

**Portrait of Success:
A History of
Mizzou Nursing**



Ruby Potter

Notes:	1. Advisory Committee Members	86
	2. Faculty Council	86
	3. Student Building Committee	86
	4. Friends of the School of Nursing	86
	5. Members of Search Committee for a new Dean	86
	6. Senior Class Commitment (1971)	87
	7. Graduate Program Directors 1974-1980	87
	8. Continuing Education: Nursing 191	87
	9. Search Committee for a new Dean	87

Chapter 5: The 1980s: A Decade of Progress

The Recent Past	91
The Governing Board and Central and Campus Administrators	91
Internal Reviews and Self Studies 1984-1985	91
Academic Program Review	92
Duplicative Program Review	92
North Central Association Self Study	92
American Nurses Association Continuing Education Self Study	92
National League for Nursing Council of Baccalaureate and Higher Degree Programs Self Study	93
Missouri State Board of Nursing Five Year Report and Annual Report for the Baccalaureate Program	93
Coordinating Board of Higher Education Review of Health Related Programs	93
The Faculty: Past and Present	94
Current Faculty	94
Past Faculty	95
Faculty Recognition	95
An Individual Recognition	95
The Students: Past and Present	95
Baccalaureate Program	95
Master's Program	97
Divisional Convocation Ceremonies	97
Nursing Alumni Organization	97
Our Proud Heritage	99
Faculty Governance	101
Divisional Governance	101
Administration and Organization	102
Fiscal Affairs	103
Scholarships	105
Student Organizations	105
Professional and Support Staff and Academic Advisors	106
Curricula	107
Baccalaureate	107
Master's	109
Clinical Partners	111
Continuing Education	111
Physical Facilities	115
Plans, Frustrations, and Progress: The PhD Program in Nursing	117
Summary	119

Memorial

We all feel a loss in learning of Ruby Potter's death. She would have had each of us carry forward her interest in and concern for professional nursing. During her leadership years, 1956-1973, her interest centered on quality education for students. She believed the performance of professional nursing required the application of principles of biological, physical, and social sciences in nursing skills in the care of the sick, the prevention of disease, and the conservation of health. She believed that we learn from the past, and that a history of the struggles, trials, and progress toward professionalism might aid in the future of nursing. She also understood the importance of accreditation and the necessity to achieve and maintain such status. She recognized the value of professional organizations. Her concern for the welfare of women is reflected in the organizations in which she invested a part of herself—the Columbia Professional and Business Women's Club, the American Association of University Women, the League of Women Voters, and the Altrusa Club.

To honor her, each must follow her lead. It is in our hands now.

Jane Brinton
July 1989

TABLE OF CONTENTS

Acknowledgments	xi
Significant Events in the History of Mizzou Nursing Education	xiii
Nursing Education Administrators:	
Chronology of Head Nurses, Principals, Directors, and Deans	xiv
History of Certificates, Diplomas, and Degrees Granted	xv
Presidents of the Nursing Alumni Organization	xvii

Chapter 1: The University's Parker Memorial Hospital Training School for Nurses (1901-1919)

Beginnings	3
Ada Payne's Era	4
Josephine Shields's Era	5
Guy Noyes	7
Reforms in the school	7
Emma Grant Vogel	8
Nursing Registration: A decade of change	9
Housing	14
World War I and the Spanish Influenza	14
After the War	15
Summary	15
Note: Emma Grant Vogel	17

Chapter 2: School for Nurses of the University of Missouri (1920-1947)

Nance Taylor's Era	21
Louise Hilligass's Era	22
Alumnae Association	22
Problems with low enrollment	22
Limitations in clinical facilities	23
Nurse Practice Law	25
Housing	25
Graduate Nurse Program	25
Two Students of the day—Helen Nahm and Ruth Chambers McHaney	27
Taylor resigns	29
Problems and changes	29
Missouri Crippled Children's Service	31
Financial struggles force changes	31
Baccalaureate program	33
Helen Nahm resigns and Ruby Potter takes the helm	35
World War II	35
After the War	37
Notes: 1. Louise Hilligass	39
2. Helen Nahm and Ruth Chambers McHaney	39
3. Helen Nahm	39

Chapter 3: Emergence of the School of Nursing (1948-1973)

Reopening	43
Virginia Hall Harrison	43
Changes in personnel	45
Changes in the Medical school	45
Changes in the University	47
Student Organizations	
Missouri State Nurses Association	47
Nursing Student Council	47
Student Honors	48
Sigma Theta Tau	48
Uniform Changes	48
Curriculum	
LPN Program	48
BSN Program	49
Program for GNs to earn BSN	49
Public Health Nursing	51
Psychiatric Nursing	51
Other Areas of Specialization	53
Program accreditation	53
Admissions and curriculum revisions	53
Graduate Education in Nursing	55
Psychiatric Nursing in Graduate Program	56
Continuing Education	56
Federal Support	59
Research	60
Honors	61
Autonomy	61
Summary	61
Notes: 1. Consultants and Lecturers	63
2. Faculty Research and Grant Support	63

Chapter 4: The 1970s: A Decade of Change

Reorganization	67
Search for a Home	69
Search for a New Dean	71
Curriculum Change	71
Media and Skills Laboratories	76
Capping, Pinning, and Uniforms	77
Graduate Program	79
Continuing Education	81
The End of the Decade	85

Notes:	1. Board of Curators	121
	2. System and Campus Administrators	121
	3. Criteria for Academic Program Review	122
	4. External Nurse Reviewers' comments	122
	5. Recommendation for Action report	122
	6. UM System Report	124
	7. Adjunct Faculty	124
	8. Emeriti Faculty	124
	9. Doctoral Faculty Appointments	124
	10. Graduate Faculty Appointments	124
	11. Faculty Research interests	124
	12. Past Faculty recognition	125
	13. Undergraduate enrollment	126
	14. NCLEX pass rates	126
	15. Graduate enrollment	126
	16. Graduate enrollment Fall 1988	126
	17. Alumni relations representatives	127
	18. Citation of Merit recipients	127
	19. Distinguished Professorship Committee	127
	20. Nursing Alumni Awards	127
	21. Laura Nahm	127
	22. Faculty Representatives to UMC Faculty Council	128
	23. Faculty Representatives to Graduate Faculty Senate	128
	24. Faculty Representatives to IRB	128
	25. Faculty Assembly Chairs	128
	26. Faculty Assembly Committee Chairs	128
	27. School of Nursing Administrators	130
	28. General Operating Budget	130
	29. Endowed Scholarships	130
	30. Annually funded scholarships	130
	31. Monetary Award	131
	32. Nursing Student Council Officers	131
	33. Graduate Nurses Association	131
	34. Student Nurses Association	132
	35. Current Support Staff	133
	36. Academic Advisors	133
	37. Staff Service Awards	133
	38. Baccalaureate program objectives	134
	39. Baccalaureate curriculum	134
	40. Curriculum changes	135
	41. Master's program objectives	136
	42. Continuing Education Offerings (1984-1989)	136

References

Appendix

Faculty and Administrators 1989	141
Former Faculty	143
Deceased Alumni	147
Former Support Staff	149

Acknowledgments

Hundreds of faculty and staff, past and present, thousands of alumni, and graduate and undergraduate students contributed individually and collectively to this publication. The idea for a history of Mizzou Nursing originated with Dean Emeritus Potter, who worked on the history for approximately fifteen years. She submitted the section on the early years to 1973 six months before she died in July 1989. Dr. Potter also selected most of the pictures, selected the cover design, and contributed financially to the publication of the book so that the cost would not be prohibitive for alumni and students. Assistant Professor Emeritus Ruth Ann Kroth wrote “The 1970s: A Decade of Change”; Dean Phyllis Drennan wrote “The 1980s: A Decade of Progress” and compiled lists of “Significant Events,” “Presidents of the Nursing Alumni Organization,” and “Nursing Education Administrators,” and the “History of Certification, Diploma and Degrees Granted” and reviewed the entire manuscript.

