each of the above subjects at the end of the course.

SECOND OR JUNIOR YEAR

Nursing of children-Two lectures weekly; October, November and December.
Toxicology- Two lectures weekly; January.
Urinalysis- Two exercise weekly; February.
Nervous Diseases- Two lectures weekly; March.
Contagious Diseases- Two lectures weekly; April.
Obstetrics- Two lectures weekly; May.
Class work in nursing and allied subjects.
Examinations in each subject at the close of the course.

THIRD OR SENIOR YEAR

Medical Lectures- Two weekly; October.
Massage- Three classes weekly; November, December.
Surgical Lectures- Two Weekly; January
Care of the Eye,Ear, Nose and Throat- Two lectures weekly; February.
The Skin- Two Lectures weekly March.
Talks and lectures on special subjects.
Examinations are held in each of the above subjects at the close of the course.

APPENDIX IX

CURRICULUM PRESBYTERIAN SCHOOL OF NURSING

CURRICULUM PRESBYTERIAN SCHOOL OF NURSING 1953

FIRST YEAR

FIRST QUARTER

	LECTURE	LAB	TOTAL
HOURS			
ANATOMY AND PHYSIOLOGY.....	40	22	62
CHEMISTRY.....	35	20	55
ELEMENTARY PHARMACOLOGY I ...	30		30
INTRODUCTION TO NURSING ARTS.	22	60	82
MARRIAGE AND THE FAMILY...	12		12
PERSONAL HYGIENE.....	15		15
PHYSICAL EDUCATION.....		10	10
PROFESSIONAL ADJUSTMENTS I.....	15		15
	169	112	281

SECOND QUARTER

ANATOMY AND PHYSIOLOGY.....	40	22	62
NUTRITION I.....	24	24	48
HISTORY OF NURSING I.....	15		15
INTRODUCTION TO NURSING ARTS...	22	52	74
MICROBIOLOGY.....	20	40	60
PHYSICAL EDUCATION.....		10	10
SANITATION.....	15		15
	136	148	284

THIRD QUARTER

NUTRITION II.....	14	10	24
INTRODUCTION TO MEDICAL SCIENCE.	30		30
PHARMACOLOGY II	30		30
MEDICAL AND SURGICAL I	104		104
	178	10	188

FOURTH QUARTER

VACATION PERIODS

TOTAL FOR FIRST YEAR.....753

SECOND YEAR

FIRST QUARTER

	LECTURE	LAB	TOTAL HOURS
GYNECOLOGY	20		20
PSYCHOLOGY	30		30
OPERATIVE ASEPTIC TECHNIQUE AND ANESTHESIOLOGY	15		15
MEDICAL AND SURGICAL NURSING II	74		74
	139		139

SECOND QUARTER

FIRST AID	7	7	14
HISTORY OF NURSING II	15		15
OBSTETRICS NURSING	50		50
PEDIATRIC NURSING	50		50
SOCIOLOGY	30		30
	152	7	159

THIRD QUARTER

COMMUNICABLE DISEASE NURSING	24		24
INTRODUCTION TO PUBLIC HEALTH NURSING	30		30
PROFESSIONAL ADJUSTMENT II	30		30
	84		84

FOURTH QUARTER

VACATION PERIOD

TOTAL FOR SECOND YEAR.....382

THIRD YEAR

NEUROPSYCHIATRIC NURSING.....107
COMMUNICABLE NURSING..... 60

TOTAL FOR THIRD YEAR 167

TOTAL LECTURES, RECITATION AND LABORATORY HOURS.....1,302
TOTAL PLANNED WARD INSTRUCTION HOURS.....386

GRAND TOTAL 1,688

APPENDIX X

BYLAWS OF THE FACULTY ORGANIZATION

SCHOOL OF NURSING
PRESBYTERIAN - ST. LUKE'S HOSPITAL
CHICAGO
BYLAWS OF THE FACULTY ORGANIZATION

ARTICLE I NAME

The name of the organization shall be the Faculty Organization of the School of Nursing of the Presbyterian - St. Luke's Hospital.

ARTICLE II PURPOSE AND FUNCTIONS

Purpose

1. To provide for students those educational experiences essentials for successful completion of all requirements of professional nursing education in a diploma program.

2. To ensure maximum growth of individual faculty members.

FUNCTIONS

1. To establish and exemplify a philosophy.

2. To plan and implement a curriculum designed to activate the philosophy and objectives.

3. To interpret trends pertinent to the objective.

4. To constantly evaluate the program and keep it dynamic.

5. To select qualified students for the program.

6. To evaluate and analyze the student achievement.

7. To guide students toward their maximum potential as a person.

8. To maintain effective communication within the faculty.

9. To unify faculty effort for accomplishing objectives.

10. To provide stimulation, inspiration and needed information to faculty.

11. To report to nursing and allied professions.

12. To support and encourage research.

ARTICLE III MEMBERSHIP

The membership of this organization shall include all administrative and instructional personnel of the School of Nursing, Presbyterian - St. Luke's Hospital. This shall include:

1. Director of Nursing
2. Administrative Assistant to Director of Nursing
3. Director, School of Nursing
4. Administrative Assistant to Director, School of Nursing
5. Assistant Director in Administration of Nursing Education
6. Assistant Directors in Nursing Education
7. Chairman, Department of Communication
8. Chairman, Department of Natural Sciences
9. Chairman, Department of Social Science
10. Coordinators
11. Counselors
12. Instructors
13. Assistant Instructors
14. Director of Admissions
15. Admissions Counselor
16. Director of Students Activities
17. Directors of Residence
18. Assistant Directors of Residence
19. Supervisor Health Service
20. Librarians

ARTICLE IV OFFICE

Section I. The officers of the Faculty Organization shall be:

1. Chairman who shall be the Director of the School of Nursing.

2. A Vice-Chairman who shall be the Assistant Director in Nursing Education.

3. A Secretary who shall be elected by the faculty.

4. A Co-secretary who shall be elected by the faculty.

Section II. The term of office for the Faculty Organization shall be :

1. The chairman and vice-chairman shall hold office as long as they are in the position stated in Article IV, Section I, Rules 1 and 2.

