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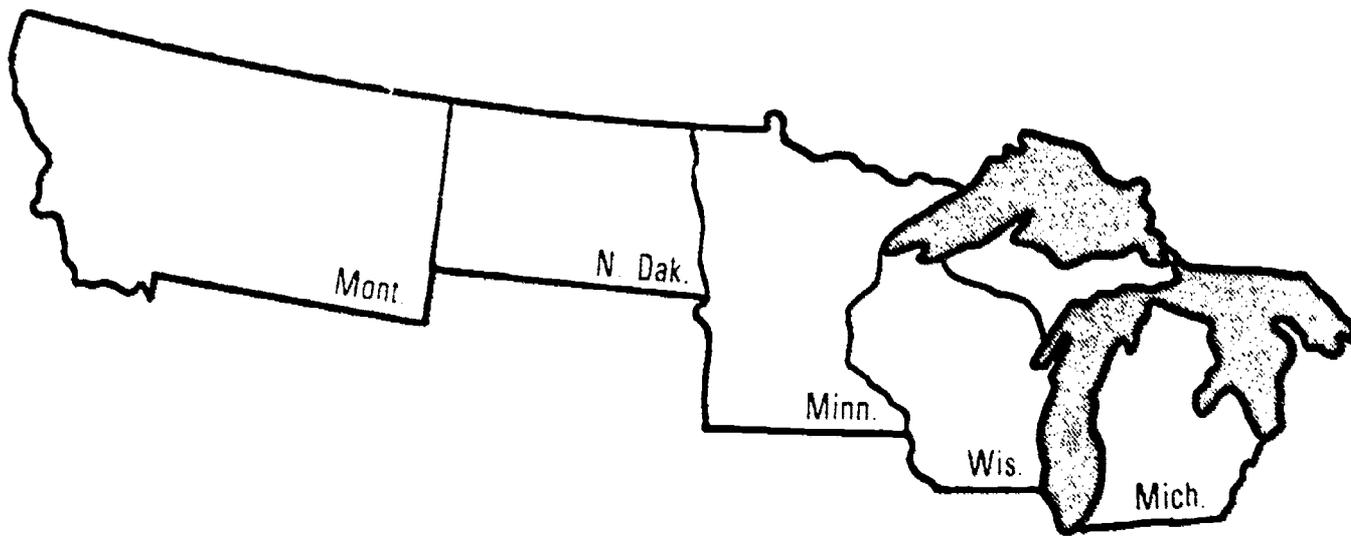
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## ABSTRACT

The purpose of the paper is to provide recommendations and suggest approaches for the coordination of continuing education in the North Central States of Michigan, Minnesota, Montana, North Dakota, and Wisconsin. The document is directed to non-credit continuing education exclusively and does not consider inservice education within its scope. Distinguishing between felt and real learning needs in nursing education, the paper utilizes data based on health manpower statistics, random sample surveys of area nurses, and informal sessions with nursing groups. Regional developments and characteristics are reviewed and expressed concerns of area nurses discussed. The body of the document deals with specific recommendations to: (1) State master planning groups, (2) State boards of nursing and State nurses associations, (3) faculties of collegiate schools of nursing, (4) all schools of nursing, (5) all providers of continuing education in nursing, (6) employers, and (7) all nurses of the region. A number of the recommendations can be acted upon without funding; others depend on financial support. In conclusion, suggestions for implementing the recommendations are offered. (MW)

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# A PLAN FOR CONTINUING EDUCATION IN NURSING IN FIVE NORTH CENTRAL STATES

(Michigan, Minnesota, Montana, North Dakota, and Wisconsin)  
A proposal for discussion and action.

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A PLAN FOR CONTINUING EDUCATION IN NURSING IN  
FIVE NORTH CENTRAL STATES

(Michigan, Minnesota, Montana, North Dakota, and Wisconsin)

A proposal for discussion and action.

by

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## SUMMARY OF RECOMMENDATIONS

### General Recommendations

It is recommended:

1. That a Regional Center for Continuing Education in Nursing be established for the North Central States, and that the Center be located in the offices of the Department of Nursing, University of Wisconsin-Extension.
2. That means be sought for an effective means of regional dissemination of information relating to continuing education in nursing, and that this be seen as one of the significant activities of the Regional Center.
3. That a National Center for Continuing Education in Nursing be established for the preparation of nurse educators with a primary responsibility for the provision of continuing education.
4. That within the region, priority in planning be given to the development of course offerings designed to prepare nurses for expanding roles and emerging responsibilities.
5. That within the region, planning groups and providers of continuing education direct special attention to the provision of educational resources and course offerings concerned with:
  - a. Geriatric nursing
  - b. Application of new technologies to nursing practice
  - c. Principles of mental health applied to all areas of nursing practice
  - d. Principles of rehabilitation and teaching of patients (including positive health teaching).
  - e. Nursing care in emergency and ambulatory care settings.
  - f. Patient assessment

Recommendations to State Master Planning Groups:

6. That these groups recognize continuing education as an integral part of nursing education, and identify a group responsible for statewide planning for continuing education.
7. That within each state a general system of counseling be established to assist nurses in planning for continuing education or seeking additional formal education.
8. That within each state a mechanism be devised to assist non-practicing nurses to keep up with current developments during periods of professional inactivity.
9. That within each state some effective means of dissemination of information relating to learning resources and course offerings be developed by an appropriate body. This group would relate closely to the group responsible for dissemination of information within the region. (Recommendation 2)

Recommendation to state boards of nursing and state nurses' associations in each state:

10. That these groups along with other appropriate individuals and groups, direct attention to in-depth study of the issue of mandatory continuing education for relicensure to practice nursing.

Recommendations to faculties of collegiate schools of nursing:

11. That the budget of all collegiate schools of nursing in the region have at least one faculty position budgeted for continuing education in nursing.
12. That educational institutions (particularly collegiate nursing programs) facilitate and/or provide continuing education to nurses, and that existing educational resources be made available to nurses in the community in which the institution is located.

13. That more imaginative ways be sought to expand the present use of educational resources and teaching design, and that more application to nursing be made of existing approaches (e.g., correspondence instruction).
14. That faculties of schools of nursing collaborate with district nurses' associations, local leagues of nursing, and related groups in the provision of learning opportunities to nurses in their geographic area.
15. That faculties of graduate programs in nursing located in educational institutions with strong graduate programs in adult education provide flexibility in the graduate curriculum for the preparation of teachers in continuing nursing education.
16. That faculty members of graduate programs in nursing encourage and support research in continuing education in nursing.

Recommendations to Faculty Members of all Schools of Nursing:

17. That the concept of life-long learning be introduced early and emphasized throughout the nursing curriculum, that the use of self-directed approaches to learning be expanded whenever appropriate, and that more attention be directed to assisting students in locating and using educational resources.

Recommendations to all providers of continuing education in nursing:

18. That all providers of continuing education assist in the planning process by keeping the staff of the Regional Center for Continuing Education in Nursing informed of proposed course offerings at the initial planning stage, and that a specific plan be followed in initiating such offerings.
19. That in the development of continuing education offerings, more emphasis be placed on self-directed learning and the expansion of offerings designed to promote independent study.
20. That more educational opportunities be accessible to nurses residing and working outside metropolitan areas.

21. That financial support (private and governmental) be sought to encourage innovative educational design and new approaches to continuing education.

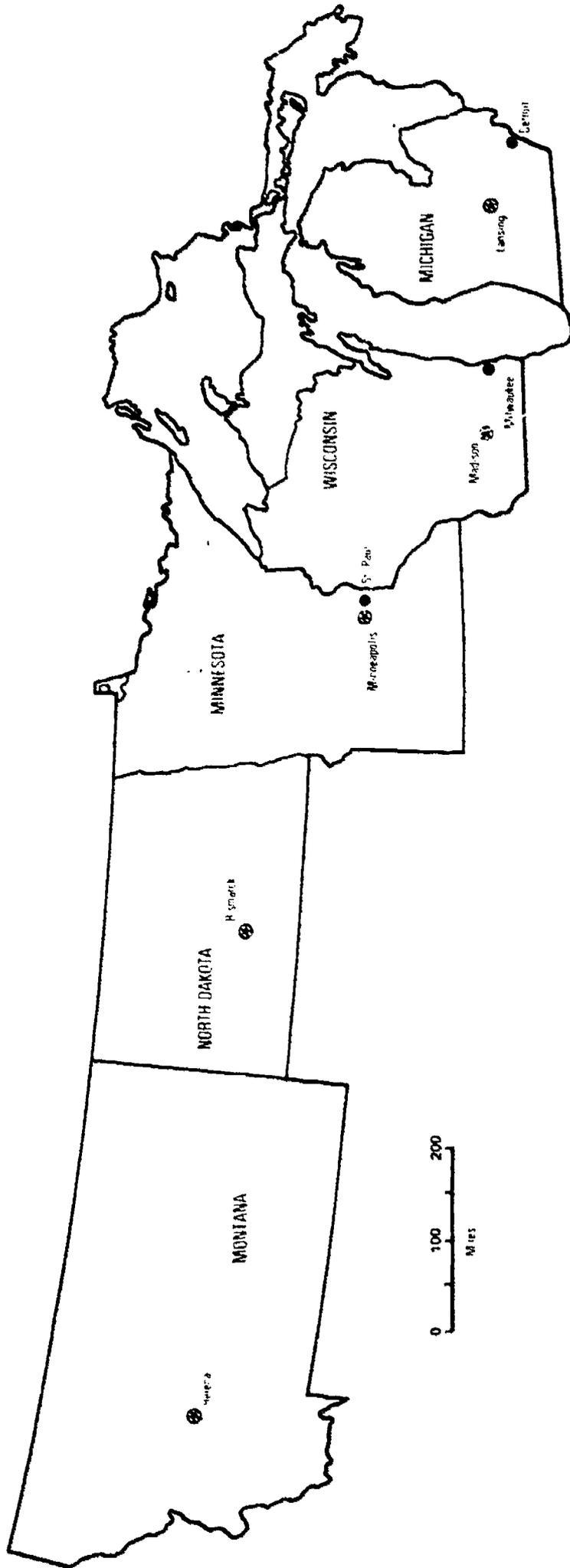
Recommendations to employers of nurses:

22. That agencies providing nursing service extend the use of their educational resources to nurses in the community who are employed elsewhere or who are professionally inactive.
23. That Administrative personnel of employment agencies evaluate their support of continuing nursing education (inservice and out-of-agency) and develop appropriate and specific plans for financial support of continuing nursing education.