Publication of this book was planned as a part of the anniversary celebration in September 1989, the same year the University celebrated its 150th year—the sesquicentennial. However, publication was delayed for a variety of reasons. The authors acknowledge and apologize for any errors of omission. In any historical narrative, some people, ideas, and events must be selected at the exclusion of others. The School of Nursing solicits your input to correct, add to, and enhance the information that is our historical heritage.

In an endeavor such as this, many persons deserve special acknowledgment. The staffs of the University of Missouri Archives and the Missouri State Historical Society contributed countless hours of research assistance for the narrative of the period from 1901 through 1947. Professor Emeritus Hagemann, Assistant Professor Emeritus Kaiser, and Associate Professor Taylor contributed information on the graduate program, the technical and media labs, and the undergraduate curriculum for the narrative on the 1970s; Shirley Farrah and Mary Margaret Bayer contributed to the Continuing Education section in the 1980s. We gratefully acknowledge their contributions.

The support and professional staff—Leta Davis, Charlotte Hellebusch, Mary Ellen Metzen, Anita Vest Heidbrink, and Jim Lay—worked countless hours to find documents, prepare data, type multiple drafts, check accuracy of data, and personally support the authors’ labors. Special acknowledgement goes to Betty Layer, who has supported the work of Dr. Potter, as well as that of Ms. Kroth and myself since 1979. She also worked with the editors, Susan Armany and Melissa Poole, the design artist Lee Ann Woolery, the University Archives staff for pictures, and the publisher. Mrs. Layer was the crucial link for all people and activities for the project. We are indebted to her.

Melissa Poole was our anchor person; she edited the entire manuscript and worked with us with diplomacy and commitment to a successful outcome.

Phyllis Drennan
August 4, 1989

SIGNIFICANT EVENTS IN THE HISTORY OF MIZZOU NURSING

- 1901 Parker Memorial Hospital Training School established. Dr. Andrew W. McAlester, dean of medical faculty and professor of surgery, named superintendent; Ada E. Payne named head nurse
- 1904 Alice Sipple, first graduate of school, becomes Acting Head Nurse
- 1906 Dora Battson named to first faculty appointment, graduate nurse and Assistant Head Nurse;
Missouri Nurses Association founded
- 1907 Nursing Alumnae Organization founded
- 1908 Dr. Guy Lincoln Noyes, MD becomes head of School of Medicine
- 1909 State legislature passes bill for registration of nurses
- 1920 Official founding date of nursing program within the School of Medicine; Alumnae reorganize under the name School of Medicine Nursing Alumni Association
- 1924 Noyes Hospital completed
- 1925 Graduate Nurse degree approved
- 1940 Board of Curators approve a curriculum leading to Bachelor of Science in Nursing
- 1943 US Cadet Nurse Corps begins; resume practice of granting Graduate Nurse degree
- 1946-48 School temporarily closes admissions
- 1949 Admissions resume; continuing education courses offered off campus.
- 1950 One-year Practical Nursing program;
4-year basic curriculum approved
- 1951 Supplemental program for Graduate Nurses begins
- 1953 Missouri Student Nurses Association founded as affiliate of National Student Nurses Association
- 1954 First graduates from 4-year program;
Department of Nursing becomes the School of Nursing within the School of Medicine
- 1956 Medical Center opened
- 1960 Baccalaureate program accredited by the National League for Nursing
- 1964 Establish Alpha Iota Chapter of Sigma Theta Tau, International
- 1968 Master's program begins
- 1970 First graduates from Master's program
- 1970 Master's program accredited by National League for Nursing
- 1971 Undergraduate Nursing Association founded
- 1973 Board of Curators approve School of Nursing as an autonomous division;
School of Nursing Faculty Council established
- 1976 Graduate Nurses' Association officially recognized by the University
- 1977 School of Nursing Faculty Assembly By-laws approved
- 1979 School of Nursing Building occupied
- 1980 Continuing Education program accredited by the American Nurses Association
- 1985 J. Otto Lottes Health Sciences Library occupied
- 1987 Ewing F. Kauffman, Chairman of the Board, Marion Laboratories receives honorary doctorate from MU (nominated by School of Nursing)
- 1989 Endowed professorship named Potter-Brinton Distinguished Professorship in Nursing

NURSING EDUCATION ADMINISTRATORS

Chronology of Head Nurses, Principals,* Directors, and Deans

Dates	Name	Title
<i>Parker Memorial Hospital 1902-1919</i>		
1901-1902 (06 mo)	Ada E. Payne	Head Nurse
1902-1903 (09 mo)	Joan T. Kay	Head Nurse
1903-1904 (18 mo)	Sophia Evans	Head Nurse
1904-1904 (06 mo)	Alice S. Sipple	Acting Head Nurse (1st graduate)
1904-1910 (05 yrs)	Josephine Shields	Principal and faculty
1910-1910 (04 mo)	Margaret Jardine	Acting Principal
1910-1912 (02 yrs)	Dora Battson	Principal
1912-1915 (03 yrs)	Frances Shouse	Principal
1915-1917 (02 yrs)	Fannie M. McLeod	Principal
1917-1919 (02 yrs)	Ellen Anderson	Principal
 <i>School of Nursing</i>		
<i>Within the School of Medicine 1920-1973</i>		
1920-1926 (06 yrs)	Nance Taylor	Principal, School for Nurses of the University of Missouri Assistant Professor—1920 Professor—1922
1926-1935 (09 yrs)	Pearl Flowers	Principal
1935-1941 (06 yrs)	Helen Nahm	Principal (on leave 1941-1942)
1941-1942 (01 yr)	Ruby Potter	Acting Principal
1942-1945 (04 yrs)	Ruby Potter	Principal (on leave 1945-1946)
1945-1946 (01 yr)	Lela Belden	Acting Principal
1946-1947 (01 yr)	Katherine Mason	Principal
1947-1948	no students admitted	
1949-1955 (06 yr)	Virginia Hall Harrison	Director, Nursing Education
1955-1956 (01 yr)	Katherine Mason	Acting Director, School of Nursing
1956-1961 (05 yrs)	Ruby Potter	Director, School of Nursing
1961-1973 (12 yrs)	Ruby Potter	Associate Dean, School of Medicine in Charge of School of Nursing
 <i>Autonomous School of Nursing 1973-</i>		
1973-1976 (03 yrs)	Jane Brinton	Interim Dean
1976-1980 (04 yrs)	Gladys Courtney	Dean
1980-1981 (01 yr)	Gerald Brouder	Interim Dean
1981-1989 (08 yrs)	Phyllis Drennan	Dean and Professor
1989-	Toni Sullivan	Dean and Professor

*Principals after 1909 were registered nurses.