2. The term of office for the secretary shall be for two years except for the first time this office is filled when it shall be for one year, and shall not hold office for not more than two successive terms.

3. The term of office for the co-secretary shall be for two years, and shall hold office for not more than two successive terms.

Section III. The election of Officers

1. The school year shall be from September 1 to August 31.

2. The election of officers shall be by ballot and be held before the monthly meeting in May of each year.

Section IV. The duties of Officers shall be:

1. The chairman shall preside at all meetings of the Faculty Organization, be an ex-officio member of all committees, and shall supervise and coordinate the affairs of the organization.

2. The vice-chairman shall perform all the duties of the chairman in the absence of the chairman and other duties assigned.

3. The secretary shall take minutes of faculty meetings, prepare minutes for publication to all faculty members, and carry out other duties as directed by the chairman.

4. The co-secretary shall notify members of faculty meeting, circulate minutes from previous meeting, and circulate the agenda of the future meeting.

ARTICLE V MEMBERS

Section I. The meetings of the Faculty Organization shall be held each month on the 3rd Wednesday at 7:00 P.M. The meeting will be held from September through June.

Section II. Special meeting may be called by the chairman or at the request of any member of the faculty.

Section III. A quorum for a meeting shall consist of 20 faculty members.

Faculty Committees

Administrative
Student Welfare
Admissions
Curriculum all instructors are members of this committee

When indicated ad hoc committees will be appointed by administration.

Membership on committees will be decided by the chairman with administrative approval.

APPENDIX XI

PRE HEALTH CURRICULUM

PRE HEALTH CURRICULUM

Entrance through a Pre Health Curriculum in a College or University Affiliated with Rush:

Students enrolled in colleges and universities affiliated with Rush University may be registered with those schools and at Rush simultaneously. (A list of such schools is available upon request.) Prospective students must have graduated from an approved high school or provide evidence of successful completion of the General Education Development Test (GED). The following guidelines represent admission needs of freshman students entering the Rush program through affiliated schools:

Sixteen units of secondary education including:

English	4 units
Mathematics	2 units (algebra, geometry, trigonometry)
Laboratory Science	2 units (biology,physics, chemistry)
Social Science	2 units (history, foreign language, behavioral science)
Additional	6 units (academic subjects)

Completion of entrance examinations including the College Entrance Examination Board Scholastic Aptitude Test (SAT) or American College Testing Examination (ACT) and three College Entrance Board Achievement Tests (English composition, mathematics or science and one examination of the student's choice).

Note: Acceptable SAT or ACT scores for admission are determined by each of the affiliating colleges or universities. (The average SAT score ranges between 1030-1100 for the network schools.)

Recommendations from the student's high school principal or counselor and other admission requirements as specified by the affiliating college or universities.

Students transferring into the Rush program in affiliating schools must comply with the transfer policies and requirements of the college or university involved.

APPENDIX XII

UPPER DIVISION TO RUSH COLLEGE OF NURSING

UPPER DIVISION TO RUSH COLLEGE OF NURSING

Entrance into the Upper Division to Rush College of Nursing:

The last two years in the College of Nursing are spent on the Rush campus with certain courses offered on the Illinois Institute of Technology campus. Students are prompted or transferred into this program if they have successfully completed a minimum of sixty semester college hours including:

	Semester Hours
Inorganic Chemistry	4
Organic Chemistry	4
Human Anatomy and Physiology	8
Microbiology	4
Statistics (mathematics)	3
Behavioral Sciences	12
Electives	25

Those enrolled in affiliating colleges and universities are eligible for promotion into the upper division upon successful completion of the above hours and recommendation of the college or university faculty. Transfer students <u>not</u> enrolled in affiliated schools must apply through the Registrar's Office, Rush University and submit the following information:

Transcripts of required college courses as previously identified.
SAT or ACT examination scores.
A recommendation of a college counselor or other appropriate faculty member.
Completed physical examination.
Interview by Rush personnel.

Registered nurse applicants who have completed the necessary college requirements can take selective proficiency written and clinical examinations in basic nursing courses for advanced placement. Specific information regarding these examinations will be forwarded upon request.

APPENDIX XIII

TEACHING-LEARNING ENVIRONMENT

TEACHING-LERANING ENVIRONMENT

Education is a dynamic life-long process which develops potentials, intellectual and moral insights necessary for functioning as a productive, creative and contributing member of society. The learner is a unique individual who comes with a specific sociocultural background, diverse life experiences and varied needs, interests and values. Learning is meaningful and best facilitated when based on individual variations. Therefore, the student would have direct involvement in choosing the most advantageous routes for attaining his/her education. Likewise, faculty should provide a learning environment which enhances individual potential by encouraging inquiry and self-directed independent learning in students. Baccalaureate nursing education is a dynamic process which is comprised of liberal arts, sciences and professional education. The liberal arts serves to broaden perspectives in relation to man in society and foster an esthetics value for self-fulfillment. The biological and behavioral sciences serve as a foundation for nursing theory and practice. The professional core, which is based on scientific principles, provides knowledge, promotes skills and enhances the development of attitude which are essential to the functioning of the beginning professional nurse practitioner.

APPENDIX XIV

CONCEPTUAL FRAMEWORK

CONCEPTUAL FRAMEWORK

Man is viewed as an active social being who is in a continuous dynamic reciprocal relationship with his physical and physio-social development is influenced by his environment(s) and he, in turn, as a unique individual transforms the environment of which he is an integral part.

All individuals have certain basic human needs essential for life throughout the life cycle. However, the ways in which these needs are satisfied, the extent to which they are met and the problems encountered in accomplishing the basic tasks required for survival are varied.

Health care is based upon facilitating man's self actualization for a full life which is congruent with his values, beliefs, culture and abilities.