Recommendations to all nurses in the region:

24. That all nurses increase their awareness of the importance of continuing education as a necessity for practice, and become familiar with resources available to assist them in their continuing education endeavors.

NORTH CENTRAL STATES



Legend:

● Major Metropolitan Areas

⊙ Capitols

## INTRODUCTION

In July, 1971, the Department of Nursing, Health Sciences Unit, University of Wisconsin-Extension, was awarded a contract through the Division of Nursing, Bureau of Health Manpower, National Institutes of Health, to plan for continuing education in nursing in the North Central States. The purpose of the planning contract was to develop a coordinated plan of action for the continuing education of nurses which, when implemented, would positively affect the delivery of health care in the states of Michigan, Minnesota, Montana, North Dakota, and Wisconsin.

The recommendations and the proposal plan have resulted from the eighteen month planning contract, and follow an intensive investigation of continuing education in the region. This included a review of available educational offerings and an exploration of educational resources, as well as various investigations of the learning needs of nurses in the region.

This document is presented as a proposal for regional planning for continuing education in nursing in the five state area. The suggested plan and recommendations as detailed in this document includes several approaches to planning for continuing education in the North Central states, and is presented as a tool for study by interested groups and individuals. Recommendations may soon become outdated, for reasons of social progress, technological developments, or other altered circumstances. Nevertheless, these recommendations warrant serious study for possible implementation.

Almost everyone agrees upon the need for planning for continuing education in nursing, and many nurses are quite vocal on the subject. But no one agrees upon how planning should be done, or who should do it. In general, there is agreement upon the concept of planning - until it touches upon what each provider of continuing education is doing himself. In other words, planning is

essential -for others, (as a corollary, it is interesting to note that when groups of nurses discuss continuing education, they usually talk about the need for continuing education for other nurses - rarely for themselves).

The absence of planning for continuing education in nursing has resulted in scattered, fragmented, inadequately planned and poorly conducted continuing education offerings. There is duplication of efforts in some areas of nursing practice, but no offerings in others. Little attention is paid to geographic distribution of course offerings. Educational resources are not used as effectively as they could be.

In an effort to identify the learning needs of nurses in the region, the investigators traveled extensively to meet informally with many individuals, including nurses and allied health professionals, adult educators - and various groups. (See appendix A for a listing of categories of groups with whom the investigators met.) These sessions were quite productive, for they provided an opportunity for staff to share information about current developments in continuing education and to learn about the concerns of nurses. Many useful suggestions were elicited in these sessions.

To assist in the identification of learning needs a random sample survey of registered nurses was conducted in four of the five states. Simultaneously, a separate survey was conducted in Michigan by the State Nurses' Association. The results of that study were used in planning for the region. The survey covering Minnesota, Wisconsin, North Dakota and Montana was funded by the University of Wisconsin-Extension apart from the planning contract. However, the results of the study were important in development of this plan. The report of this survey of learning needs will be available as a separate document.

The investigation involved an intensive review of the literature, including material relating to trends in nursing, nursing education, adult education,

and higher education. A number of unrelated surveys of continuing education in nursing, as well as general reports on nursing within the region, were identified and reviewed.<sup>1</sup>

The utilization of available resources is another important aspect of planning. Therefore, the availability of educational resources within the region, and, to some extent, elsewhere was investigated.

Because funding is essential for implementation of any plan for continuing education in nursing, the investigators explored both private and governmental resources.

During the course of preliminary planning many valid reasons for regional planning for continuing education were discovered. Upon the recommendation of the Advisory Board (Appendix B), a proposal was submitted to the Division of Nursing for a continuation of the regional project in the North Central states. Many of the suggestions in this proposed plan designed to implement planning for continuing education depend upon the funding of that proposal.

#### PURPOSE OF THIS DOCUMENT

The purpose of this paper is to provide recommendations and suggest approaches for the coordination of continuing education in the North Central states of Michigan, Minnesota, Montana, North Dakota, and Wisconsin. It is designed to assist educators, planners, and consumers of continuing nursing education in planning within the North Central states. It can serve as a basis for discussion by these groups. Interested persons are encouraged to study the recommendations, consider alternate ways of implementing them, and to take appropriate action. A number of the recommendations can be acted upon without funding; others obviously depend upon financial support.

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<sup>1</sup>Some of these are reported in the list of references at the conclusion of this document. A more extensive listing will be found in the review of the literature in "The Learning Needs of Registered Nurses in Four Central States" when it has been completed.

In the past, planning has been characterized by a few people planning for others. Effective planning for continuing education must involve the learners.

Nurse educators must heed the demands by nurses for more continuing education. Educators must work cooperatively and collaboratively if learning needs of practicing nurses are to be met. The future of the profession is at stake.

#### DEFINITION OF TERMS

Confusion over the meaning of terms is a major barrier to effective communication, and many discussions about continuing education in nursing often exemplify this confusion. In many respects it is useful to use a broad definition.

*Continuing education: planned professional education beyond the basic nursing program, including both credit and non-credit courses.*

However, in this document, we are directing our attention to non-credit continuing education exclusively. In this regard the definition proposed by the organizing group for the Council on Continuing Education of the American Nurses' Association is useful:

*"Continuing education in nursing consists of systematic learning experiences designed to enlarge the knowledge and skills of nurses. As distinct from education toward an academic degree or preparing as a beginning professional practitioner, continuing professional education activities have more specific content applicable to the individual's immediate goals; are generally of shorter duration; are sponsored by college, universities, health agencies and professional organizations; and may be conducted in a variety of settings."<sup>1</sup>*

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<sup>1</sup> American Nurses' Association, An Interim Statement on Continuing Education in Nursing, Organizing Group for the ANA Council on Continuing Education, September, 1972, p. 1.

Inservice education is a significant aspect of continuing education, but the terms are not synonymous:

Inservice education: *a planned instructional or training program provided by an employing agency for its own employees, designed to increase competence on the job.*

A consideration of inservice education is outside the scope of this proposal, but it is apparent that the extent of the individual nurse's need for other types of continuing education is directly related to the type, amount and quality of inservice education that is available to him.

There is also a need to define program, since this term may be used in several different ways.

Program: *planned organized efforts directed toward accomplishing major educational objectives.*

The term program is often incorrectly used as a synonym for course or one particular session, but in this report program is seen as much broader. For example, a program is usually seen as comprised of all the educational offerings provided by a continuing education department.

#### WHAT ARE LEARNING NEEDS?

The literature of adult education is replete with statements declaring that effective programming is based on individual learning needs. Judging from that same literature however, it is difficult to translate the knowledge of learning needs into action programs. Additionally, some educators suggest that the needs of society are different from the needs of individuals, and that undue attention has been directed to the latter; others say the two are so closely interrelated that they cannot be separated.

In the assessment of learning needs of nurses, a middle-of-the-road position seems appropriate, i.e., one must consider the needs of society for

nursing care together with the needs of the individual nurse. If the quality of nursing care is below standard, then the individual nurse has some learning needs, even though he has not identified them.

In assessing learning needs, the definition of need found in Cyril Houle's *THE DESIGN OF EDUCATION* is useful:

*"A condition or situation in which something necessary or desirable is required or wanted. Often used to express the deficiencies of an individual or some category of people either generally or in some set of circumstances. A need may be perceived by the person or persons possessing it (when it may be called a felt need) or by some observer (when it may be called an ascribed need)."*<sup>1</sup>

Some adult educators have also differentiated between felt needs and real needs. Kramer has made the distinction in this way: "The real need is a desirable element or condition that is lacking in, and would improve, a situation. Felt needs are what people with problems recognize as elements necessary to improve their situation..."<sup>2</sup>

Understanding the difference between felt needs and real needs is basic to understanding the gap between nursing knowledge and nursing practice. This distinction has particular relevance to the questions, "Does continuing education have any impact on the improvement of nursing practice?" A few examples may illustrate this point. A number of hospitals are employing an individual who may have any one of a number of descriptive titles, but who serves as an ombudsman for patients. Such a person would be superfluous if

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<sup>1</sup>Cyril O. Houle, *THE DESIGN OF EDUCATION*. San Francisco: Jossey-Bass Inc., Publishers, 1972, p. 233.

<sup>2</sup>Carol Schlamp Kramer: "The Diagnostic Process in Adult Education." Bloomington, Unpublished M.A. thesis, Indiana University, 1960, quoted in Rauch, David B., (ed.) *PRIORITIES IN ADULT EDUCATION*, New York: The Macmillan Company, 1972, p. 33.

nurses were able to meet patients' needs for understanding and for professional nursing care. In this situation, nurses might describe their felt needs as having too much to do to respond to patients' requirements. However, the real learning needs of nurses relates to a recognition of the specific type of nursing intervention appropriate to a given patient that results in care that is effective and satisfactory to the patient.

Another illustration is in the care of the dying. Judging from the number of articles on the subject and the content of these articles, in both the professional literature and the public press, it is obvious that patients and their families are often dissatisfied with the quality of care provided. In this example, nurses might identify their felt needs as a lack of time to give supportive care, or a lack of knowledge about specific aspects of care, but in reality their real needs often relate to their inability to function effectively in this stress-provoking type of nursing care situation.

The relevance of continuing education for the practitioner depends upon an accurate assessment of learning needs. The question is, who defines these needs; the individual or the educator? To what extent is the individual capable of identifying his own learning needs, particularly as they relate to the needs of society? How are the needs of society identified and by whom?

Adult educators have grappled with these questions for years, without solutions satisfactory to all concerned. It would be presumptive to suggest that the answers will be found in this paper. Rather, this document has attempted to suggest a plan, based on broad learning needs of nurses in the region.

From the above, some tentative conclusions about the learning needs of nurses can be drawn:

1. There is a distinction between learning needs as identified by nurses themselves and the needs of society for quality nursing care.

2. Individuals unable to assess their own learning needs completely, need varying amounts of assistance in diagnosing these learning needs.
3. Individuals can learn to diagnose their own learning needs, but as with any other skill, this requires practice which ought to begin with the practitioners' preparatory educational program.
4. The needs of society for quality nursing care will be largely unmet until practitioners are more skillful in diagnosing their own learning needs and acting upon these findings.
5. From the learner's viewpoint, there is little value in identification of learning needs unless opportunities are made available for meeting these needs.

#### Methods of Determining Learning Needs

Drawing conclusions based on available data, such as census reports, is another approach. In nursing, significant data can be found in FACTS ABOUT NURSING, statistics from state boards of nursing, and other health manpower statistics, such as data obtained from comprehensive health planning groups.

Community study is yet another useful method for the identification of learning needs. Health needs in a given community could provide useful guidelines to program planning for nursing groups.