HISTORY OF CERTIFICATES, DIPLOMAS, AND DEGREES GRANTED

A. Parker Memorial Training School	1904-1914 Training School Certificates	25	
	1915-1920 Graduate Nurse designation	<u>19</u>	
	1902-1920 Total	44	
Graduates <i>not</i> counted in either Schools of Medicine or Nursing totals.			
B. The University Nursing Program was officially founded in 1920. It was established within the School of Medicine and continued there until 1973.			
First graduates with the BSN 3-year combined program of nursing and arts and science courses was 1941.	1920-1946 Graduate Nurse designation	103	
	1941-1953 BSN graduates	<u>85</u>	
	Total graduates 1920-1953		188
First graduates of the 4-year BSN program was in 1954; first graduates of the MS program was 1970.	1953-1973 BSN graduates	872	
	1970-1973 MS graduates	<u>25</u>	
	Total graduates 1953-1973		<u>897</u>
	1920-1973 Total Graduates while affiliated with School of Medicine		1,085
C. School of Nursing was established as an autonomous division in 1973.			
1973-1980 BSN graduates	617		
1973-1980 MS graduates	<u>63</u>		
Total graduates 1973-1980			680
1980-1989 BSN graduates through August 1989	998		
1980-1989 MS graduates through August 1989	<u>245</u>		
Total graduates 1980-August 1989			<u>1,243</u>
Total School of Nursing Graduates 1973-August 1989			1,923
D. Summary			
TOTAL DEGREES AWARDED			3,008
TOTAL GRADUATES (110 with two degrees)			2,898

SUMMARY:

A. Parker Training School Certification

a. 25 certificates plus 19 GN
Not in count of division 1920- 1904-1920 44

B. University of Missouri 1920-1973 within School of Medicine

a. General Nursing designation 1921-1953 103
b. University of Missouri 3-year BSN 1941-1953 85
Program
c. 4-year baccalaureate degree (within 1953-1973 872
SOM)
d. Master's degree 1970-1973 25
Subtotal 1,085 = 36%

C. University of Missouri School of Nursing as autonomous division

BSN 1973-1989 1,615
MS 1973-1989 308
Subtotal 1,923 = 64%

D. Summary by degree designation 1920-May 1989
from 1920-1989

a. GN (Graduate Nurse) 103
b. BSN (3 and 4-year programs) 2,572
c. MS in Nursing 333

TOTAL DEGREES AWARDED 3,008

E. Deceased alumni from 1923-1989

41

(Records cannot be located before 1923; see appendix for list.)

PRESIDENTS OF THE NURSING ALUMNI ORGANIZATION

PARKER MEMORIAL HOSPITAL 1901-1919

1907 Alice Sipple
1910 Alma Sherman

UNIVERSITY OF MISSOURI 1920-

1934 Jewell Woody Somerville
1935 Lucille Whitesides
1936 Emily Evans
1937-38 Maribeth Sapp
1939 Lillian Bear
1944 Maribeth Sapp See
1945-47 Elbertine Kirtley
1955-56 Una Rice Thomas
1957-58 Cordelia Cochran Esry
1958-60 Patsy Cunningham
1965-66 Elinor Van Dyke Powell
1966-69 Doris Asselmier
1969-70 Louise Hart
1971-72 Margo Ballard
1972-75 Jean Thompson
1976-77 Mary Anne Dulle Chaney
1978-80 Shirley Farrah
1980-82 Sherry Mustapha
1982-84 Sharon Taylor
1984-86 Mary Ann Clark
1986-88 Brenda Harriman
1988-90 Mary Berhorst

THE UNIVERSITY'S
PARKER MEMORIAL HOSPITAL
TRAINING SCHOOL
FOR NURSES

1901-1919



Parker Memorial Hospital

The University's Parker Memorial Hospital Training School for Nurses (1901-1919)

Ruby Potter

BEGINNINGS

In 1901, when the Parker Memorial Hospital Training School for Nurses, the forerunner of the University of Missouri-Columbia School of Nursing, was founded, there were few standards or guidelines for educational programs in nursing. One tradition was firmly established, however: regardless of their size or purpose, all hospitals set up training schools for nurses so that the students and teachers would supply the nursing staff. The Parker Memorial Hospital, established to give clinical experience to students in the Medical Department of the University of Missouri, followed the custom of the time, initiating a training school for nurses, more in order to provide care for the patients than to educate well-prepared nurses. However, within a decade, hospital superintendent Dr. Guy L. Noyes and a series of nurses who headed the training school had redefined the school's purposes, envisioning it as a true center for the education of nurses.

In 1899 the curators accepted the offer of William L. Parker, a wealthy Columbia businessman and farmer, to donate \$15,000 for a hospital if \$10,000 were obtained from other donors within a year (Crighton, 1975). The Missouri General Assembly soon appropriated \$10,000 to secure Parker's gift (Stephens, 1962). Adolphus Busch of St. Louis added funds for a combination clinic and amphitheater with a seating capacity of one hundred (Viles, 1939).

The curators intended the hospital to be both an educational and a public welfare institution, to be conducted in connection with the University's medical department. In 1899, when they accepted Parker's offer, the curators decided that "the hospital herein provided shall receive as charity patients free

of charge a number of patients at least equal to 5% of the total number of patients." In December 1901, the hospital began to admit a limited number of private cases, paying \$15 a week or more for medical treatment, nursing, and board. Surgical patients would pay a fee agreed upon by the operator and the patient.

In 1901, when Parker Memorial Hospital began providing training to aspiring nurses, the city of Columbia boasted a population of some six thousand people. The University of Missouri included six departments and one college in Columbia, with 1476 students, and the School of Mines and Metallurgy in Rolla, with 191 students. The University catalog proudly reported that enrollment was "much larger in the 1901-02 session than it [had] ever been in the history of the University" (p. 39).

Developments in one part of the University of Missouri, the medical department, most affected Parker Memorial Hospital and the School for Nurses attached to it. The department had been founded in the 1840s and reestablished in the 1870s. As the nation's more ambitious medical schools began lengthening their course of study, the course at the University of Missouri was increased from two to three years in 1890 and from three to four years in 1900. In the 1880s there had been at least one unsuccessful attempt to widen the very limited clinical experience available to the University's medical students by combining forces with a St. Louis hospital (Neal, 1971). In 1907 and 1908 it looked as if the University would be given a St. Louis hospital and medical school, but the transfer did not take place. At the turn of the century, some medical faculty members—participants in a nationwide movement to upgrade medical education by making it

more exclusive, more rigorous, and more scientific—sought further changes (Viles, 1939). They certainly welcomed the new Parker Hospital; perhaps they had inspired plans for it.

ADA PAYNE'S ERA

In August 1901, in preparation for the hospital's opening, the Executive Board named Dr. Andrew W. McAlester, already dean of the medical faculty and professor of surgery, superintendent of Parker Memorial Hospital and Miss Ada E. Payne head nurse. Miss Payne, of the University of Pennsylvania Hospital in Philadelphia, must have had a pioneering spirit to come from an older, larger, better established, eastern institution to Missouri. In return for a salary of \$60 a month (with room and board), she faced the herculean challenge of preparing a new hospital for students and patients. Consultations with others in similar positions would have been difficult, as Parker Memorial was the only general hospital in Columbia until 1921 and there were no other training schools in the central part of the state (Crighton, 1975). In the whole state there were seventeen or eighteen schools: eleven in St. Louis, four in Kansas City, two in St. Joseph, and perhaps one in Joplin. (The records differ for the Joplin school: one gives a starting date of 1896, another 1903.) Several schools begun in the late nineteenth century had already ceased activity by 1901 (Trenholme, 1926; Christ, 1957).