Concepts

1. Each individual is a part of the family of man.
2. Potential growth is inherent in each human being.
3. Man and his environment(s) are dynamic interdependent systems.
4. As a part of man and his environment, health care influence these interdependent systems.
5. Nursing as an applied science has a responsibility for influencing health care.
6. The concept of health is a variable as it's socio-cultural context.
7. Man is born into, lives and dies in a social system.
8. Man moves through the life cycle within continuum of wellness and illness.
9. Man seeks to maintain a constant and adequate interchange with his internal and external environments.
10. Man reacts to stress in varying degrees depending upon his status of health.
11. Man's ability to cope with the crisis of illness is related to his previous level of health.
12. Man's potential for health can be enhanced or thwarted by environmental variables.
13. Man as a consumer of health care is participant in his care.

APPENDIX XV

NURSING DIRECTORS OF ST. LUKE'S HOSPITAL SCHOOL OR NURSING

NURSING LEADERSHIP

Nursing Directors of St. Luke's Hospital School of Nursing

1885-1886	Hattie Shepard
1886-1888	Dora Traylen
1888-1893	Katherine Lett
1893-1894	Grace Kinney
1895-1899	Florence Hutchenson
1899-1900	Augusta Robertson
1901-1914	Margaret Edith Johnstone
1915-1916	Mary Dunstone Collins
1916-1921	Jessie Lamb MacDonald
1921-1928	Mildred Pringle
1928-1934	Ada Reitz Crocker
1934-1935	Elsa Maurer
1935-1938	Janet Korngold
1939-1953	Madeleine McConnell
1953- merger	Edith Payne

Nursing Director of Presbyterian Hospital School of Nursing

1885-1888	Marion Mitchell
1888-1902	Illinois Training School
1903-1938	Helen McMillan
1938-1941	Dorothy Rogers
1941-1950	Henrietta Froehlke
1950-1956	Sylvia Melby

Nursing Director of Presbyterian St. Luke's Hospital School of Nursing

1956-1968 Edith Payne

Dean of Rush College of Nursing

1972-1987	Luther Christman Ph.D.
1987-Present	Kathleen Andreoli D.S.N.

APPENDIX XV

NURSING DIRECTORS OF THE SCHOOL'S OF NURSING AND COLLEGE OF NURSING

BIBLIOGRAPHY

MATERIALS, MANUSCRIPTS AND UNPUBLISHED WORK:

Background on $4.5 Million Gift for Nursing Excellence to Rush-Presbyterian-St. Luke's Medical Center Chicago, 15 November 1978, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Board of Trustees of Presbyterian St. Luke's Hospital Minutes of Special Meeting, 3 September 1969. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Board of Trustees of Presbyterian St. Luke's Hospital Minutes of Executive Meeting, 16 February 1972. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Campbell, James. "Excerpts from a Memorial Service for Edith D. Payne," Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Campbell, Stuart. Memo regarding the history of the Rush Logo printed in the orientation book of the Division of Nursing, July 1992. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Christman, Luther. "Admission Criteria for the College of Nursing." Presbyterian St. Luke's Hospital Nursing Notes, (February 1973) Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. to Kathleen Andreoli, 8 December 1988, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

_____. "The Autonomous Nursing Staff in the Hospital," presented under auspices of the National Joint Practice Commission, American Nurses Association Convention, June 9, 1976, Atlantic City, New Jersey.

_____. Application for Federal Assistance for Construction of Health and Educational Facilities from the U.S. Department of Health, Education, and Welfare, November 1972, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. "Celebrating A Revolution," presented at Kentucky Nurses Association Convention, Fort Mitchell, Kentucky, October 20, 1976, 1-8.

_____. "Clinical Competence," presented Friends Hospital, Philadelphia, Pennsylvania, May 12, 1976, 1-7.

_____. "Clinical Doctorates-A Means of Increasing the Clinical Competence of Nurses," January 1977, from the Nursing Archives, Mugar Memorial Library-Special Collections of Luther Christman, Boston University, Boston.

_____. "The Components of the Nurse Specialist Practice," presented at conference, "The Nurse Specialist," by Beta Omicrin Chapter of Sigma Theta Tau, Medical College of Georgia, Augusta Georgia, March 26, 1976, 1-6.

_____. "Developing a Health University," November 1973, 1-11, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. "Education+Service=Practice," presented at Ohio League for Nursing, Columbus, Ohio, 16 October 1978. Nursing Archives, Mugar Memorial Library-Special Collections, Boston University, Boston, Luther Christman Collection.

_____. "The Nurse Practitioner." Symposium on the Distribution of Health Manpower, American Medical Society, June 17, 1972, San Francisco, California.

_____. "The Practitioner-Teacher: A Working Paper," December 3, 1973, 1-6, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. "Primary Care Nursing," presented at Sigma Theta Tau, Case Western Reserve University, December 4, 1975, 1-6.

_____. "Proposal for Baccalaureate Program in Nursing," March, 1973, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. "Rush Matrix Model," presented at University of Pennsylvania, 29 April 1982, Philadelphia, Pennsylvania, Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

_____. "Unification: More Than Just A Theme," presented at the Jesse M. Scott Award Lecture, The American Nurses Association Convention, June 11, 1988, Louisville, Kentucky, Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

_____. "Where Are We Going Today?," presented at Annual Meeting of the Delaware Nurse's Association, Wilmington, Delaware, November 3, 1973.

_____. to All Members of the Faculty of Rush University, College of Nursing, 27 August 1984, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. to the Faculty of the Rush University, College of Nursing, September 1986, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. to Lois Heckman, 27 October 1975. Nursing Archives, Mugar Memorial Library-Special Collections, Boston University, Boston.Luther Christman Collection.

_____. to Leo Henikoff, M.D., 7 August 1984, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. to Dr. R.R. Purdy, 28 September 1966. Nursing Archives, Mugar Memorial Library-Special Collections, Boston University, Boston, Luther Christman Collection.