Adult educators also identify listening as a method of determining needs. Nurse educators can find many clues by listening to nurses discuss their problems in providing nursing care.

Several of these approaches were used to identify the learning needs of nurses in the North Central states. A random sample survey of nurses in the area, which will be reported elsewhere at a later date, identified the learning needs as they perceived them.

Members of the Advisory Board for the project, identified in Appendix B, individually and collectively, made many useful suggestions. Informal sessions with nursing groups, described on page 7, were productive in clarifying ideas relating to the learning needs of nurses.

This report is based on a synthesis of the findings of these various approaches. It assumes that any plan for the continuing education of nurses must be based on broad learning needs.

The needs of society for quality nursing care have serious implications for the continuing education of nurses. Therefore, in planning for continuing education of nurses in the North Central states, broad learning needs, based on the needs of society, have been investigated.

It must also be noted that the needs of society are never static. To give an obvious example, the increased and widespread abuse of drugs in recent years has implications for the continuing education of nurses that would not have been a major concern even ten years ago. Thus, for the nurse educator in continuing education, an awareness of constantly changing needs of society is a requirement.

Other developments relate more directly to continuing education. In 1971 legislation was passed in California requiring continuing education as a condition for the relicensure of nurses; since then, several other states are considering introducing similar legislation. Legislation for National Health Insurance will require that health professionals be up to date in their knowledge and skills. Thus, what should have been a part of the individual's professional accountability may eventually be legislated.

## WHY REGIONAL PLANNING FOR CONTINUING NURSING EDUCATION?

The fast-paced world we are living in creates demands for life-long learning, not only in our professional, but in our personal lives. As a result of these increasing demands for continuing education, there are now more adults participating in continuing education offerings than the combined total of all children and young people in schools and colleges.<sup>1</sup>

Nursing, along with other health professions, places demands upon its practitioners for keeping current. Professional competency requires continued learning, and increasingly the consumer recognizes the significance of professional competency.

For a long time continuing education in nursing has been viewed as a passing fad. As nursing moves into the mainstream of general education, continuing education will be more readily accepted as a necessity for practice. If the expansion of knowledge is to result in improved nursing care, continuing nursing education in the future must be provided on a more organized and systematic basis. This appears to be the most significant argument for planning for continuing education.

Nurses themselves are beginning to demand more opportunities for formal continuing education. This trend is influenced by the expectations of employers and is related to changes in nursing practice and new medical knowledge. Increasing job responsibilities create demands for new knowledge; perhaps this is best illustrated by the increasing demands for the preparation of nurse practitioners in an extended role. However, increasing concern for continuing education is evident in all areas of nursing practice.

### REGIONAL DEVELOPMENTS

Within the North Central states region, there are some innovative and

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<sup>1</sup>David B. Rauch: PRIORITIES IN ADULT EDUCATION, New York: The Macmillan Company, 1972, Preface, p. ix.

exciting developments in nursing education that have special implications for continuing education. By way of illustration a few examples are listed; these are only examples, however, and this listing is not exhaustive:

- The DENT project at Wayne State University in Detroit for the development of videotapes for teaching by television.
- The use of minifilms and minicourses at Mankato State College
- The use of Educational Telephone Networks at the University of Minnesota and the University of Wisconsin-Extension.
- The individual study packets developed at the University of Wisconsin-Extension.

Although developed initially for undergraduate learning, individual learning laboratories also have great value for the self-directed learning needs of practicing nurses. Many examples of mediated instructional laboratories are found within the region, but their use has been limited to undergraduate education.

In spite of the extent of the resources just named, they are often poorly used or underused, as are other resources, including faculty, facilities, teaching materials, and funds. Often this happens because their existence or availability is unknown. It seems likely that an expansion of these resources and their more imaginative use would have positive effect on the improvement of nursing practices. Expanded utilization of many of these educational resources would provide nurses with more easily accessible learning opportunities - a significant item in an area where travel distances are great and where travel is often hazardous in winter.

Nurses, along with the rest of the population, are a highly mobile group. Frequent changes of position and place of employment increases the need for continuing education. This is particularly true if a nurse resides in an area where inservice education provided by the employing agency is limited (or non-

existent) or if she is unable to find employment in a field where she has previously worked.

Changes in employment patterns may also alter learning needs of nurses. To some extent these changes reflect the economic picture; the nurse who cannot find part-time employment, or who lives in an area where there are no employment opportunities, requires special assistance when she returns to practice.

Changing patterns in health care delivery will also alter learning needs of nurses. The increase in out-patient facilities and health maintenance organizations require nurses with different skills, and this assumes continued learning.

As institutions change, as more and more large medical centers become established, the gulf between the nursing practice in these institutions and the small hospital may widen, and nurses employed in each type in institution will have different learning needs. Nurses in less populated areas may have unique learning needs that will not be met if continuing education is designed on the basis of needs identified by those employed in larger centers.

Broad-based planning seems imperative to meet the learning needs of all nurses. Furthermore, without planning some learning needs may not be identified at all, since some learners may not be competent to forecast future directions for practice.

From a practical point of view, planning seems essential to set up a workable schedule of continuing education activities within the region. Employers frequently complain that too many offerings are scheduled at the same time. Planning can help avoid these problems, as well as those associated with duplication of content.

## BACKGROUND FOR THE PROPOSED PLAN

### CHARACTERISTICS OF THE REGION

It is dangerous to draw generalized conclusions about a region, particularly if we support the "melting pot" theory of development in this country. Yet our observations about the region lead us to believe that the geography of the North Central states had an impact on the development of the people who settled this part of the country. The mobility of people, particularly since World War II, has also had a recent impact on these characteristics. Planning for a region must consider the nature of the persons involved.

The relative geographic isolation of the five states in the North Central region forced the citizens of these states to become self-sufficient, and as a result these people can generally be characterized as rugged individualists, to use an old-fashioned phrase. This degree of relative isolation has forced people to rely on their own resources to solve problems and take care of their needs, so they tend to be wary of too much outside interference, and resent anything that suggests paternalism. This independence makes people suspicious of governmental interference and perhaps even interferes with their planning and working together effectively. Although one may argue that these remnants of provincialism are out of place in a rapidly moving world, this state of affairs must be recognized for realistic planning.

This self-sufficiency is both commendable and detrimental - commendable in that one cannot always depend upon outside help to solve one's problems, but detrimental in that it tends to be a barrier to regional planning. Such an attitude may be of special significance to continuing education, as is sometimes reflected in the underlying apathy or even resentment expressed toward staff from University medical centers or similar large institutions in providing consultation to small hospitals, to cite one example.

If the nurses in each state are typical of the people in general (and there is no reason to believe they are not), they are inordinately proud to be residents of their own particular state, pleased with its accomplishments, aware of its special or unique features, and often of its history. Properly directed, such an attitude can be used as a positive motivator. Conversely, it interferes with regional planning when it results in a lack of sharing of ideas and resources or when residents of a particular area or state become so self-satisfied with what they are doing that they do not wish to learn from others or to change traditional methods of operation.

The geographic distances within the region are extensive; it is 1700 miles from the southeastern corner of Michigan to the northwestern corner of Montana. This is over half the distance from New York to San Francisco (3025 miles).

The harsh winter weather characteristic of all five states may be seen as a common bond. This factor, along with many areas of low population, and widely dispersed health care institutions, suggests a need for approaches to continuing education different from the usual practice of nurses traveling some distance to meet together for formal sessions.

Citizens of these areas are used to travel - the region has a network of good roads, including several interstate four-lane highways. The Amtrack rail system has a line within the region. The area is also served by several major airlines.

In addition to these general characteristics, there are a number of common characteristics that bear a relationship to continuing education in nursing.

1. Except for Minnesota (which falls only one above) the number of physicians in the states within the region fall below the national average, suggesting greater responsibilities for nurses practicing within the region.

2. With one exception (Montana), the educational institutions in the states in the North Central region are not members of interstate compacts on higher education.
3. Each state has at least one collegiate nursing program in a tax-supported institution.
4. Tax-supported educational institutions are involved to some extent in the provision of continuing education offerings to nurses, but financial cutbacks within these institutions limit expansion of these opportunities.
5. Many privately supported educational institutions are interested in and have resources for providing some continuing education to nurses, but are also beset with financial limitations.
6. Extensive studies on nursing and nursing education have been conducted in each of the states in the region.
7. There are some innovative attempts in the provision of continuing education in nursing in several institutions within the region; these have potential for expansion to other areas within the region and elsewhere.
8. Individuals and groups have identified a need for coordination of continuing education; possible approaches for statewide coordination are being investigated by appropriate groups, such as state nurses' associations, state commissions on nursing, etc., within each state.
9. Nurses within each state have identified a need for more educational opportunities, particularly for resources closer to their homes and places of employment.
10. Each state is represented in the Inter-State Regional Planning for Nursing Needs and Resources Study.

#### CHARACTERISTICS OF NURSES IN THE REGION

Nurses in the North Central states share some common characteristics with

nurses elsewhere in the nation. As productive as such research might be, this study did not attempt systematically to differentiate the characteristics of nurses in the region compared to the rest of the United States. However, in planning for continuing education it is useful to note these characteristics of nurses:

1. Over 77 percent of practicing nurses are married;<sup>1</sup> this compares to a nationwide figure of 55 percent in 1958.<sup>2</sup>

The proportion of employed married nurses in the country as a whole has been constantly increasing, a reflection of changing economic conditions and social values. However, it must be recognized that these nurses have dual responsibilities - they were, in fact "moon-lighters" before the term was coined. In applying McClusky's concept of margin<sup>3</sup> many of these nurses have little margin for their participation in educational offerings. McClusky defines margin as the relationship of load to power; load being the demands made on a person by himself, his family or significant others, his job, and society, and power being the resources and abilities he has available to cope with his load.

If nurses are to benefit from continuing education, resources must be more readily available to them. The personal and professional loads carried by many nurses preclude their expending a great deal of energy to participate in continuing education activities; their available energy ought not be expended merely in getting to places where courses are offered.

The concept of margin becomes increasingly significant to the individual nurse with added personal responsibilities. One index of increasing

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<sup>1</sup>THE LEARNING NEEDS OF REGISTERED NURSES IN FOUR NORTH CENTRAL STATES, publication pending.

<sup>2</sup>American Nurses' Association; FACTS ABOUT NURSING: A Statistical Summary, New York: The Association, 1960, p. 8.

<sup>3</sup>For a discussion on the concept of margin, see: Howard McClusky, "An Approach to a Differential Psychology of the Adult Potential" in Stanley Grabowski (ed.), ADULT LEARNING AND INSTRUCTION, ERIC Clearinghouse on Adult Education Syracuse, New York, 1970, pp. 82-83.

responsibility is the increasing proportion of married nurses, since marriage implies personal responsibilities. However, it can also be noted that increasingly single women are heads of households or accept personal community assignments, and so on.