The challenge was obviously met, since records indicate that three students were admitted in November 1901. Perhaps the students were not so well prepared for the challenges of hospital and training school life as Miss Payne. Oklahoma had just been opened up for settlement and one of the first three Parker Hospital students, certainly not lacking energy or enterprise, withdrew "to take charge of her claim" there. Another gave up the work on June 25, 1902, with no reason reported. One lone student, Miss Alice Sipple, completed the course sometime in 1904.

The description of the training school in the 1901 *University of Missouri Catalog* reveals the kind of institution the first three nursing students entered.

"The Parker Memorial Hospital Training School For Nurses is instituted to give three years' training to women desirous of becoming professional nurses.

"Those wishing to enter must apply, personally or by letter, to the Superintendent of Nurses at the Hospital, who will furnish instructions respecting the personal information to be given all applicants. The application should be accompanied by a physician's certificate of sound health and unimpaired faculties and two certificates of good character. Applicants must be between the ages of 21 and 35 years, and of at least average height and physique. Women of superior education are preferred. Candidates, if approved, will be received on probation for three months. They will not be permitted to join the school formally until the end of the third month, when, if accepted, they will sign an agreement to complete the prescribed course of three years, and to conform to all rules.

"At the end of the first year, the record of the student will be carefully scrutinized, and the right is reserved to terminate then, and at any time, the connection of any student with the school for inefficiency, misconduct, a generally unsatisfactory record, or for any other reason which may be deemed sufficient by the hospital authorities. In addition to board, lodging, and a reasonable amount of laundry work, the students will be given \$8 monthly to meet expenses incidental to the training. In sickness the student will be cared for but the time so lost must be made up (and money may be deducted from their allowance).

"The course will include practical and theoretical instruction in the nursing of medical, surgical, obstetrical, and gynecological cases, sick diet cooking, massage, and the application of electricity. Instruction will also be given in anatomy, physiology, bacteriology, and hygiene. The final examination for the Diploma will be held by the members of the medical and surgical staff." [pp. 122-23].

The theoretical instruction mentioned in the catalog consisted of classes taught by Miss Payne and lectures given by members of the medical faculty. These were probably scheduled after work on an irregular basis, since Miss Payne and the students gave patients all their nursing care.

Information about the early nursing students is incomplete. As special students in the medical department of the University, students in the training school applied directly

to the training school rather than going through the University admissions process. Thus, not all appear in the University's records for students enrolled 1901-1919. Records were available for those who had first enrolled in another division of the University and then transferred to the training school. At that point they appeared as special students and the medical department science courses that all nurses in training took by 1907 were recorded in their files. These courses seem to have been designed specifically and exclusively for nursing students.

Although the hospital was built and equipped for fifty patients, the number of patients was very small at first. In the early 1900s, most people believed a hospital was a place to go if there were no alternative, or a place to die. A graduate who had entered the school in June 1902 recalled that there were no patients during part of that summer, although she and another student had to be on duty, along with the superintendent of nurses. The students and others, she wrote, "enjoyed ourselves as best we could—part of the time reading . . . aloud. In July when the typhoid started—the reading stopped." Reports show daily average employees in 1905 as 15.9 and daily average patients as 10.9. Employees undoubtedly included nursing students.

Miss Payne resigned effective April 14, 1902, "in order to accept a more lucrative position in San Francisco." Even though her tenure had been only a little more than six months, her achievements were remarkable. The hospital was opened and caring for patients, the training school had been started, and the first students had been admitted.

Like Miss Payne, the next three heads of the training school did not stay long. Miss Jean T. Kay became head nurse on April 7, 1902, and remained less than a year, until January 15, 1903. She was followed by Miss Sophia Evans of the University Hospital, Ann Arbor, Michigan, who was appointed head nurse on January 1, 1903. Miss Evans continued in the position until June 1904. Following her resignation, Miss Alice Sipple, the first graduate of the Parker Memorial Hospital Training School, served as acting head nurse until October 1904.

This rapid turnover of persons in charge of the training school—four within three years—undoubtedly limited opportunities to improve the program. Students continued to

enter one at a time: six during 1902, two during 1903, and two during 1904. Despite the turnover in their mentors, more than half of the entering students persisted in their determination to become nurses. Of the fourteen students admitted in the first four years, eight completed the course.

JOSEPHINE SHIELDS'S ERA

Miss Josephine Shields, the fifth person to head the training school, remained over five years, from October 31, 1904 to January 1, 1910. She had received her educational preparation at the Post-Graduate Hospital School for Nurses, Chicago, 1895, and had been a graduate student at the Presbyterian Hospital Training School, Chicago, in 1904. Miss Shields did much to increase the University's recognition of the school and its students.

Until 1906, when an assistant head nurse was added to the staff, the nursing staff consisted of the superintendent of nurses (also called "principal" or "head nurse") and the pupil nurses. Early in 1906 newly adopted by-laws for the hospital described the responsibilities of the superintendent of nurses as follows:

1. The superintendent of nurses shall oversee all nurses, probationers, and orderlies in the hospital.
2. She shall have full charge of the nurses' home and shall supervise the training of the nurses. She is authorized to prescribe the course of study, to select and accept or to dismiss probationers, and to make contracts with them for their term of service. She is authorized to make all necessary rules for the government of nurses, subject in these things to the approval of the Superintendent of the Hospital and the Executive Board.
3. She shall supervise the work of all the nurses and orderlies in the hospital.
4. She shall make requisitions upon the Superintendent for the supplies of the Hospital and shall see that due economy is exercised in their use.
5. She shall have charge of and shall supervise the preparation of surgical supplies and dressings...."

The following regulation was also recorded:

"That the Superintendent be authorized to send out pupil nurses on private duty when it



can be done without detriment to the hospital.”

The University president also seemed to expect the superintendent of nurses to carry some responsibility for hospital housekeeping. In a letter to Miss Shields in 1905 he asked Miss Shields to impress upon the new housekeeper the need for economy in hospital administration, noting that the gas bill for December was \$21.75 and the ice bill for September \$45, but he explicitly acknowledged that Miss Shields could not personally look after the hospital's grocery bills. For this daunting combination of educational, administrative, and housekeeping responsibilities the nurse superintendents of the training school earned room and board and salaries ranging from \$60 per month for Miss Payne in 1901 to \$100 per month for Miss Anderson in 1917.

GUY NOYES

While Miss Shields headed it, the school of nursing acquired one crucial longtime friend, Dr. Guy Lincoln Noyes. Born in Boston, Noyes received one M.D. from the University of Vermont in 1894 and another from the University of Michigan in 1901. After teaching briefly at Michigan he came to the University of Missouri in 1902 as professor of eye, ear, nose, and throat diseases. He became superintendent of Parker Memorial Hospital about 1908 and continued in that post even after being named dean of the school of medicine in 1913. As hospital superintendent, Noyes had great influence on the student nurses' work hours, living conditions, and chances for education. It was an immense advantage to the school that he recognized it as a legitimate part of the University, rather than a source of hospital labor, and perceived the would-be nurses as students rather than as workers. Noyes corresponded with far-flung leaders in nursing education, seeking their advice on personnel and school organization. A 1912 letter to a prospective principal of the University of Missouri school reveals his pride in the school and his plans for the future:

“Our Training School and Hospital are both small but we feel that there is really no considerable obstacle in the way of making the Training School of absolutely first quality. The laboratory teaching is of the Univer-

sity standard and is done by members of the faculty of the University.”