Covert, Rev. William C. "The Human Side of The Presbyterian Hospital of Chicago." Chicago: published private, no date available. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Department of Registration and Education to Luther Christman, 8 May 1973, Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

Exploratory Meeting On the Organizational Dynamics of Rush-Presbyterian-St. Luke's Medical Center, Minutes of 24 February 1972 meeting with Gail L. Warden, Luther Christman, Basil Georgopoulos, Leon Dingle and Robert Zieserl. Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

Goldstine, Dora. "St. Luke's Alumnae Association History." Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1931. Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

Henderson, Virginia to Luther Christman, 17 June 1975. Special Collections of Luther Christman Collection, Nursing Archives, Mugar Memorial Library, Boston University, Boston.

Illinois Corporation Charter, 1886. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Illinois State, Certification of Cancellation of Charter for the St. Luke's Training School, 1902. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Kern, M. Sue. "Nursing Education at Rush-Presbyterian-St. Luke's Medical Center." Chicago: Rush-Presbyterian-St. Luke's Medical Center, September 1971, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Locke, Rev. Clinton. "History of St. Luke's Hospital to 1893." David Evans editor. Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1929. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

McConnell, Madeleine. The Development of Nursing St. Luke's Hospital Chicago, a Memoir. Chicago: Presbyterian St. Luke's Alumnae Association, undated. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

_____. "Supplementary of the Educational Program in Nursing." Chicago: St. Luke's Hospital School of Nursing, 1953. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

McNeill, Carrie B. Memo to students regarding Uniform Requirements 1903-1959, School of Nursing, Presbyterian Hospital, 1959. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Minutes of Administrative Staff Meeting of the Rush-Presbyterian-St. Luke's Medical Center, Division of Nursing, 29 June 1972. Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

Minutes of Administrative Staff Meeting of the Rush-Presbyterian-St. Luke's Medical Center, Division of Nursing, 1 August 1972. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Minutes of Undergraduate Curriculum Committee of Rush University, 17 October 1984. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Minutes of D.N.Sc. Advisory Committee Meeting, 8 June 1979. Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

Minutes of Golden Lamp Society of Rush-Presbyterian-St. Luke's Medical Center on 27 March 1974. Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Oder, Donald to Luther Christman, 25 September 1972. Rush-Presbyterian-St.Luke's Medical Center Archives, Chicago.

"Rush College of Nursing and Allied Health." Presbyterian St. Luke's Nursing Notes, March 1972, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Rush-Presbyterian-St. Luke's Nurses Alumni Association, NEWS & VIEWS, Fall 1987, Archives of Rush-Presbyterian-St. Luke's Medical Center.

Rush-Presbyterian-St. Luke's Medical Center, NEWSROUNDS, July 1978. Chicago: Rush-Presbyterian-St. Luke's Medical Center, Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush-Presbyterian-St.Luke's Medical Center NEWSROUNDS, "New Department in the College of Nursing." Chicago: Rush-Presbyterian-St. Luke's Medical Center, April 1977, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

Rush-Presbyterian-St. Luke's Medical Center, NEWSROUNDS, April 1977. Chicago: Rush-Presbyterian-St. Luke's Medical Center, Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush-Presbyterian-St. Luke's Medical Center, Position Proposal To Luther Christman For The Position Of Dean, Office Of Nursing Sciences And Services. Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1971, Rush-Presbyterian-St. Luke's Medical Center Archives.

"Rush U. Holds First Commencement." Rush Presbyterian-St. Luke's NEWSROUNDS, June 1975, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Rush University College of Nursing and Allied Health National League for Nursing Self-Study, 1975. Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1975, Rush-Presbyterian-St. Luke's Medical Center Archives.

Student Handbook and General Information for Residents 1944-45. Chicago: St. Luke's Hospital School of Nursing, 1944, Rush-Presbyterian-St. Luke's Medical Center Archives.

"The Following Articles of the Bylaws Were Approved Unanimously At The Administrative Meeting on October 9, 1957." The Article Bylaws is a separate document in the Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

ARCHIVAL COLLECTIONS:

Archives of the Rush-Presbyterian-St.Luke's Medical Center - Catalogues, written proceedings, files of past Dean, committee minutes, University and Medical Center Publication, and Self Study Reports of Accreditation.

Nursing Archives, Mugar Memorial Library- Special Collections, Boston University, Boston. Luther Christman Collection. Personal correspondence, papers, speeches, application to foundations, site visits, accreditation and published works.

BOOKS:

Aiken, Linda, ed. Health Policy and Nursing Practice. New York: McGraw-Hill Book Co., 1981.

Barnard, Kathryn, and Gloria Smith. Faculty Practice in Action . New York: American Academy of Nursing, 1977.

Bowman, Jim. Good Medicine: The First 150 Years of Rush-Presbyterian-St. Luke's Medical Center. Chicago: Chicago Review Press, 1987.

Brown, Esther Lucille. Nursing for the Future. New York: Russell Sage Foundation, 1948.

Christman Luther. "The DNSc-PHD Attempt." Innovations in Nursing Education Administration, Mabel Wandelt, and Betty J. Thomas, eds. New York: National League for Nursing, 1990.

_____. "Educational Standards versus Professional Performance." Current Perspectives in Nursing Education: The Changing Scene, Janet Williamson, ed. St. Louis: C.V. Mosby Co., 1976.

_____. The Full Integration of Practice and Education in Nursing. New York: NLN, 1990.

_____. "The Future of Nursing Education and Practice." Comprehensive Pediatric Nursing, G. Scripian, ed. New York: McGraw-Hill, 1975.

_____. "A Micro-Analysis of the Nursing Division of One Medical Center (Rush Presbyterian St. Luke's Medical Center)." Nursing Personnel and the Changing Health Care System, Michael Millman, ed. Cambridge: Ballinger Publishing, 1978.