2. Within the North Central states, nearly 2 out of 5 nurses who are employed work part-time.

Part-time nurses have more difficulties meeting their learning needs than those who work on a full-time basis. The concept of load is an important factor; this nurse works part-time because of other responsibilities. Additionally, she may not be in the institution at the time inservice offerings are provided. Further, the employing institution rarely feels any obligation to provide financial support for the part-time nurse to participate in out-of-agency continuing education.

3. Within the North Central states, slightly over 80 percent of actively practicing nurses are graduates of hospital diploma schools of nursing, nearly 14 percent of baccalaureate nursing programs, and 5 percent of associate degree programs.

Living in a world where the knowledge explosion has a direct impact on medical advances and on nursing practice, the nurse, whatever her educational background, must keep on learning. But it is also obvious that the extent of the nurses' preparation influences the need for continuing education, and thus, this educational preparation is an important factor.

#### EXPRESSED CONCERNS OF NURSES

In meeting with groups of nurses in the region the investigators found nurses eager to share their ideas and express their concerns. They were frank in their assessment of the present status of nursing in their communities, and quite imaginative in their suggestions for meeting some of their own learning needs.

Almost without exception, every discussion included some concern over the difficulties encountered by nurses in completing the requirements for a baccalaureate degree. Although some exceptions were noted, nurses identified difficulties in getting adequate counseling in the collegiate schools of nursing, the inflexibility of curriculums and, sometimes, unsuitable or inappropriate courses, poor teaching, and lack of interest by faculty in registered nurse students. The need for off-campus credit courses was frequently cited. It should be noted that it was not the intent of the investigators to explore these concerns for additional formal education in depth, but these very real problems were always identified by the participants in every discussion.

Perhaps the most frequently recurring theme in all the discussions was an urgent need for more effective means of reaching nurses who live and work outside of metropolitan areas. Many nurses not only cited this problem often, but had given considerable thought to ways of assisting nurses who live in less-populated and remote areas. Their suggestions are listed elsewhere in this document. (See p. 47)

Faculty groups always identified the scarcity of faculty as a crucial problem; in particular, there is a critical need for faculty skilled in teaching adult learners. There was some concern that faculty resources were not used wisely. Also, there was concern that not enough attention was being paid to the preparation of faculty for teaching practicing nurses, particularly to the preparation of inservice educators in health care institutions. The lack of prepared faculty leadership in continuing nursing education was evident throughout the region, and is probably true for the nation as a whole. With a beginning trend toward mandatory continuing education for relicensure, the lack of leadership seems acute at the present time.

The identification of faculty members skilled in teaching adults was frequently cited as a concern of deans and directors of schools of nursing.

They were also concerned about ways to encourage innovative programming and experimentation in program design. They felt that much more attention needed to be directed to encouraging continuity in program planning.

As new patterns of nursing practice are emerging, the preparation of nurses for an expanding role becomes more urgent. Faculty members expressed many concerns not only over suitable ways of preparing nurse practitioners, but also the need for educating faculty who will be assisting nurses to become qualified for extended and expanding roles. The continuing education of nurses already functioning in these roles is an additional concern. What is the most appropriate way to educate for new roles in nursing?

A serious concern relates to planning for the preparation of nurse practitioners. How many institutions within the region (indeed, within the country as a whole) ought to be providing short-term courses for the preparation of nurse practitioners? How is this planned vis-a-vis new generic nursing curriculums designed for the preparation of nurse practitioners? What kind of articulation can be arranged for the nurse who completed a preparatory short-term course and then decides to work toward a college degree? In what areas of practice are programs needed? In regard to the latter point, there is only one program in the region for the preparation of geriatric nurse practitioners, but the needs of patients in nursing homes appear to be largely unmet.

Discussions about the preparation of nurse practitioners led to a serious consideration of establishing priorities in continuing nursing education, and in general nurse educators agree that the preparation of nurse practitioners must be given a high priority. However, the need for this preparation will depend upon how quickly generic nurse curriculums are able to provide this type of preparation. Thus, planning for continuing education cannot be done in isolation, but must be done along with planning for graduate and undergraduate programs.

An important concern, then, is the determination of priorities in continuing education in nursing. How are these priorities best determined and on what basis and by whom?

Faculty groups were also concerned with duplication of efforts and overlapping of activities; many different groups are providing some type of continuing education for nurses, without any communication about proposed plans nor coordination of efforts. Faculty groups expressed more concern about duplication of efforts than about educational gaps, yet within the region there are some obvious gaps, as in geriatric nursing. Most faculty believe that better use could be made of existing resources, such as facilities, films, videotapes, and other teaching-learning tools. They expressed concern over the lack of planning for continuing education at all levels locally, statewide, and regionally.

Discussion in faculty groups also centered on the costs of continuing education, a pertinent point since all collegiate nursing programs (private and public) are facing severe budget restrictions. Questions included: What are appropriate ways of financing continuing education? To what extent can nurses themselves be expected to pay for their own continuing education? What is the employer's obligation? Does government (state and federal) have a responsibility?

More than any other group, faculty were interested in ways of developing more effective means of identification of learning needs. Questions raised in this connection included: To what extent can nurses determine their own learning needs? How can they learn how to make this individual assessment? What is the role of the employer in the determination of learning needs of nurses? Are there other ways of determining educational needs?

Most faculty groups devoted considerable time in discussion of programming. Questions were raised about how content for course offerings was determined and who determined it. Many examples were cited of duplication of efforts, where

similar content was presented by different groups in the same or a nearby community. Employers of nurses and supervisory personnel pointed out that the lack of planning often meant that two or three course offerings were provided at the same time; this made institutional planning very difficult indeed.

Some faculty members felt that more attention should be paid to reaching large numbers of nurses at the lowest possible costs; others were concerned about meeting the needs of small special interest groups, e.g., operating room nurses. Still others were concerned about meeting diverse needs - specialists vs. generalists.

Considerable time was spent in faculty groups in discussion of problems of evaluation. These groups agreed that a more effective means of evaluation was needed and that attention might be directed to devising better evaluation tools.

All groups with whom the investigators met identified a need for more effective means of dissemination of information relating to continuing education. For personal planning, all nurses need advance information about available course offerings. Present means appear to be inadequate - the nurse finds out too late to make arrangements with her employer, or may even learn about the offering after it is over. Employers need advance notice to plan budgets permitting staff participation in out-of-agency opportunities.

Another factor relates to the content of the brochures and fliers used by the providers of continuing education. Too often the information is inadequate or incomplete, so it is difficult for a potential enrollee to make a sound decision. More complete course descriptions, clearly defined objectives, and specific information about whom the course is intended - all these would assist the nurse in deciding upon enrollment.

Nurses also indicated a need for getting more information about new developments in nursing and current trends in nursing and nursing education. In this

regard, it may be noted that a great deal of information is available, but perhaps many nurses need to learn how to gain access to available information and how to use it after it is secured.

Non-faculty nursing groups often identified a lack of administrative support for nurses to participate in educational offerings. Many felt that simple encouragement by administrative personnel is an important factor. Staff nurses frequently stated that in their employment setting only the director of nursing had his way paid to educational offerings by the institution; from their point of view, he was much better able to pay his own way than they were.

Staff nurses also identified serious problems in the application of new knowledge gained at educational offerings to their practice. Inhibiting factors included the lack of encouragement and support by peers and colleagues, including physicians; outmoded medical practice; lack of administrative support; failure by those who participated in offerings to share content with others. The problems faced by new graduates of schools of nursing, who came to the employment setting with new ideas for new approaches, was seen as a critical concern. They lose their eagerness and interest, not only through lack of encouragement, but by negative and critical attitudes of the rest of the staff.

A number of other concerns were identified by various groups:

- How to reach certain groups of nurses: those who do not belong to nursing associations (and hence may not get information about course offerings); those employed in clinics and physicians's offices; the self-employed (private duty) nurses?
- How to upgrade the quality of hospital inservice education programs?
- How to motivate nurses to want to continue to learn?
- Can anything be done about the high turnover of nurses in certain practice areas (e.g., coronary care units), resulting in a need for almost constant training?

- What are effective means of sharing of information with others by those who participate in course offerings? How to provide for "spin-off" effects from participants to others within the employment setting?
- What are the applications of the "open University concept" to continuing education in nursing?

#### ADDITIONAL CONCERNS

An area largely unexplored by the groups with whom the investigators met was that of individual diagnosis of learning needs and self-directed study. Since the concept of self-assessment of learning needs is a relatively new one to nurses (and others), this is not surprising. Nevertheless, as one attempts to make predictions about the future, it appears that the learning needs of nurses will increase at a rapid rate, and that our present educational system will not be able to keep up with needs. As a professional practitioner, the nurse will be expected to become more sophisticated in determining his own learning needs and in identifying and using appropriate learning resources. It can be predicted that self-directed learning activities will become an increasingly more important aspect of life-long learning for professional practice.

## RECOMMENDATIONS FOR REGIONAL PLANNING

In a democracy, the right to be involved in certain kinds of activity is the prerogative of the individual. So it is with continuing education in nursing at the present time: planning is a voluntary activity. We cherish our democratic traditions, even though we are not always pleased with the chaos that sometimes results from independent and unrelated activity. The recommendations that follow depend upon voluntary participation by a number of groups. We believe that nursing can no longer afford to continue in an unplanned, unrelated, and fragmented direction, and that the nursing leadership in the region will support, at least in principle, the following recommendations, and will develop additional ones.

These recommendations for planning for continuing education have been formulated from many suggestions made by many nurses throughout the region. As stated earlier in this document, it is the staff's hope that they will serve as a basis for discussion and action.

A summary of all the recommendations which follow appear earlier in this document beginning on page 1. An explanation for each recommendation along with the supporting rationale is given here.

Some of the recommendations depend upon continued funding of the North Central States Project for implementation. But in the event that federal funding does not become a reality, project staff is hopeful that the nursing leadership in the North Central States will discover alternate ways to implement the major recommendations.

Although general recommendations are easily ignored or lost, staff has identified some general recommendations of special significance, not only in the North Central States, but to nurses throughout the country as a whole. Other general recommendations were included because their implementation

depended upon action by several groups. Additional specific recommendations are directed to appropriate groups.