The reasons for Noyes's interest in nursing education are not clear, but there are some plausible explanations. Perhaps his desire to develop the hospital made him appreciate the importance of skilled and thoughtful nurses. After 1909, when the medical school ceased to offer the two final or clinical years and sent its students elsewhere to complete their training, he may have been tempted to expend some of his pedagogical zeal on the student nurses. His biography suggests that he shared the ideals that guided the turn-of-the-century movement to upgrade American medical education. After graduating from a mediocre medical school he temporarily abandoned practice to prolong his education beyond the then conventional standard, at the University of Michigan, one of the schools that pioneered in the effort to make medical education longer, more scientific, and more demanding. It may have been young physicians bent on bringing this kind of medical education to the University of Missouri who had invited Noyes to Columbia (Viles, 1939). Unlike many medical men, Noyes seemed to believe that the scientific basis and academic rigor desirable in medical education were just as desirable in nursing education.

REFORMS IN THE SCHOOL

Improvements in the nursing school accelerated during the time when Dr. Noyes and Miss Shields took command of the hospital and school. By 1907 the student nurses were already receiving far more academic instruction than their predecessors of 1901. They were enrolled in science courses taught by the faculty of the medical department. Principal Shields sought further reforms, including expansion of the school and addition of another graduate nurse to the faculty as an instructor. Dora Battson had been appointed graduate nurse in November 1906 and promoted to assistant head nurse in March 1907. Like other training school superintendents of the time, Miss Shields hoped to abolish the practice of sending students out to nurse in private homes during the school year.

In April 1908, in reply to a request for recommendations, apparently from Dr. Noyes, the new hospital superintendent, she outlined her goals and hopes: “I recommend

that the nursing force be increased to twelve pupil nurses and that we employ a graduate nurse in operating room and clinics. That she have charge of same and that she instruct nurses in that department and have charge of nurses during Head Nurse's absence. In order to carry out studies outlined there must be more pupil nurses." Miss Shields also urged that pupils should not be "sent out on cases during the nine school months as it seriously interferes with class work." She recommended the following vacations for pupil nurses: two weeks, first year; two weeks, second year; four weeks, third year. She recommended that "the graduate surgical nurse be given six weeks vacation and that the Principal of the School for Nurses be allowed two months vacation. One month with pay and one month without pay." Other recommendations Miss Shields made show her concern about student nurses' welfare and about the principal's role in the school: "I also ask that a room be furnished for a nurses' reception room. The principal of School for Nurses, with assistance of instructor, should select textbooks, outline course of studies, and if possible, arrange class hours." She concluded by recommending that "we arrange for a two weeks course in massage to be given the first two weeks in May, 1908, for the benefit of the six older nurses."

Hospital and University authorities granted at least one of these requests. In June 1908 Noyes wrote President Jesse asking for authorization "to furnish a room on the first floor of the hospital, now used as an office, for a nurses' living room at a cost not to exceed \$175." He apparently got the authorization, since the curators' minutes for July refer to a telephone for the exclusive use of nurses installed in the room set aside for their use. Other requests Shields made had less impact. Pupil nurses continued to do private duty nursing outside the hospital as well as to provide the nursing care in the hospital.

Under Miss Shields pupils had the right to specified hours off. Yet the nursing staff, pupil and graduate, continued to work long hours and remained subject to call. In 1907 Noyes reported that Miss Shields was a resident of the hospital and could be drafted into service at any time, although she was usually on duty from nine to eleven hours daily. Dora Battson, Assistant Head Nurse, had the same hours, living arrangements, and responsibility to respond to call as her chief. The letter listed eight pupil nurses, who were on

duty ten hours daily, including recitations and lectures. Pupil nurses had a half day off once a week and two hours a day for recreation. But they, too, were hospital residents and on call at any time.

In 1908, after three years on the job, Josephine Shields submitted her resignation. The curators showed their recognition of the contribution she was making by referring the matter to Dr. Noyes so that he could arrange for sufficient vacation, with the goal of retaining her. He succeeded. But in January 1910 she again resigned, this time permanently.

During the more than five years Miss Shields was principal much progress was made. Beginning in 1906, the principal had a graduate nurse as assistant; students took science courses taught by the medical department; the hours of duty for pupil nurses included time for class and recitation; the records kept for each student improved, listing science courses completed and giving more detail about the types and location of nursing experience and comments on the quality of performance; and students acquired a reception room with a telephone.

EMMA GRANT VOGEL

Miss Emma Grant Vogel is a good representative of the students who entered before 1910, particularly of those trained by Miss Shields. Miss Vogel, the school's twenty-eighth student, was twenty-three years old and a high school graduate when she entered the training school. She had taught in the primary department of the Linn, Missouri schools. To gain admission she presented a physician's certificate of good health and unimpaired faculties and two certificates of good character. As a high school graduate with teaching experience, she easily met the school's educational requirements. In her maturity and previous work experience she resembled many women throughout the nation who entered nursing in the late nineteenth and early twentieth centuries, including a sizable number who became leaders in the profession.

Miss Vogel arrived at Parker Hospital September 14, 1907, one of five students who entered in August, September, and October 1907. The school also included four second-year students and two in their third year. She

probably travelled the approximately fifty miles from her home in Linn by train or horse-drawn vehicle. Upon her arrival at the west portico of Parker Memorial Hospital she may have been greeted by Principal Shields or an older student. All students, the assistant head nurse, and Miss Shields lived on the third floor of the hospital. Emma Vogel came from a large family, which included three sisters, and this background probably helped her adjust to the dormitory-style living. Students ate their meals in the hospital dining room and the hospital supplied a reasonable amount of laundry work. After June 1908 Miss Vogel and her fellow students had the use of the furnished reception room on the first floor of the hospital that Miss Shields and Dr. Noyes had persuaded the University to supply.

Like other students, Miss Vogel served a three-month probation period during which she assisted on the first floor of the hospital. In December 1907 she was accepted into the school and became eligible for the \$8 per month allowance to meet the expenses incidental to training.

In her first year Emma Vogel completed courses in anatomy, physiology, *materia medica*, and medical cures given by medical school faculty or other physicians. In addition, the training school superintendent and her assistant taught practical nursing daily in wards and rooms and the superintendent taught a weekly class in theoretical nursing. Miss Vogel did general duty on each floor, spent a period on night duty with one patient, had regular night duty for one month, and took care of new mothers and babies. Her supervisors reported that she was quiet, thorough, and well liked by patients. That year Miss Vogel took two periods of vacation, one week over New Year's and two weeks in June. After the second vacation, her return was delayed several days "because of high water."

In her second year Miss Vogel took bacteriology, surgery, bandaging, *materia medica*, and obstetrics. Her practical experience included more variety and more responsibility than in the first year. She was in charge of the second floor—nontyphoid patients—for a time, had two stints of night duty, and was out of the hospital as a special nurse twice. As in the previous year, she had three weeks of vacation.