_____. "Nursing Administrative Action on the Management Team." Organizing for Care: Nursing Units and Groups, Elsie Schmied, ed. Wakefield: Nursing Resources, 1982.

_____. "The Practitioner-Teacher." The Practitioner-Teacher: Practice What You Teach, L. Machan, ed. Wakefield: Nursing Resources, 1980, 5-8.

_____. "Response to Institutionalizing Practice: Historical and Future Perspectives". Faculty Practice in Action, Kathryn Barnard, and Gloria Smith, eds. Kansas City: American Academy of Nursing, 1985.

_____. "Uniting Service and Education at Rush-Presbyterian-St. Luke's Medical Center." Nursing Education: Practical Methods and Models, Barbara J. Brown, and Peggy L. Chinn, eds. Maryland: Aspen Publication, 1982.

Fagin, Claire M. "Institutionalizing Practice: Historical and Future Perspectives." Faculty Practice in Action. Kathryn E. Barnard, and Gloria R. Smith, eds. New York: American Academy of Nursing, 1977.

Ford, Loretta C. "Case Study: The University of Rochester Model." Nurses and Doctors Their Education and Practice, Terrance Keenan, Linda Aiken, and Leighton E. Cliff, eds. Cambridge: Oelgeschlager, Gunn & Hain, 1981.

Goodrich, Anne. The Social and Ethical Significance of Nursing. New York: MacMillan Co., 1932.

Johnson, Ruth. The History of Nursing of Presbyterian Hospital, Chicago Illinois 1903-1956. Chicago: Alumnae Association, School of Nursing Presbyterian Hospital, 1959.

Kalisch, Philip, and Beatrice Kalisch. The Advance of American Nursing. Boston: Little, Brown & Co., 1986.

Keenan, Terrance, Linda Aiken, and Leighton Cliff. Nurses and Doctors: Their Education and Practice. Cambridge: Oelgeschlager, Gunn, and Hain Publishers, 1981.

Llewwllyn, Jane G. "The Integrated Role of Practitioner." Faculty. Faculty Practice in Action, Kathryn E. Barnard and Gloria Smith, eds. Kansas City: American Academy of Nursing, 1985.

Lysaught, Jerome. Action in Nursing: Progress in Professional Purpose. New York: McGraw-Hill, 1974.

_____. Action in Affirmation: Toward an Unambiguous Profession of Nursing. New York:McGraw-Hill, 1981.

_____. A Luther Christman Anthology. Wakefield, Mass: Nursing Digest, 1978.

MacPhail, Jannetta. An Experiment in Nursing: Planning, Implementing and Assessing Planned Change. Cleveland: Case Western Reserve, 1972.

_____. "Promoting Collaboration/Unification Models For Nursing Education and Service." Cognitive Dissonance: Interpreting and Implementing Practice Roles in Nursing Education. National League for Nursing, Council of Baccalaureate and Higher Degree Programs, ed. New York: National League of Nursing, 1980.

_____. "Case Study: The Case Western Reserve University Model." Nurses and Doctors: Their Education and Practice, Terrance Keenan, Linda Aiken, and Leighton E. Cliff, eds. Cambridge: Oelgeschlager, Gunn, and Hain Publishers, 1981.

Mauksch, Ingeborg. "A Rationale for the Reunification of Nursing Services and Nursing Education." Health Policy and Nursing Practice, Linda Aiken, ed. New York: McGraw-Hill Book Co., 1981.

Merril, Marie Georgetta. The History of St. Luke's Hospital School of Nursing. Chicago: St. Luke's Alumnae Association, 1945.

National League for Nursing. Criteria for the Appraisals of Baccalaureate and Higher Degree Programs in Nursing. New York: National League for Nursing, 1977, #15-1251.

National League for Nursing. Standard Curriculum for Schools of Nursing. New York: Paulus-Ullmann, 1919.

National League of Nursing. Calendar 1923, "Leaders of American Nursing." New York: National League of Nursing, 1923.

National League for Nursing. Council of Baccalaureate and Higher Degree Programs. Cognitive Dissonance: Interpreting and Implementing Practice Roles in Nursing Education. New York: National League for Nursing, 1980.

Nurse Training Act of 1975. Hyattsville, MD: DHHS publication, 1977.

Safier, Gwendolyn. Contemporary American Leaders in Nursing: An Oral History. New York: McGraw-Hill, 1977.

Schlotfeldt, Rozella M. "The Development of a Model for Unifying Nursing Practice and Nursing Education." Health Policy and Nursing Practice, Linda Aiken, ed. New York: McGraw-Hill Book Co., 1981.

Schorr, Thelma. Making Choices, Taking Chances: Nurse Leaders Tell Their Stories. St.Louis: Mosby, 1988.

Schryver, Grace F. A History of the Illinois Training School for Nurses 1880-1929. Chicago: Board of Directors of the Illinois School for Nurses, 1930.

Sigma Theta Tau, 60th Anniversary Celebration Historical Calendar 1984 and 1985 Sigma Theta Tau, July 1985. Indianapolis: Sigma Theta Tau, 1984, Rush-Presbyterian-St.Luke's Medical Center Archives.

Smith, Dorothy. "Response: Faculty Practice from 25-Year Perspective." Faculty Practice in Action, Kathryn E. Barnard, and Gloria R. Smith. New York: American Academy of Nursing, 1977.

Stewart, Isabel. The Education of Nurses. New York: MacMillan Co., 1943.

Ulsafer-Van Lanen, Jane. Nursing Excellence The Rush Model Instructor's Guide, ed. by Maria D. Zacierka. J.B. Lippincott Co., 1986.

Webster's Encyclopedic Unabridged Dictionary of the English Language, 1989 rev. ed. s.v. "unification."

Webster's Encyclopedic Unabridged Dictionary of the English Language, 1989 rev. ed. s.v. "apprentice."

ARTICLES:

American Nurses Association. "ANA's First Position on Education for Nursing." AJN 65 (1965): 106-11.