#### GENERAL RECOMMENDATIONS

It is recommended:

1. *That a Regional Center for Continuing Education in nursing be established for the North Central States, and that the center be located in the offices of the Department of Nursing, University of Wisconsin-Extension, in Madison.*

This recommendation is an integral part of the project proposal that has been submitted to the Bureau of Health Manpower, Division of Nursing, National Institutes of Health, by the Department of Nursing, University of Wisconsin-Extension. If the proposed project is funded, this recommendation will be more easily implemented. As the proposal stands, there is provision for regional coordination of continuing nursing education.

Should the proposed project not be funded, the intent of this recommendation could be carried out to a limited degree by the staff of the Department of Nursing, University of Wisconsin-Extension. The regional newsletter and the coordination of certain types of activities would be curtailed because of financial restrictions, but the Department could serve as an information center for the region, and, to a limited degree, could facilitate regional planning.

Because of its long history of involvement in continuing education, and as logical continuation of the planning project, the most suitable location of the Center is in the Department of Nursing in the University of Wisconsin-Extension. Advantages include the easy accessibility to faculty, both nursing and others in the Health Sciences Unit whose primary responsibility is continuing education. Center staff would also have easy access to the many resources of the the University.

The geographic location might be seen as a disadvantage, but the advantages appear to outweigh the major disadvantage.

2. *That an effective means of regional dissemination of information relating to continuing education in nursing be sought, and that this be seen as one of the significant activities of the Regional Center.*

During the planning project, a regional newsletter (NORTH CENTRAL CARE-LINES) was found to be an effective way of dissemination of information to specific nurses and other appropriate groups. This newsletter included pertinent short items about current developments in continuing education, innovative approaches, and a master list of continuing education offerings within the region. Response from readers indicated the usefulness of this newsletter to them.

In all five states, concern was repeatedly expressed over the lack of information about available educational opportunities and resources. In assessing the availability of information about continuing education offerings, the following approaches were used most frequently in the dissemination of information:

1. Bulletins of State Nurses' Associations
2. Newsletters of District Nurses' Associations
3. Individual mailings of fliers and brochures (usually to a selected audience)
4. Institutional mailings of fliers and brochures
5. Posters on bulletin boards of employing agencies
6. News releases to newspapers
7. Radio and television spot announcements.

Other approaches included announcements at staff meetings and other meetings and word of mouth among friends and colleagues.

Except for the individual mailing, which is costly, all of these approaches have serious limitations. Not only are individual mailings expensive, but

maintaining viable mailing lists is a difficult and time-consuming process, adding further to costs.

At the present time, it appears that institutional mailings have the potential for reaching the most nurses for the least cost. A complete list would include the major employers of nurses; hospitals, nursing homes, public health agencies (voluntary and public), schools and colleges, industry, schools of nursing, clinics and doctors' office. The latter named group would probably be the most difficult list to maintain.

Institutional mailings have a serious drawback: in some circumstances mailings never reach the group for whom they are intended. In some hospitals all mail, no matter to whom it is addressed, goes to the administrator, who may or may not route brochures to the director of nursing, who may or may not post it for all nurses to read. Furthermore, in very large institutions, there may not even be an appropriate place where one is assured that all the nursing staff will have access to the information. The conscientious director or inservice coordinator copies such information and distributes it to the various nursing units, or puts the information in an appropriate house organ, but this is not always the case.

Since only 20 to 25 percent of the nurses practicing in any of the five states are members of their professional association, the publication of these organizations is not an effective means of getting information out to nurses. Printing schedules and infrequency of publication limits their value in getting information out to nurses in time to facilitate their planning to attend.

Usually, state boards of nursing have the only complete listing of all nurses currently licensed to practice in that state. Boards of nursing have limited financial resources, and at present may not have the capacity for frequent distribution of information. Also, although state boards maintain the

most complete mailing lists available, these lists are never completely correct because of the mobility of nurses.

It is not economically feasible for each provider of continuing education to maintain its own mailing list for potential participants. If individual or institutional mailings are to be used, costs can be reduced by having mailing lists maintained in each state at a designated location, then purchased by all users, rather than by each institution developing its own list.

Direct mailing seems to be the most reliable means of getting information out to nurses, so more attention should be directed to this approach. To facilitate direct mailing, the following suggestions are made:

1. Establish listing of all the nurses in the region, by state and zip code areas. When placed on a computer, this listing, or any part of it, could be made available, at cost, to any provider of continuing education in the region.
2. Mail a master listing of all continuing education offerings in the region to every nurse on a quarterly basis.

Other suggestions for the dissemination of information:

3. Plan for specific ways of using all available means of dissemination of information to nurses about continuing education offerings.
4. Encourage all sponsors of any type of continuing education to provide a copy of the flier, brochure or course outline of every offering to the Regional Center for Continuing Education in Nursing as soon as it is available.

The regional newsletter is seen as an important aspect of the continuation proposal.

3. *That a National Center for Continuing Education in Nursing be established for the preparation of nurse educators with a primary responsibility for the provision of continuing education.*

There is an urgent need for the preparation of nurse leaders in continuing education. Since this has been discussed elsewhere in this document, it will not be elaborated upon here; the need is self-evident.

Although a number of nurse educators in the region frequently expressed the opinion that no special skills were required for teaching practicing nurses *vis-a-vis* undergraduate nursing students, the research and literature from adult education suggests otherwise. Current developments in nursing practice place increasing demands upon continuing education, and this in turn suggests a need for highly skilled educators. To keep pace with these needs, increasing opportunities are needed for the preparation of nurse educators skilled in the application of principles of adult education.

Such an educational center should be located in a university with strong graduate programs in both nursing and in adult education. An established program of continuing nursing education would appear to be another requisite.

In this country there is a model for such a national education center. The National Agricultural Extension Center for Advanced Study at the University of Wisconsin was established in 1955, largely through a grant from the W.K. Kellogg Foundation. It was designed to provide opportunities for graduate study, short term study and research for the Cooperative Extension Service of the 50 states and the Federal Extension Service. The Center served a very useful purpose in preparation of adult educators in the field of Agriculture. For example, in the first eleven years of its operation, 85 persons with Ph.D.'s and 83 with Master's degrees were graduated.

4. *That within the region, priority in planning be given to the development of course offerings designed to prepare nurses for expanding roles and emerging responsibilities.*

An examination of the direction of nursing practice in the future clearly indicates that increasing numbers of nurses will be involved in the provision of primary care. This evolving role was identified in the report of the National Commission for the Study of Nursing and Nursing Education<sup>1</sup> and becomes increasingly more apparent in reports from the current nursing literature.

Newly designed curriculums of schools of nursing are preparing nurse practitioners for expanding roles, but until more nurses are graduated from these programs, short-term courses will be required to meet the need. The provision of these courses is costly; the need for regional planning is urgent.

5. *That within the region, planning groups and providers of continuing education also direct special attention to the provision of educational resources and course offerings in these areas of nursing:*

- a. *Geriatric nursing (in addition to the preparation of geriatric nurse practitioners)*
- b. *Application of new technologies to nursing practice.*
- c. *Principles of rehabilitation and teaching of patients (including positive health teaching)*
- d. *Principles of mental health applied to all areas of nursing practice.*
- e. *Nursing care in emergency and ambulatory care settings.*
- f. *Patient assessment.*

The above is not a complete listing of areas of nursing practice where continuing education could make an impact, but is a listing of the areas most frequently identified within the region. The needs appear urgent, and if major attention could be focused on these areas, nursing care within the region could be influenced in a positive way.

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<sup>1</sup>National Commission for the Study of Nursing and Nursing Education: AN ABSTRACT FOR ACTION. New York: McGraw-Hill, Inc., 1971, p. 92.

RECOMMENDATIONS to State Master Planning Groups in Nursing (Commissions on Nursing and Nursing Education and like planning groups):

It is recommended:

6. *That state master planning groups for nursing recognize continuing education as an integral part of nursing education, and identify a group responsible for statewide planning for continuing education in nursing.*

To date, minimal attention has been directed to continuing education by most state planning groups in nursing. Yet it is obvious that in the future continuing education will be much more significant to nursing practice than was true in the past, to keep pace with rapid changes. Planning groups must be cognizant of anticipated needs for the future.

Planning is required to marshal our economic resources to good advantage. Specific ways of planning may vary from one state to another, and that decision must be made by an appropriate group (or groups) within the state.

Regional planning depends upon a close liaison with state planning and the establishment of priorities. Such committees have already been established within several state nurses' associations in the region. These appear to be logical groups for planning, although some thought might be given to the expansion of committee membership for a broader representation to include other groups involved with and concerned about continuing education in nursing.

7. *That within each state a general system of counseling be established to assist nurses in planning for continuing education or seeking additional formal education.*

This is not seen as a substitute for the counseling available in collegiate programs for nurses within to pursue a college degree; rather it is to provide assistance to nurses who may be seeking various kinds of information relating to a specific nursing problem, or the location of learning resources, or the

availability of specific continuing education offerings. The counselor would also be in a position to assist the inactive nurse to make a decision about returning to practice, to locate available refresher courses and learn what other resources might be helpful.

It would seem useful to have such counseling available in each state, located wherever appropriate for that particular state. The office of the state board of nursing might be appropriate in some states, in others headquarters of state nurses' associations or leagues for nursing may be suitable.

A major reason for the establishment of a more effective means of individual counseling relates specifically to the need for more self-directed learning. With the rapid advancement of knowledge associated with major changes in nursing practice, it seems urgent that nurses accept more personal responsibility for their own learning and become more actively involved in the learning process. Since traditional nursing education has been of the passive variety, such a change will require a change in attitudes toward learning. Individual counseling will be required to effect a change and to encourage aggressiveness in the learning process.

A simplistic approach suggests that nurses are adults and therefore do not require counseling about their continuing education. A more realistic attitude is that encouragement and adequate information are both required if nurses are to make wise decisions about the options available to them. Thus, adequate and sound counseling is an imperative to planning.

Counseling is also needed to assure that existing materials are used to good advantage. Many nurses are simply unaware of the educational resources that do exist.

Ideally, the counselor would be a nurse with preparation in counseling. However, a trained counselor with easy access to nursing support would also be

suitable. Counselors should be broadly prepared and well-informed, not only about educational opportunities but also on sources of information about employment opportunities. The counselor should be acquainted with directors of continuing education programs, and be familiar with available offerings in the state and elsewhere. The counselor also needs a familiarity with the graduate programs in nursing in the region.

Educational institutions and other agencies are establishing offices of continuing education, or sometimes more specifically, offices of continuing education for women. Whenever these resources are available, the counselor should work closely with staff members of these offices, and with counselors in schools of nursing.