In her third year Miss Vogel had several periods of night duty and of special duty

outside the hospital. She cared for several obstetric patients and gained experience in the operating room, the diet kitchen, and the pharmacy. She continued to win high praise from patients and doctors. After completing the program on September 5, 1910, she was certified as a Registered Nurse by the Missouri State Board for Examination and Registration of Nurses on October 20, 1910.¹

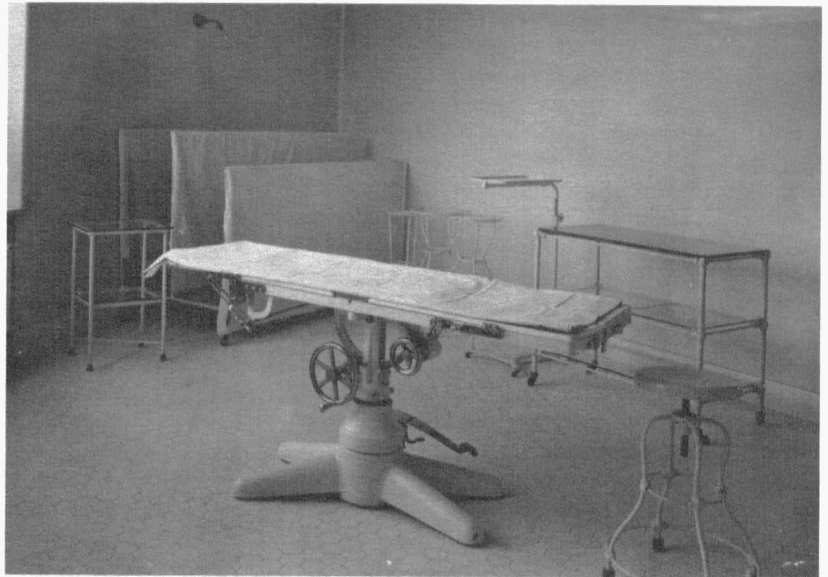
NURSING REGISTRATION: A DECADE OF CHANGE

The departure of Miss Shields coincided with a period of uncertainty in the training school's history. In 1909 the curators decided to discontinue the clinical instruction that constituted the last two years of the medical school program and offer only the first two years. Their action apparently raised some questions about continuing the training school for nurses. In December the superintendent of the hospital advised an applicant for the position of principal that no effort was underway to appoint a principal to succeed Miss Shields when her resignation took effect. "If our Training School is to be perpetuated," he added, "the plan of instruction will need to be changed considerably."

The school was perpetuated. Miss Margaret I. Jardine became acting superintendent of nurses beginning January 1, 1910. The following April Miss Dora Battson became principal. Both had graduated from the Parker Memorial Hospital Training School for Nurses, Miss Battson in November 1905 and Miss Jardine in December 1909.

The school's uncertain future affected the admission of new students. Between September 23, 1908 and April 17, 1910, no pupil nurses entered the school. However, ten entered between April and October 1910. The hiring of Miss Battson signalled the curators' decision to maintain the school.

Even though the school had been preserved, the pattern of frequent changes at its head continued in the next several years. Frances Shouse, an 1897 graduate of the Missouri Baptist Sanitarium Training School for Nurses in St. Louis, succeeded Miss Battson in April 1912. Fannie Maria McLeod, a graduate of the School for Nurses, Kingston General Hospital, succeeded Miss Shouse in January 1915. Ellen Marie Anderson, a graduate of the School of



Clinical Facilities

Nurses of Augustana Hospital, succeeded Miss McLeod in January 1917.

One reason for the uncertainty surrounding the school was Missouri's first nurse registration law. Until 1909 there were few generally accepted standards for training schools in the state, so the Parker Memorial Hospital Training School was a law unto itself. In spring 1909 the enactment of a nurse practice act first subjected the school to direction from outside the University. Missouri nurses had instigated the law. Following a national trend, they had organized the Missouri State Nurses' Association in 1906. One object of the association was to secure statutes regulating the profession of nursing (Christ, 1957). Intensive and extensive efforts by members led to the passage of a law that provided permissive registration and a "grandfather clause" offering registration on generous terms to nurses already in practice. Applicants for registration after December 1912 had to have the equivalent of a grammar school education, be graduates of a two-year course in nursing, and pass an examination before a State Board for Examination and Registration of Nurses (Trenholme, 1926).

In December 1909 the board adopted requirements for registration of training schools. They specified that the school must be connected with a general or special hospital or sanatorium of not less than twenty-five beds, offer a course of at least two years, and provide practical instruction in specified subjects or be affiliated with other institutions to assure students this experience. Approved schools could not send students to nurse private patients outside the hospital. The superintendent of the training school, who should be a registered nurse, was required to keep accurate records of students' qualifications, classwork, examinations, and time on each service and was to send annual reports to the board.

University of Missouri administrators lost little time in seeking registration of the school. Over the signature of Margaret Isabel Jardine, acting superintendent, the application reported the following information:

1. Seven students (none first year, six second year, one third year).
2. Twenty-five beds in the hospital.
3. Length of program three years.
4. Practical and theoretical training in medical, surgical (operating), obstetrical (ten cases), children's diseases (ex-

cept contagious), cooking, and materia medica.

5. Nurses trained exclusively in the hospital.
6. Nurses are sent out to private duty in 2nd and 3rd year for two weeks, more or less.

A letter dated December 2, 1910, from the superintendent (probably Dr. Noyes) to the president of the University of Missouri reported that the American Hospital Association and various newly established state boards of nurse registration had been especially critical of small, isolated training schools. The critics were concerned about whether such schools had meaningful entrance requirements, adequate and well-qualified teaching forces, constant experienced supervision of students, and adequate hospital services. The letter pointed out the precariousness of the Parker Hospital school's position because of problems in its teaching force, supervision of students, and experience available in the clinical areas of infectious diseases, children's diseases, and conditions requiring application of natural physical forces. The writer believed the school needed a graduate nurse as night supervisor, a graduate surgical nurse, honoraria for extra-mural lecturers, and an agreement with the state hospital for the insane or a general hospital in a city to train nurses jointly. He noted that if the number of nurses increased the school would require living quarters in addition to those available on the third floor of the hospital.

The writer predicted that there was "no reason to anticipate there will be anything like adequate normal increase in the number of patients cared for in the hospital within the next few years." Nonetheless, he proposed a major effort to upgrade the school. The letter ended with a strong affirmation of the training school's educational value:

"The expenditures and extensions herein suggested are not justified if the Training School for Nurses is to be considered simply as an adjunct to the small hospital organization of the University, now existing as an Infirmary for Students. If it appears however that the education of Nurses is a proper expression of University activity and that in due time the work of the Training School for Nurses can be put on a truly University basis and incorporated in one of the existing Schools of the University, no time can



Private patient room

safely be wasted in bringing about changes.”

Activities of the next few years reflect an effort to meet the state board requirements. Miss Dora Battson, appointed principal in April 1910, was a registered nurse. In August 1910 a lecturer on massage was hired, to come from Excelsior Springs, Missouri, twice a year, to offer training in “the application of natural physical forces.” The position of head nurse of the hospital was created in February 1911. In an effort to stay abreast of nursing developments, Miss Battson, the school’s new principal, represented the University at the 1911 meeting of the Missouri State Nurses’ Association.

The school also soon stopped sending students outside the hospital to nurse private patients. A letter written in September 1912 (probably by Dr. Noyes) explains to a physician in New Franklin, Missouri, that a nurse could not be provided for a home, since “our State Board of Registration for Nurses decreed that a training school that sends undergraduate nurses out of the hospital for private duty is not reputable and the graduate of such a school will not be allowed to appear before the State Board of Registration in Nursing for examination.”