Blazeck, Alice M., Janice Selkman, Mary Timpe, and Zane Robinson Wolf. "Unification: Nursing Education and Nursing Practice." Nursing & Health Care 3 (January 1982): 18-23.

Bent, John, and Karl Klicka. "Merger was the Best Solution." Hospitals (1 June 1957): 30.

Christman, Luther. "The Future of Nursing." Imprint 26 (5) (December 1979): 30-31, 63.

_____. "The Future of the Nursing Profession." Nursing Administration Quarterly 11 (2) (Winter 1987): 1-8.

_____. "Leadership in Practice." Image 12 (2) (June 1980): 21-23.

_____. "Leading Educators Urge Unification of Nursing Service, Nursing Education." Reflections 5 (Feb/Mar 1979): 3.

_____. "Luther Christman: Doing Things Differently." Focus on Critical Care 10 (5) (October 1983): 57-59.

_____. "National Leadership, Development Plan Submitted for Resources Group Action." Reflections 5 (June 1979).

_____. "New Frontiers Facing the Professional Nurse." University of Michigan Medical Center Journal 32 (2) (1966): 77-81.

_____. "Nursing Administrative Action on the Management Team." Journal of Nursing Administration 7 (12) (December 1978): 37-38.

_____. "Nurses Seek to Influence Care." Hospitals, J.A.H.A. 50 (April 1, 1976): 97-100.

_____. "Nurse-Physician Communication in the Hospital." American Journal of Nursing (November 1965): 542.

_____. "Plans Disclosed for Kellogg National Center for Excellence in Nursing." Reflections 5 (Feb/March 1979): 1.

_____. "The Practitioner Teacher." Nurse Educator 4 (20) (March-April 1979): 8-11.

_____. "The Roles of Nursing in Organizational Effectiveness." International Nursing Review 16 (3) (1969): 248-255.

Christman, L., and Michael A. Counte. "The Changing Health Care Environment: Challenges for the Executive Team." Nursing Administration Quarterly 13 (2) (1989): 74-76.

Christman, L., Mary L. Knue, Ann Mowry, and Sandi Spilotro, eds. 1979. "On the Scene: Uniting Service and Education at Rush-Presbyterian St. Luke's Medical Center." Nursing Administration Quarterly 2: 7-40.

Christman, Luther, and Ralph E. Kirkman. "A Significant Innovation in Nursing Education." Peabody Journal of Education (October 1972): 50-61.

Christy, Teresa E. "The Fateful Decade, 1890-1900." American Journal of Nursing 74 (July 1975): 1164-5.

Cochran, L., S. Ambutes, and et al. "The Unification Model: a Collaborative Effort." Nursing Connections 2 (1989): 5-17.

Ford, Loretta. "Unification of Nursing Practice, Education and Research." International Nursing Review 27 (6), (1980): 178-83, 192.

Hanson, Kathleen, S. "Emergence of Liberal Education in Nursing Education, 1893 to 1923." Journal of Professional Nursing 5 (2) (March- April 1989): 83-91.

Holtzhausen, Erma. "Nursing Service in a Teaching Hospital." American Journal of Nursing 16 (August 1946): 550.

Lockerby, Florence. "New Uniform Design for Hospital Merger." Hospital Management (July 5, 1957): 44.

Lysaught, Jerome P. "From Abstract into Action." Nursing Outlook 20 (3) (March 1972): 173-179.

MacPhail, Jannetta. "Promoting Collaboration Between Education and Service." Nurse Educator 1 (September/October 1976): 19-24.

Mealey, Anne and Clinton Thiel. "The History of Nursing Education and Entry Level for Practice. " The Washington Nurse 16 (July 1986): 12.

Mercadante, Lucille. "Education for Service -- the Challenge." Nursing Forum 8 (2) (1969): 151-159.

Moore, Terrence F., and Earl Simendinger. "The Matrix Organization: Its Significance to Nursing." 3 (1979): 25-31.

National Commission for the Study of Nursing and Nursing Education. "Summary Report and Recommendations." American Journal of Nursing 70 (2) (February 1970): 279-294.

Nayer, D. "Unification: Bringing Nursing Service and Education Together." American Journal of Nursing 80 (June 1980): 1110-1114.

Payne, Edith. "Salaried Nurse-Intern Concept Lending New Vigor to School of Nursing." Hospitals J.A.H.A. (August 1, 1958): 50-1.

Powers, Marjorie. "The Unification Model in Nursing." Nursing Outlook 24 (8) (August 1976): 482-87.

Schlotfeldt, Rozella M., and Jannetta MacPhail. "An Experiment in Nursing: Rationale and Characteristics." American Journal of Nursing 69 (May 1969): 1018-1023.

_____. " An Experiment in Nursing: Introducing Planned Change." American Journal of Nursing 69 (June 1969): 1247-1251.

_____. "An Experiment in Nursing: Implementing Planned Change." American Journal of Nursing 69 (July 1969): 1475-1480.

Smith, Dorothy. "Education and Service under One Administration." Nursing Outlook 13 (February 1965): 55-6.

Sovie, Margaret D. "Unifying Education and Practice: One Medical Center's Design. Part I." Journal of Nursing Administration 2 (January 1981): 41-49.

_____. "Unifying Education and Practice: One Medical Center's Design. Part II." Journal of Nursing Administration 2 (February 1981): 30-32.

Werner, June. "Joint Endeavors: The Way to Bring Service and Education Together." Nursing Outlook 28 (September 1980): 546-50.

Wescott, Lynn B. "Nursing Education and Nursing Service: A Collaborative Model." Nursing & Health Care (September 1981): 376-79.

Yarcheski, Adela, and Noreen E. Mahon. "The Unification Model in Nursing: Risk-Receptivity Profiles Among Deans, Tenured, and Nontenured Faculty in the United States." Western Journal of Nursing Research 8 (1) (February 1966): 63-81.