In the past, educational programs in nursing did not emphasize either learning how to learn nor the importance of life-long learning for professional practice. For these reasons, the counselor must be skilled in assisting nurses to become self-directed learners.

8. *That within each state a mechanism be devised to assist non-practicing nurses to keep up with current developments during periods of professional inactivity.*

The general trend of the majority of women to work only a few years between completing school and marriage is now changing. Although the long-time shortage of nurses, only now beginning to show evidence of easing, forced hospitals to become leaders in the employment of women on a part-time basis, societal trends in the employment of married women continues to influence nursing. As more nurses are educated in tax-supported institutions the expectations of society will be that nurses contribute to the society that educated them. Keeping nurses professionally current enables them to contribute more effectively to that society.

All of the five states within the North Central States were involved in the nationwide project designed to facilitate the return of the inactive nurse to practice (1957-1970). Sponsors for these projects included two state nurses' associations (Michigan and Montana), the American Rehabilitation Foundation (Minnesota), a state University (Wisconsin), and a State League for Nursing (North Dakota).

The results of this nationwide effort are often viewed with disappointment because of a rate of return less than anticipated. For a number of reasons, including changes in the economic picture, the traditional refresher course may not meet the needs of the non-practicing nurse in the future, and other educational approaches need to be tried. Self-directed learning activities and small study groups seem particularly suited to these nurses, inasmuch as individuals move in and out of employment with relative frequency.

One example within the region may be cited as an illustration of what can be done. Inactive nurses in Wisconsin can enroll in the bimonthly telephone conferences designed for inactive nurses (WINS-Wisconsin Inactive Nurse Studies). Started in April, 1969, the WINS program is designed to help inactive nurses keep aware of current developments in their profession. Originally funded through the Regional Medical Program, nurses now enroll in the course and pay the usual University Extension fee.

Inactive nurses who do not have access to the University's statewide telephone network may enroll in the course and receive the program on cassette audiotape. Supportive materials are provided for each program, and these are mailed to each enrollee. With a minimum expenditure of money for added secretarial services, supplies and materials, the WINS telephone conferences on cassette tapes could be expanded to include the inactive nurses in the entire region. Locating potential enrollees would be a major problem.

Individual study packets on selected nursing subjects, also part of the original WINS program, are another self-directed approach. Both of these approaches are suitable for nurses who live in remote areas of the country.

It is recommended that the use of existing educational resources for inactive nurses be expanded, and that additional resources be developed for these nurses.

9. *That within each state an effective means of dissemination of information relating to learning resources and course offerings be developed by an appropriate body. This group would relate closely to the individual(s) responsible for the dissemination of information within the region.*

*(Recommendation 2)*

The rationale for this recommendation is provided with the discussion relating to Recommendation 2. However, since dissemination of information poses particular challenges, and since some types of educational resources and activities are appropriate only within a specific state, it seems important that efforts be directed by an appropriate group within the state. One possibility might be the state planning group.

Whatever group is assigned this responsibility, it should work closely with the regional group.

RECOMMENDATION TO STATE BOARDS OF NURSING AND STATE NURSES' ASSOCIATION

IN EACH STATE:

10. *That state boards of nursing and state nurses' associations along with other appropriate individuals and groups, direct attention to in-depth study of the issue of mandatory continuing education for relicensure to practice nursing.*

It is not within the scope of this paper to discuss the various issues relating to mandatory continuing education. The question has been considered

to some degree in all five states in the region, but because the issues are not clear-cut, much more thought and study of the rationale and the implications of mandatory continuing education, and of alternative approaches, are needed throughout the region.

Legislation with provisions for mandatory continuing education for the relicensure of nurses is being introduced in a number of states in the country. There may be some practical considerations in the North Central states (e.g., winter driving to attend course offerings) that do not prevail in most of the other states. These considerations deserve serious attention by all nurses.

RECOMMENDATIONS TO FACULTIES OF COLLEGIATE SCHOOLS OF NURSING:

11. *That all collegiate schools of nursing in the region have at least one faculty position budgeted for continuing education in nursing.*

Faculty members of collegiate schools of nursing are expected to provide leadership in nursing. It seems appropriate, then, to suggest that collegiate schools should provide leadership in continuing education.

With some exceptions, nurse faculty members of institutions of higher learning in the North Central states have not been involved in the provision of continuing education. Whatever the involvement has been, it has usually been viewed as an overload activity for the faculty member. Therefore, it is not surprising that faculty members were less than enthusiastic about their own participation in the provision of continuing education for nurses.

This recommendation suggests that continuing education be viewed as the primary responsibility of at least one nurse faculty member in each institution. However, if it were more appropriate, it might be possible to divert the funding of one position to provide released faculty time for two or more faculty members to provide continuing education offerings on a regular basis.

The involvement of more institutions in the provision of continuing education further emphasize the need for statewide and regional planning. Should

the recommendation be implemented, the need for cooperative efforts of all those engaged in like endeavors is obvious.

12. *That educational institutions (particularly collegiate nursing programs) accept more responsibility for providing continuing education to nurses, and that existing education resources be made available to nurses in the community in which the institution is located.*

To a large measure, this recommendation hinges on the implementation of the previous one. Under present circumstances, particularly with increasing enrollments in schools of nursing, it is difficult for faculty members to take on increased teaching loads.

Nevertheless, there are a number of educational resources now available in schools of nursing that have some application or could be adopted to adult learners. Making these resources available to nurses in the community could be done without much extra effort and could provide some interesting and stimulating experiences for faculty. Offering film forums on carefully selected topics is one example; films rented for student use could be shown at no additional expense. Faculty reports on selected nursing care studies or on research done - however modest - are others. Participation in these activities can provide young faculty members with needed experiences in meeting the nursing public, and thus are enriching to both the teacher and the learner.

In other instances, there may be some additional costs. When this is true, charging a fee would be an appropriate way to meet expenses. For example, permitting the nurses in the community to use the school of nursing's learning laboratory for a \$10.00 a semester fee would be reasonable. The use of the laboratory might be limited to hours less likely to be used by students, but also convenient for the nurse, e.g., 3:30 - 5:30 p.m.

13. *That more imaginative ways be sought to expand the present use of educational resources and teaching design, and that more application to nursing be made of existing approaches (e.g., correspondence instruction).*

As stated by Jacques Barzun, "Everybody is always urging everybody else to have imagination"<sup>1</sup> and this report is no exception. Within the region, there is an urgent need for faculty to use imagination in the application and use of teaching resources for continuing education. Our investigation showed that many materials (especially audiotape cassettes, videotapes, and 35 mm slides) have been developed for local use by undergraduate students, and that some of these materials could be readily adapted for use in continuing education.

The gap between available resources and the use of those resources appears to be a wide one. In part, this results from the difficulty that many nurses have in locating resources, as well as an unfamiliarity of the many sources now available. To a great extent, it appears that nurses are not using resources that could be available to them. Thus, it seems important not only to provide an easy access to resources, but to encourage their use.

Although nurses frequently believe they have access to few educational resources, many are obviously unaware of the great resource to which most nurses have relatively easy access: the public community library. Systems of interlibrary loans facilitate borrowing of books and related materials, so that any nurse can request the loan of professional books from the public library and receive them in relatively short periods of time.

In some instances, particularly in libraries of large hospitals, nursing books would be purchased upon request, but nurses rarely request them, and may not even use those that are available. Even in small hospitals, money is

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<sup>1</sup>Jacques Barzun and Henry F. Graff. THE MODERN RESEARCHER, New York: Harcourt, Brace and World, Inc., Revised Edition, 1970, p. 61.

sometimes available for the purchase of library resources, and, if not, loan materials may be secured.

Since library resources are the most readily accessible tool for the continuing education of most nurses, more effective use of these resources could influence nursing care in a direct and positive way.

14. *That faculties of schools of nursing collaborate with district nurses' associations, local leagues of nursing, and related groups in the provision of learning opportunities to nurses in their geographic area.*

At the local level the district nurses' association is often a logical group to promote continuing education activities of nurses, and throughout the region a number of workshops have been sponsored by these organizations. Within the region there are some models of cooperative efforts between the district association and the local school of nursing. Nurses are asking for more learning opportunities at the local level; this kind of collaboration appears to be one way to provide it.

As one attempts to prognosticate about the future, it is not too difficult to foresee increasing demands for continuing education. If these demands are to be met, the development of local nurse leadership is urgent. Implementing this recommendation appears to be one way to encourage such leadership development.

15. *That faculties of graduate programs in nursing located in educational institutions with strong graduate programs in adult education provide flexibility in the graduate curriculum for the preparation of teachers in continuing nursing education.*

There is an urgent need for the implementation of recommendation 3, but even with the establishment of a National Center, it will be difficult to meet the demands for prepared faculty, at both the inservice education

and continuing education levels. Furthermore, not all nurses in these key positions are free to travel great distances, so whenever educational resources are available they ought to be used to good advantage.

Graduate programs in nursing are becoming more flexible. It ought to be possible for a number of institutions of higher learning to provide graduate study which includes both a strong nursing component and appropriate content in adult education.

16. *That faculty members of graduate programs in nursing encourage and support research in continuing education in nursing.*

Any investigation of continuing nursing education leads to the conclusion that there is a paucity of research in the area. Most obvious is the need to study the impact on continuing education, in all its various aspects, upon nursing care. Funds for conducting such research are an obvious need.

RECOMMENDATION TO FACULTY MEMBERS OF ALL SCHOOLS OF NURSING:

17. *That the concept of life-long learning be introduced early and emphasized throughout the nursing curriculum, that the use of self-directed approaches to learn be expanded whenever appropriate, and that more attention be directed to assisting students in locating and using educational resources.*

The rationale for this recommendation relates to the obvious necessity for all nurses to become more self-directed in their learning activities. Patterns for professional behavior are established, at least to large measure, in the nurse's pre-service preparation. Life-long learning is a significant behavior; in the past, little attention was directed to this aspect of professional development.

All faculty members have a responsibility for being role models as continuing learners. Observing the teacher as a learner has a greater impact on students than anything that might be said on the subject.

RECOMMENDATIONS TO ALL PROVIDERS OF CONTINUING EDUCATION IN NURSING:

18. *That all providers of continuing education designed for nurses assist in the planning process by keeping the staff of the regional Center for Continuing Education in Nursing informed of proposed course offerings at the initial planning stage and that a specific plan be followed in initiating such offerings.*

This recommendation is made in an attempt to avoid the duplication of efforts that has characterized continuing nursing education in the past. Some duplication has resulted from a lack of awareness by course planners of available offerings. The staff of the regional center will be able to provide information on like or similar proposed offerings, to the extent that such information is submitted by providers.