In several letters to Maude Landis, a member of the original five-member board of examiners, Dr. Noyes expressed concern about the future of schools in small hospitals. This concern was shared by Miss Landis, who was superintendent of Levering Hospital, Hannibal, Missouri. During 1910 and 1911 they exchanged a number of ideas for combining efforts. In December 1912, Noyes wrote Miss Landis that he had had the “pleasure and privilege of presenting to the State Board of Registration and Examination of Nurses the University’s tentative plan for a six-month Preliminary Course for Nurses.” The state board “heartily endorsed” this plan at its meeting that month (Christ, 1957, p. 143).

University officials made an effort to publicize the course. The 1912-1913 *University of Missouri Catalog* outlined the plan.

“Beginning in the fall of 1913, the plan of instruction in Training School will be changed. Teaching of the laboratory subjects such as anatomy, physiology, bacteriology, hygiene, dietetics, etc. will be done in the first six months of the three years’ course. During this period, which is known as the “Preliminary Term,” the nurses will not

reside in the Hospital. They must engage room and board in houses approved by the Training School.” [p. 278]

The 1913-1914 *Catalog* explained that, although the course was intended primarily for the entering class of students in the regular school for nurses, graduate nurses could enroll for part or all of it, as could students recommended by the superintendents of other schools for nurses. After six months the latter would return to their home schools to complete the program. Requirements for admission were satisfactory evidence of fitness and of grammar school graduation or the equivalent. Men were not admitted. Subjects included anatomy, physiology, bacteriology, dietetics, practical handcraft, fundamental principles and practice of nursing, materia medica and weights and measures, preventive medicine, voice training and reading, and physical training.

Despite the publicity given the course and the attempt to recruit students from outside Parker Hospital, there is no evidence that such students ever enrolled in it. Perhaps the superintendents of other schools agreed with Superintendent Landis of Levering Hospital in Hannibal, who wrote to Dr. Noyes in 1912 when he first suggested the course, pointing out that theoretically it was ideal, but practically it might result in problems. One problem would be the extra financial burden on hospitals that paid maintenance for students enrolled in the course while hiring extra nurses for the hospital work. She also feared such students would “become enamored of college life, in all its fascinating phases, social life included. At the end of their course, however efficient and thorough it would be, they would return to us, ready to take up the drudgery of Hospital Service, with no social life to look forward to—they would resent the quiet and humdrum existence—would become dissatisfied—others would find this restlessness contagious—hospital routine and discipline would suffer.”

Requirements set by the state board continued to pose problems for the school. Although Parker Memorial Hospital met the board’s twenty-five bed minimum requirement, the number of patients was small. Between 1909 and 1916 the daily average never rose above fourteen. Except for 1918, when the outbreak of Spanish influenza

swelled the number of patients, the average remained below twenty until 1920, when it rose to twenty-two. The small groups of patients did not provide students experience in the care of a sufficient variety of illnesses. To widen their experience, an affiliation was arranged with City Hospital, St. Louis, Missouri. Each nurse was to spend three months in her senior year in residence in the City Hospital Training School.

In at least one respect, the Parker Hospital school asked more of its students than the state board demanded. Even though grammar school graduation was the minimum admission requirement adopted in 1909 by the state board, the 1914-1915 University *Catalog* listed high school education or the equivalent as a requirement for admission to the Parker Memorial Hospital Training School for Nurses.

The initiation of the preliminary course, the requirement that entering students be high school graduates, and the affiliation with City Hospital in St. Louis seem to have been the major changes made between 1913 and 1920. One dramatic departure from tradition proved an aberration. The first and only male student entered in 1912, but left later in the year to attend college. In 1915 the curators' Executive Board lowered the traditional allowance paid pupil nurses from \$8 to \$5 per month. No explanation was given. However, this action coincided with greatly reduced appropriations for the University. Other practices at the school persisted. Students continued to enter one at a time, although the entrance date tended to be in the fall. The entering classes ranged in size from a high of ten in 1916 to a low of one in 1919. Of the fifty-four who entered from 1911 through 1919, twenty-two (41%) completed the program.

HOUSING

Housing for students and graduate nurses had been a problem since the training school was established. Traditionally, room, board, and laundry were provided for the superintendent of nurses, the head nurse, and the students. Students lived on the top floor of the hospital until 1914. In 1911 University President A. Ross Hill approved a plan to house student nurses in Read Hall, a University residence for women, during the sum-

mer months. The students enjoyed even a temporary respite from their cramped winter quarters. A 1913 graduate later recalled:

"The nurses lived on the third floor of Parker Hospital, which was unfinished at first. In 1911 there were eleven student nurses. We lived on the third floor of the hospital during the winter and in Read Hall during the summer. The nurses had a reception room on the northeast corner of the first floor of the hospital. The Superintendent's living room was immediately above the reception room. Needless to say, the summers were enjoyed where we had spacious parlors and sleeping quarters and could have a party when we wanted one."

There were gradual improvements in the student nurses' living arrangements. In 1912 Dr. Noyes requested permission to install a town telephone on the third floor of the hospital for the exclusive use of the nurses because "use of our single telephone by nurses and their friends often interferes with the business of the Hospital." The president approved Noyes's proposal.

The nurses finally moved out of the hospital in 1914 when the Todd House, 600 South Ninth Street, was set aside temporarily for use as a nurses' home. In 1916 the Executive Board approved plans to arrange for a suitable chaperon. Later that year a night watchman was appointed for the East Campus, including the nurses' home. The 1915-1916 University *Catalog*, apparently referring to the Todd House, reported that "recently the nurses have been established in a residence situated close to the hospital. The house has been rearranged so as to make it especially well adapted as a home for nurses."

WORLD WAR I AND THE SPANISH INFLUENZA

World War I and the Spanish influenza epidemic of 1918 affected the school of nursing—along with the rest of the University and the world. After the United States declared war in 1917, many University faculty members took leave (without salary) to serve. Enrollment decreased that fall. But in 1918 the Student Army Training Corps began to offer male students a way to serve their country while continuing their education. The University also trained detach-

ments of army men, at times as many as 650. They lodged in the gymnasium and temporary barracks (Stephens, 1962).

The Spanish influenza epidemic started on campus in August 1918. During the fall term, many faculty, students, and members of the army detachments were ill. Temporary hospitals were established in several buildings on and off campus, including the old Welsh Military Academy (now the Sigma Alpha Epsilon fraternity house), the Kappa Sigma fraternity house, and the top floor of Switzler Hall. Classes halted for several weeks, but students remained in Columbia. When classes resumed, all students and faculty wore masks. The epidemic returned with renewed virulence in late November and the University closed for the term on December 6, 1918 (Stephens, 1962).

The school of nursing responded to the demands of the war and the epidemic by freeing staff and student nurses for emergency work and hiring additional, temporary staff. In October 1918 one pupil nurse was granted a diploma four months and five days early as a war emergency measure and employed as a graduate nurse in charge of the army hospital nursing. A month later a head nurse at the hospital was granted a leave of absence without pay during her period of active service in the Army Nurse Corps. Except for those who had entered in fall 1918, almost all the pupil nurses were assigned to the Read Hall Hospital and the several army hospitals for periods during the epidemic. In addition, the hospital employed ten graduate nurses, including five from St. Louis and two from Centralia, during September and October 1918. One of these took charge of Read Hall Hospital for girls. In addition to the pupils and the extra graduate nurses employed, more than one hundred women students volunteered to serve as nurses' aids, errand girls, telephone operators, and stenographers. Most of them served as nurses' aids under the nurse in charge of the Read Hall Hospital for girls.