_____. "The Unification Model in Nursing: A Study of Receptivity Among Nurse Educators in the United States." Nursing Research 34 (2) (March April 1985): 120-5.

REPORTS:

American Nurses Association. Education for Nursing Practice in the Context of the 1980's. Kansas City Mo.: American Nursing Association, 1983 #NE-11.

Board of Education. Education in the Health Fields for State of Illinois Volume 1. Springfield: State of Illinois, 1968.

Golden Lamp Society of Rush-Presbyterian-St. Luke's Medical Center, 1973. Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1975, Rush-Presbyterian-St.Luke's Medical Center Archives.

Hegyvary, Sue Thomas. The Evolution of Nursing Professional Organization: Alternative Models for the Future. Kansas City, KS: American Academy of Nursing, 1987.

Jamann, JoAnn. Report on the Doctor of Nursing Science Program, (July 1976- June 1977) Submitted to the Bush Foundation, August 1977. Chicago: Rush College of Nursing, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

Kern, M. Sue. "Nursing Education at Rush-Presbyterian-St. Luke's Medical Center." Chicago: Rush-Presbyterian-St. Luke's Medical Center, September 1971, Rush-Presbyterian-St. Luke's Medical Center Archives.

National League of Nursing, Department of Baccalaureate and Higher Degree Programs, "Report of Visit for Accrediting Purposes to Rush University College of Nursing and Allied Health Sciences, Chicago, Illinois, February 11-14, 1975." Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush Faculty. DNSc. Student Handbook, 1979-80. Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center, Chicago.

Rush Presbyterian-St. Luke's Medical Center, Home Health Care Services, Department of Community Health Nursing. Chicago: Rush-Presbyterian-St. Luke's Medical Center, Archives of the Rush-Presbyterian-St. Luke's Medical Center.

Rush University College of Nursing and Allied Health Sciences, National League for Nursing Self-Study. Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1975, Rush-Presbyterian-St. Luke's Medical Center Archives.

ANNUAL REPORTS

Annual Reports of 1972-1973 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1973. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1973-1974 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1974. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1974-1975 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1975. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1975-1976 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1976. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1976-1977 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1977. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1977-1978 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1978. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1978-1979 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1979. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1979-1980 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1980. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1980-1981 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1981. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1981-1982 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1982. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1982-1983 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1983. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1983-1984 for the Division of Nursing, Chicago: Rush-Presbyterian-St.L uke's Medical Center, 1984. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1984-1985 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1985. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports of 1985-1986 for the Division of Nursing, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1986. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1957-August 31, 1958, Chicago: Presbyterian-St. Luke's Hospital, 1958. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1958-August 31, 1959, Chicago: Presbyterian-St. Luke's Hospital, 1959. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1959-August 31, 1960, Chicago: Presbyterian-St. Luke's Hospital, 1960. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1960-August 31, 1961, Chicago: Presbyterian-St. Luke's Hospital, 1961. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1961-August 31, 1962, Chicago: Presbyterian-St. Luke's Hospital, 1962. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1962-August 31, 1963, Chicago: Presbyterian-St. Luke's Hospital, 1963. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1963-August 31, 1964, Chicago: Presbyterian-St. Luke's Hospital, 1964. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1964-August 31, 1965, Chicago: Presbyterian-St. Luke's Hospital, 1965. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports Department of Nursing Presbyterian-St. Luke's Hospital, Chicago, September 1, 1965-August 31, 1966, Chicago: Presbyterian-St. Luke's Hospital, 1966. Rush-Presbyterian-St. Luke's Medical Center Archives.

Annual Reports School of Nursing, Nursing Service Presbyterian-St. Luke's Hospital, Chicago, September 1, 1966-August 31, 1967, Chicago: Presbyterian-St. Luke's Hospital, 1967. Rush-Presbyterian-St. Luke's Medical Center Archives.

First Annual Report of the Presbyterian Hospital, Chicago: Presbyterian Hospital, 1884. Rush-Presbyterian-St. Luke's Medical Center Archives.

Second Annual Report of the Presbyterian Hospital, Chicago: Presbyterian Hospital, 1885. Rush-Presbyterian-St. Luke's Medical Center Archives.

Third Annual Report of the Board of Managers of the Presbyterian Hospital, Chicago: Presbyterian Hospital, 1886. Rush-Presbyterian-St. Luke's Medical Center Archives.

Twenty-third Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1906. Rush-Presbyterian-St. Luke's Medical Center Archives.

Twenty-fourth Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1907. Rush-Presbyterian-St. Luke's Medical Center Archives.

Twenty-eighth Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1911. Rush-Presbyterian-St. Luke's Medical Center Archives.

Thirty-second Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1915. Rush-Presbyterian-St. Luke's Medical Center Archives.

Thirty-fifth Annual Report of the Presbyterian Hospital, Chicago: Presbyterian Hospital, 1918. Rush-Presbyterian-St. Luke's Medical Center Archives.

Thirty-eighth Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1920. Rush-Presbyterian-St. Luke's Medical Center Archives.

"That Life May Go On", 56th Annual Report 1938 of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1920. Rush-Presbyterian-St. Luke's Medical Center Archives.

Fifty-eighth Annual Report of the Presbyterian Hospital of the City of Chicago, Chicago: Presbyterian Hospital, 1940. Rush-Presbyterian-St. Luke's Medical Center Archives.

School of Nursing, Presbyterian-St. Luke's Hospital Chicago 1959-1960, Chicago: Presbyterian-St. Luke's Hospital, 1960. Rush-Presbyterian-St. Luke's Medical Center Archives.

BULLETINS

Bulletin of Information of the School of Nursing of the Presbyterian Hospital Chicago, 1909-1910, Chicago: Presbyterian Hospital, 1909. Rush-Presbyterian-St. Luke's Medical Center Archives.

Bulletin of Information of the School of Nursing of the Presbyterian Hospital Chicago, 1913-1914, Chicago: Presbyterian Hospital, 1914. Rush-Presbyterian-St. Luke's Medical Center Archives.