If the project proposal is funded, a regional planning group will be established. This regional group will have representation from state planning groups.

Suggested steps to be followed by providers are given in Fig. 2. Modifications may be required after the plan is initiated.

19. *That in the development of continuing education offerings, more emphasis be placed on self-directed learning and the expansion of offerings designed to promote self-study.*

Increasing demands for continuing education for professional practice will require many more learning opportunities for nurses. However, traditional learning activities are not suitable for all learners; neither can such activities be expanded indefinitely. The availability and hours at which courses are offered may preclude the participation of some nurses.

The need for the expansion of learning opportunities at a time and place best suited to the individual learner seems apparent. Providers can make a contribution to the improvement of nursing practice by developing

appropriate tools for alternate choices.

20. *That more educational opportunities be provided to nurses residing and working outside metropolitan areas.*

Although highly motivated nurses will leave their communities to participate in educational programs, for many nurses this is neither practical nor realistic. Therefore, in planning for the continuing education of large numbers of practicing nurses, easy accessibility to educational offerings is an item of considerable importance.

The provision of learning opportunities closer to the nurses' place of employment was frequently identified as a concern throughout the North Central states. Although some educators take the point of view that "if nurses want continuing education bad enough, they'll go where it is offered," this attitude is detrimental to improving nursing practice.

Many nurses living in less populated areas make every effort to participate in continuing education activities. These highly motivated nurses often drive considerable distances to attend course offerings, and their efforts are commendable. However, not all nurses are so highly motivated, and if the goal is improved nursing care, then the necessity for providing more educational opportunities nearer to the nurse is obvious.

Nurses themselves have some interesting ideas about facilitating this goal. These ideas are presented here, not because all of them have present application to the North Central states, but because they may be of value in the future, may be useful elsewhere, or may stimulate additional ideas.

Following are some suggestions for the provision of continuing education for nurses outside metropolitan areas given by nurses in the region:

-- Develop a regional nursing library and/or learning resource center.

- Arrange for a mobile learning center for the region that would travel around the region on schedule and on request.

The learning center would be stocked with books and audiovisual materials, and would be accompanied by nurse consultants.

- Promote the use of existing libraries by nurses.

- Expand the use of educational technology:

- a. Radio (AM and FM)
- b. Telephone (Educational Telephone Network; Dial Access)
- c. Television -
  - 1) Educational
    - a) Open circuit
    - b) Closed circuit
    - c) Combined with telephone network
  - 2) Commercial
  - 3) Cassette videotapes
  - 4) Satellite
- d. Audiotapes
- e. Computer-assisted instruction

- Develop and use more self-directed study materials:

- a. Correspondence courses in nursing
- b. Independent study packets
- c. Tape recordings (cassette and reel-to-reel)

- Expand available consultation services:

- a. re: nursing practice
  - 1) Nurse clinicians to small hospitals and nursing homes
  - 2) By telephone (in-WATS line)
- b. To individuals in planning for their participation in continuing education activities.

- c. To providers of continuing education for more effective course planning (assistance to teaching faculty for more imaginative approaches to conference design, teaching methods, evaluation, etc.)
- Exchange of staff nurses between large city hospitals and small rural hospitals.
- Make campus resources available to nurses in the community (e.g., open learning laboratories to practicing nurses during certain hours for a prescribed fee).
- Provide more intensive (2-3 weeks) courses in the summer.
- Provide more conferences, workshops, etc., in less populated areas.
- Arrange for more cooperative efforts between school of nursing faculties and district nurses' associations in planning conferences and workshops.
- Use of itinerant shared inservice coordinator between two or three small hospitals or nursing homes.
- Offer more credit courses in nursing off-campus and by television.
- Provide better articulation between educational institutions for acceptance of credit (from another institution).
- Exchange of faculty between large and small schools.
- Devise "learning days" in which faculty and students manage the nursing service, so staff can attend conferences and workshops.
- Exchange of nurses between hospitals for given period of time, e.g., small hospital to large hospital.
- Publish a newsletter that goes periodically to all nurses in the region with summaries of current developments in nursing.
- Develop loose-leaf fliers or brief leaflets on current developments in clinical nursing.
- Develop a regional educational resources directory.

- Devise some means of evaluation of teaching tools and materials (need for a "consumer's guide").
- Share resources within the community and between hospitals (e.g., films, audiotape cassettes, videotapes, slides).
- Form local study groups:
  - a. Inactive nurses
  - b. Practicing nurses (possibly by interest areas, such as geriatric nursing).
- More effective and extensive use of non-nurse resources (adult education specialists, extension personnel, AV and TV experts, etc.)
- Involve learners in planning for continuing education.
- Develop guidelines for the identification of learning needs (especially at the institutional or local level).
- Provide internships for new graduates and/or nurses returning to practice or moving to a different clinical area.

21. *That financial support (private and governmental) be sought to encourage innovative educational design and new approaches to continuing education.*

There is no evidence to suggest that traditional approaches, i.e., the lecture or lecture-discussion method, is the best way to teach adults, but these approaches are used most commonly because of the ease with which they can be arranged. Non-traditional approaches may take more time and effort, and hence may be more costly. This is the rationale for seeking financial support for these efforts.

**RECOMMENDATIONS TO NURSING SERVICE AGENCIES:**

22. *That agencies providing nursing service extend the use of their educational resources to nurses in the community who are employed elsewhere or who are professionally inactive.*

In many communities, a wide variety of educational resources, particularly various types of printed and audiovisual materials, are available and their use could be expanded. As a community supported health agency, a hospital has an obligation to serve as an educational resource, and increasingly this is being done. This recommendation suggests that the practice be extended to those institutions and agencies that do not now provide such learning opportunities.

Frequently, nurses within the community are permitted to use a hospital's library or to attend some of the institution's inservice education offerings. For the most part, the expansion of these educational opportunities could be done with a minimal strain on the institution's budget.

Not only should the resources be made available, but their availability should be publicized in appropriate ways so that the nurses in the community are aware of them.

23. *That administrative personnel of employment agencies evaluate thier support of continuing nursing education (inservice and out-of-institution) and develop appropriate and specific plans for financial support of continuing nursing education.*

Throughout the region, many nurses, particularly staff nurses, frequently identified their concern about the lack of financial assistance by their respective institutions.

There is no doubt that the support of continuing education by health related agencies and institutions is costly. To date, little research has been done to indicate the value received for the money spent.

In many agencies and institutions, budgets for continuing education are often sketchy and haphazard. Frequently there is no established rationale for deciding who from the institution should participate in outside continuing

education nor the responsibility that person has for sharing the knowledge gained with his colleagues.

The recommendation recognizes the relationship between on-going inservice education and continuing education provided outside the employment setting: the quality of the former has a direct bearing on the extent and scope of the latter. Educational institutions ought not be involved in those endeavors that can better be provided in the employment setting, but the improvement of nursing practice depends upon the provision of quality education in both the place of employment and in the educational institution.

RECOMMENDATION TO ALL NURSES WITHIN THE REGION:

24. *That all nurses increase their awareness of the importance of continuing education as a necessity for practice and become more familiar with resources to assist them in their continuing education endeavors.*

## A NOTE ON IMPLEMENTATION

Many aspects of the plan proposed in this document can be implemented at once. Other recommendations, particularly those specific to regional planning, depend upon financial support for implementation. However, the need for cooperative planning for continuing education is urgent, and some activities can and should be initiated by the groups (or individuals) to whom the recommendations are addressed as soon as possible.

In order to translate recommendations into action, some suggestions for action follow. These have been separated into those appropriate to statewide planning and those for regional planning.

### Regional Planning

To facilitate regional planning, the following initial steps are suggested. These suggestions assume financial support.

1. Appointment of project staff for Regional Center for Continuing Education (Recommendation 1). Fig. 1 (appended) gives the proposed organizational structure.
2. Appointment of advisory board and regional planning group.
3. Assessment of regional priorities by planning group.

Fig. 3 (appended) includes some suggestions, but this activity would involve a study of learning needs.

4. Develop a means for establishing and maintaining relationships and for sharing information with statewide planning groups.
5. Determine a procedure for coordination of course offerings within the region.

A model for steps to be followed is given in Fig. 2 (appended). This procedure would be followed only for those course offerings of regional significance.

6. Determine an effective means of dissemination of information throughout the region (Recommendation 2).
7. Investigate opportunities for the preparation of faculty for continuing education within the region (Recommendation 16).

### Statewide Planning

In some states within the region, efforts are already being directed to statewide planning for continuing education. Where this has not been done, or where planning is just now getting underway, the following initial steps are suggested:

1. Establish a group responsible for statewide planning for continuing education in nursing. (Recommendation 6)
2. Identify the major provider groups for continuing education in nursing within the state.
3. Determine a procedure for provider groups to relate to the statewide planning group. (Recommendation 19)

The proposed model for the region (Fig. 2) could easily be adapted for any state.

4. Determine priorities for attention within the state. (See Recommendations 4 and 5)

Some suggested areas are given in Fig. 3, but others may need to be identified. Data relating to learning needs within the region are now available, and will be useful for this assessment.

5. Explore appropriate means for dissemination of information within the state and encourage use of these means by providers of continuing education.

The steps listed above represent suggestions appropriate for initial steps in planning. Once the planning process has been established, additional

activities would need to be determined by the planning groups.

### Conclusion

This document has been prepared to give direction for planning for the coordination of continuing education in the North Central states of Michigan, Minnesota, Montana, North Dakota, and Wisconsin. It can serve as a basis for discussion for groups interested in promoting coordination of continuing education. The intent is that discussion will lead to much-needed action in the region.

## REFERENCES

- Boyle, Patrick G., THE PROGRAM PLANNING PROCESS WITH EMPHASIS ON EXTENSION. Madison: National Agricultural Extension Center for Advanced Study, University of Wisconsin, 1965.
- Cooper, Signe S. and Helene Hestad Byrns: THE LEARNING NEEDS OF REGISTERED NURSES IN FOUR NORTH CENTRAL STATES. (Publication pending)
- Coop, James H. (Ed.): OUR CHANGING RURAL SOCIETY: PERSPECTIVES AND TRENDS. Ames, Iowa: Iowa State University Press, 1964.
- Dubin, S.S. "Motivational Factors in Professional Updating" in Dubin S.S. (ed.) PROFESSIONAL OBSOLESCENCE. A symposium held in Cambridge, England in 1970, sponsored by the NATO Scientific Affairs Division. Lexington, Mass.: Lexington Books, D.C. Health and Company, 1971, pp. 35048.
- Forest, Helen V. and Florence E. Gareau, PLANNING FOR NURSING NEEDS AND RESOURCES. Bethesda, Maryland: Division of Nursing, Bureau of Health Manpower Education, National Institutes of Health, U.S. Department of Health, Education, and Welfare, 1972.
- Freeman, Ruth B., et al: A PLAN FOR THE CONTINUING EDUCATION OF NURSES. A Report of a Special Committee of the Maryland League for Nursing. The League Exchange No. 9. New York: National League for Nursing, 1956.
- James, Bernard, "Can 'Needs' Define Educational Goals?" ADULT EDUC., 7:1:19-26, Autumn, 1956.
- Kidd, James, FINANCING CONTINUING EDUCATION. New York: Scarecrow Press, 1962.
- Leone, Lucile Petry, STATEWIDE PLANNING FOR NURSING EDUCATION, Atlanta, Ga.: Southern Regional Education Board, 1967.
- National Commission for the Study of Nursing and Nursing Education, AN ABSTRACT FOR ACTION, Vol. I, New York: McGraw-Hill, 1970.
- Western Council on Higher Education for Nursing: Guidelines for Developing Continuing Education Program in Nursing in the West. Boulder, Colo.: The Council, n.d.
- Worcester, Dean A.: AN EVALUATION OF ELEVEN YEARS OF THE NATIONAL AGRICULTURAL EXTENSION CENTER FOR ADVANCED STUDY; Its Contribution to Cooperative Extension. Madison National Agricultural Extension Center for Advanced Study, 1966.

Fig. 1. PROPOSED ORGANIZATIONAL STRUCTURE FOR REGIONAL PLANNING FOR CONTINUING EDUCATION IN NURSING

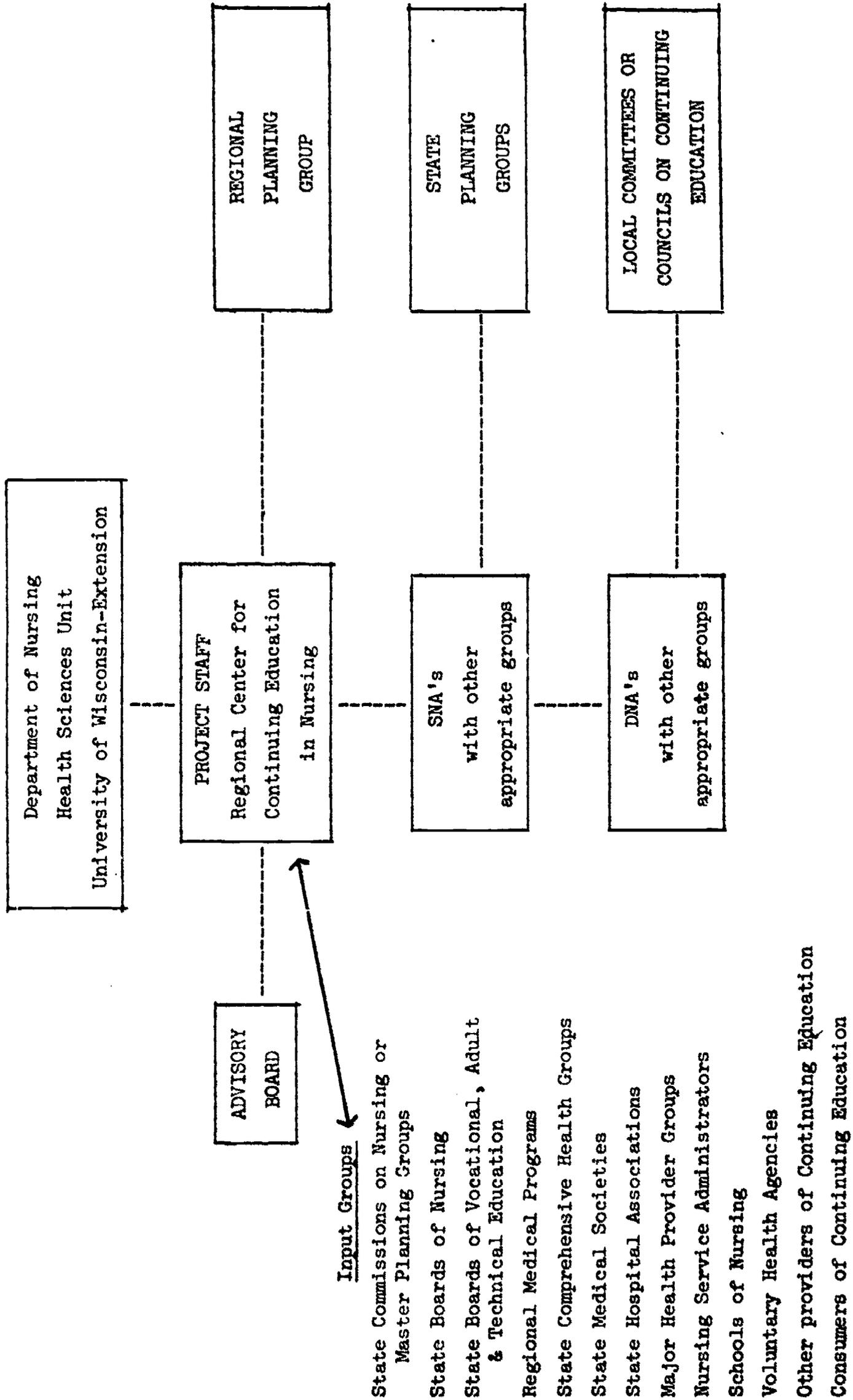


Fig. 2 SUGGESTED STEPS IN PLANNING FOR CONTINUING EDUCATION IN NURSING

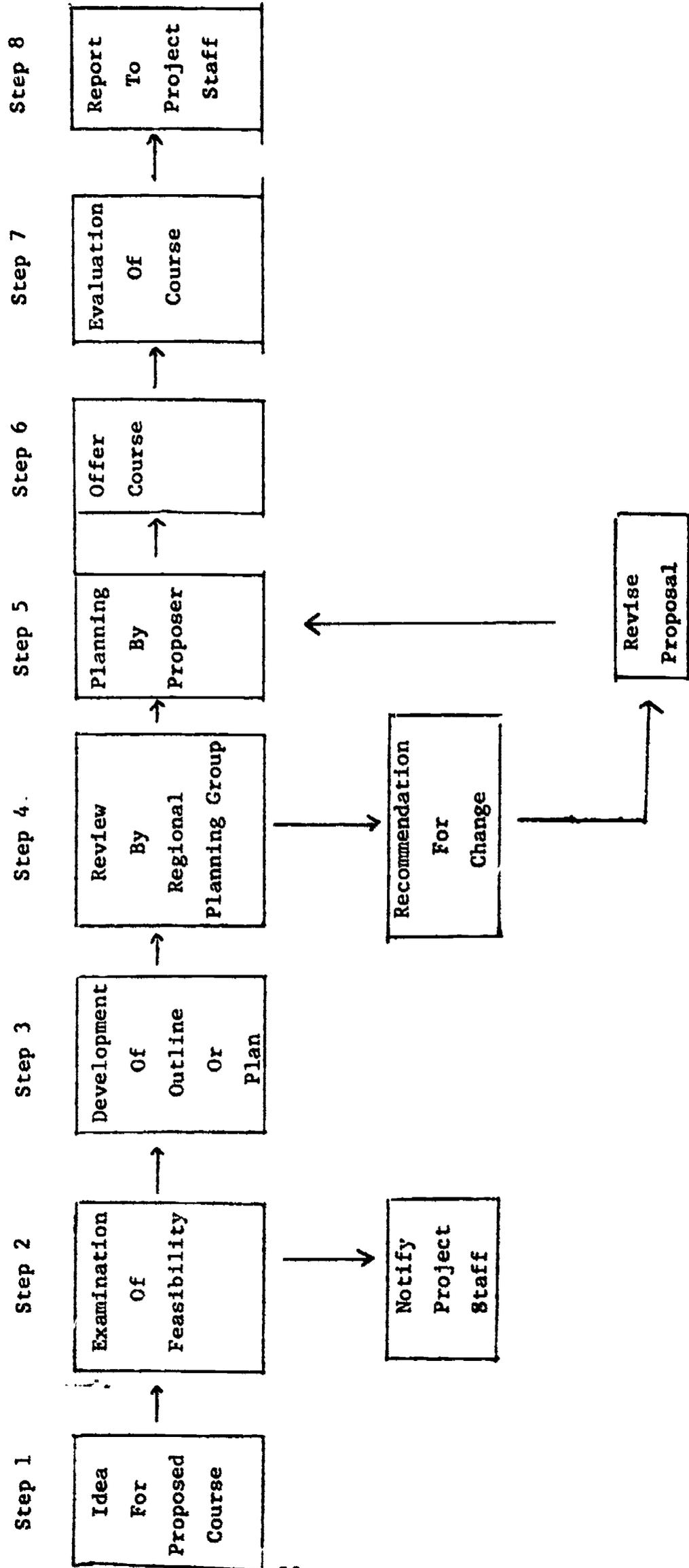


FIG. 3. SOME PRIORITIES FOR CONTINUING EDUCATION IN NURSING  
FOR CONSIDERATION BY PLANNING GROUPS

1. Development of a system of coordination for continuing education activities, with special attention to non-metropolitan areas.
2. Establishment of a sound funding base.
3. Attention to the preparation of faculty in continuing nursing education (including inservice educators).
4. Emphasis on quality programs that result in improved nursing care, based on identified learning needs.
5. Development of programs designed to prepare nurses for expanding roles and emerging responsibilities (coordinated within the North Central states region).
6. More attention to self-directed learning and expansion of offerings that promote independent study.
7. A study of the question of continuing education as a requirement for relicensure.
8. Initiation of research and studies relating to continuing education in nursing.

## APPENDIX A

### CATEGORIES OF GROUPS WITH WHOM PROJECT STAFF MET

1. Project Advisory board
2. Directors of regional associations and projects
3. Governmental Health Planning Groups and Task Forces
4. State Commissions on Nursing and Nursing Education
5. Advisory Committees to State Boards of Nursing
6. Committees on Education and Continuing Education of state nurses' associations
7. Coordinating councils on continuing education
8. District nurses' associations
9. State leagues for nursing
10. Faculties of associate degree, hospital diploma, and collegiate schools of nursing
11. Directors of Nursing
12. Inservice Education Coordinators
13. Regional supervisors, public health nursing
14. Conference and workshop participants
15. Student nurses

APPENDIX B

NORTH CENTRAL STATES PLANNING PROJECT  
FOR CONTINUING EDUCATION IN NURSING

REGIONAL ADVISORY BOARD

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