Bulletin of School of Nursing of the Presbyterian Hospital, 1903, Chicago: Presbyterian Hospital, 1903. Rush-Presbyterian-St. Luke's Medical Center Archives.

Bulletin of the Presbyterian Hospital for Nurses, 1903-1904, Chicago: Presbyterian Hospital, 1903. Rush-Presbyterian-St. Luke's Medical Center Archives.

Bulletin of the Presbyterian Hospital for Nurses, 1904, Chicago: Presbyterian Hospital, 1904. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing and Allied Health Sciences Bulletin, 1974-75, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1974. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing and Allied Health Sciences Bulletin, 1975-76, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1975. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing and Allied Health Sciences Bulletin, 1976-77, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1976. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing Bulletin,1977-78, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1977. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing Bulletin,1978-79, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1977. Rush-Presbyterian-St. Luke's Medical Center Archives.

Rush University, College of Nursing Bulletin,1980-81, Chicago: Rush-Presbyterian-St. Luke's Medical Center, 1980. Rush-Presbyterian-St.Luke's Medical Center Archives.

The Presbyterian Hospital Bulletin Chicago, Chicago: Presbyterian Hospital, January 1911. Rush-Presbyterian-St. Luke's Medical Center Archives.

The Presbyterian Hospital Bulletin Chicago, Chicago: Presbyterian Hospital, July 1913. Rush-Presbyterian-St. Luke's Medical Center Archives.

The Presbyterian Hospital of the City of Chicago, Bulletin Chicago, Chicago: Presbyterian Hospital, November 1936. Rush-Presbyterian-St. Luke's Medical Center Archives.

ANNOUNCEMENT

Announcement of St. Luke's School for Nursing, Chicago: St. Luke's Hospital, 1928. Rush-Presbyterian-St.Luke's Medical Center Archives.

Announcement of St. Luke's School for Nursing, Chicago: St. Luke's Hospital, 1931, Rush-Presbyterian-St.Luke's Medical Center Archives.

Announcement of St. Luke's School for Nursing, Chicago: St. Luke's Hospital, 1933-34, Rush-Presbyterian-St.Luke's Medical Center Archives.

Announcement of St. Luke's School for Nursing, Chicago: St. Luke's Hospital, 1935-36, Rush-Presbyterian-St.Luke's Medical Center Archives.

Announcement of St. Luke's School for Nursing, Chicago: St. Luke's Hospital, 1942-43, Rush-Presbyterian-St.Luke's Medical Center Archives.

Fiftieth Anniversary of the School of Nurses of Presbyterian Hospital, Chicago, Chicago: Presbyterian Hospital, 1953, Rush-Presbyterian-St. Luke's Medical Center Archives.

School of Nurses the Presbyterian Hospital-Chicago, Our Student Handbook, Chicago: Presbyterian Hospital, 1953, Rush-Presbyterian-St. Luke's Medical Center Archives.

The School for Nurses of Presbyterian Hospital, Chicago, Announcement, Chicago: Presbyterian Hospital, 1920-21, Rush-Presbyterian-St. Luke's Medical Center Archives.

The School for Nurses of Presbyterian Hospital, Chicago, Affiliated with the University of Chicago, Announcement, Chicago: Presbyterian Hospital, 1925-26, Rush-Presbyterian-St. Luke's Medical Center Archives.

The School for Nurses of Presbyterian Hospital, Chicago, Affiliated with Rush Medical College, the University of Chicago, Chicago: Presbyterian Hospital, 1930-31, Rush-Presbyterian-St. Luke's Medical Center Archives.

The School for Nurses of Presbyterian Hospital, Chicago, Affiliated with Rush Medical College, the University of Chicago, Chicago: Presbyterian Hospital, 1933-34, Rush-Presbyterian-St. Luke's Medical Center Archives.

AUDIOVISUAL

Aiken, Linda. Distinguished Leaders in Nursing: Dorothy Smith, produced and directed by Sigma Theta Tau and National Medical Audiovisual Center Production. April 1979, Videocassette.

INTERVIEWS:

Christman, Luther, Ph.D. Interviewed by author, 26 January 1993, Chapel Hill, Tennessee, Tape recording, Evanston.

Schmidt, Barbara. Interviewed by author, 2 October 1992, Chicago.

Scorza, Elaine. Interviewed by author, 3 March 1993, Chicago.

VITA

Barbara Anne Rapp Fisli was born in Evanston, Illinois. Barbara is the fourth child Margaret J. Rapp and the late Phillip C. Rapp, wife of John J. and mother of Julia J. Fisli.

Barbara graduated from Santa Maria del Poplo Elementary School in Mundelein, Illinois. She continued her education and graduated from Holy Child High School in Waukegan, Illinois in 1966.

Barbara began her nursing career in 1968, graduating from the Florence Cook School of Practical Nursing at the Kansas University Medical Center. This was only to be a stepping stone in her nursing career. Barbara continued her educational career at Loyola University Chicago where she graduated in June 1973, receiving a Bachelors of Science Degree of Nursing. Barbara graduated from Rush University, College of Nursing with a Masters of Science degree with a Medical Surgical focus in August 1977.

She returned to Loyola University to seek her doctoral education. In August of 1991, the Golden Lamp Society of the Rush College of Nursing awarded Barbara a grant for the research of her dissertation. Barbara completed her graduate studies in January, 1994.

APPROVAL SHEET

The dissertation submitted by Barbara Anne Fisli has been read and approved by the following committee:

Dr. Gerald Gutek
Professor, Educational Leadership and Policy Studies, Loyola

Dr. Steven Miller
Professor, Educational Leadership and Policy Studies, Loyola

Dr. Joan Smith
Professor, Educational Leadership and Policy Studies and Associate Dean, Graduate School, Loyola

Dr. Sally Brozenec
Assistant Professor, College of Nursing, Rush University

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

November 29, 1993
Date

Gerald J. Gutek
Director's Signature