AFTER THE WAR

When the next University term opened in 1919, after the end of war, many of those in military service had not yet been released and there was still fear of a new epidemic of influenza. University enrollment was lower.

Slowly, student activities, social life, and athletics were resumed (Stephens, 1962). The temporary hospitals were closed and the life of the pupil nurses returned to its usual routine.

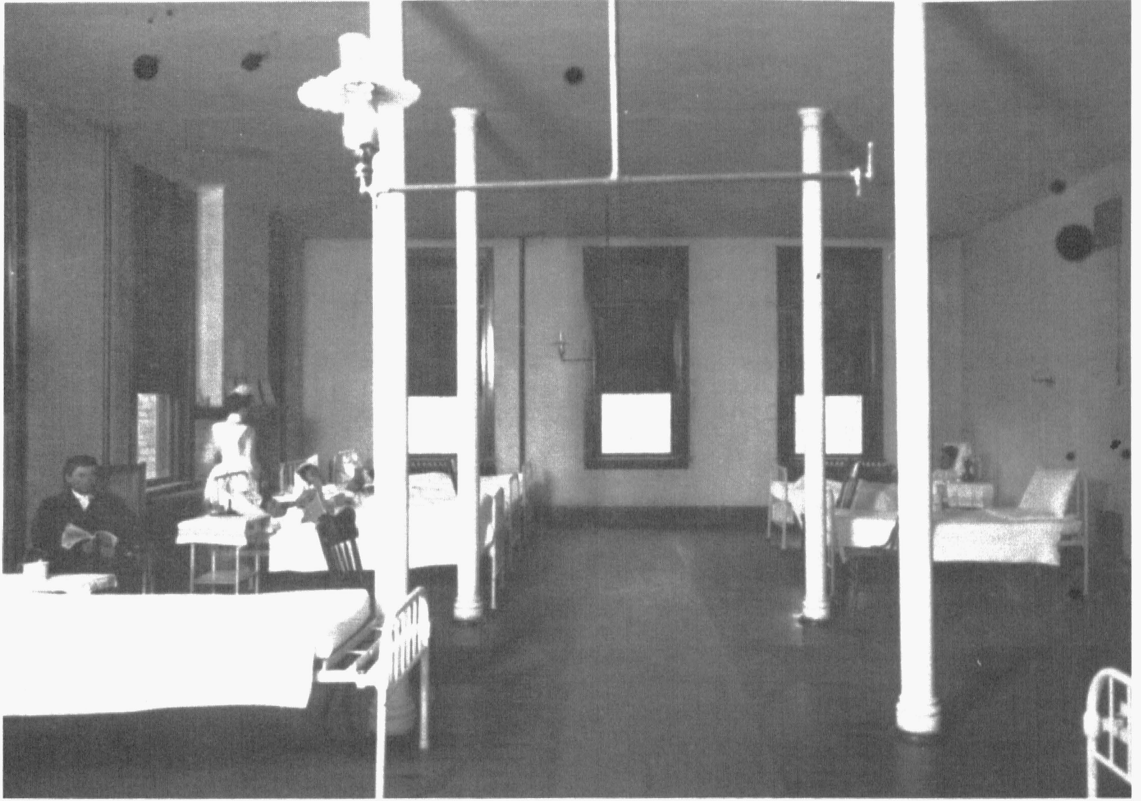
In the years immediately after World War I, as the school approached its third decade, it operated in a changed social context. The number of training schools for nurses in Missouri had increased from nineteen in 1901 to forty-six in 1920. The number of Missouri training schools located outside of Kansas City and St. Louis had increased from four in 1901 to seventeen in 1920. Changes were also occurring in the University. In 1920 there were two colleges, six schools, the Graduate School, and the Extension Division.

SUMMARY

During its short history, limited clinical opportunities and rapid turnover of nurse superintendents had hampered the school's development. A list, probably compiled soon after 1920, shows a daily average of patients ranging from ten to twenty-eight. The average was highest for 1918, perhaps because of the influenza epidemic that year. The high for the other years was eighteen; most years showed thirteen or fourteen. Between 1901 and 1919 ten different nurses headed the school.

These problems and the newness of trained nursing in the rural Midwest may have contributed to the high dropout rate. Few entering students could have known much of the demands and rewards of a nurse's life before they came to Parker Hospital. A total of one hundred students entered between 1901 and 1919. Of these, forty-four completed the program. An average graduating class had three members.

Yet the school improved. There is little information about classwork in the first few years. Records beginning in 1908 indicate that the students attended lectures in anatomy, physiology, bacteriology, materia medica, dietetics, obstetrics, surgery, contagious and infectious diseases, and bandaging. Faculty in the medical department taught the sciences and faculty in the home economics department taught dietetics. Physicians gave other lectures and the superintendent of the training school taught nursing techniques. Students must also have learned much from



Hospital ward

the practical work they did and from their contact with the superintendent. Throughout much of this period the superintendent and the students provided all the nursing care in the hospital, although a head nurse was also employed during some periods. Living in close quarters, with one or, at most, two graduate nurses who were their teachers and supervisors, and bearing heavy responsibilities for patients' welfare, students had every incentive to imitate their teachers and to make the transition from probationer to seasoned nurse quickly. The high attrition rate may indicate an effective system for weeding out those who lacked the necessary abilities or commitment to nursing.

The State Board of Nurse Examiners, established by the state's first nurse practice law in 1909, certainly influenced many decisions. From that time on, standards outlined by the board led to changes in the school. Superintendents appointed after 1909 were registered nurses. Students were no longer sent outside the hospital for private duty. The school offered additional classwork. Its staff kept more complete records of classwork and practical experience. A nurse's home was made available in 1914. In 1918 arrangements were made for three months' experience in a larger hospital during the senior year. The school's successful response to the challenges posed by the state board testified to its internal strengths.

By 1919 the School for Nurses at the University of Missouri had a well-defined identity. A small school, based in a small hospital that could barely offer adequate clinical experience, located in a town with no other general hospitals, its distinctive strength was a willingness to treat would-be nurses as University students, not as apprentices or as cheap labor. During its first decade, the school's commitment to education of nurses as a University function was established, above all by Dr. Noyes, superintendent of Parker Hospital. Through him, through the school's nurse superintendents, and through the State Board of Nurse Examiners the developments that were reshaping hospital care and medical and nursing education in the United States influenced the school.

NOTE

1. Miss Vogel continued in nursing for more than forty years. She showed a desire for challenges and, even more notably, a strong bent toward religiously inspired social service. Her experience included private duty, attendance at Scarritt Bible and Training School in Kansas City, work at the Mayo Clinic in Rochester, Minnesota, and work with Jane Addams at Hull House in Chicago. Later she became a deaconess of the Methodist church, serving in Florida, Louisiana, Mississippi, and at an Indian mission in Alabama. In 1934 she wrote to the School of Nursing Alumnae Association from the MacDonnel French Mission School in Houma, Louisiana—a boarding school for underprivileged cajun French children, maintained by the Board of the Southern Methodist Church. She taught classes there and was the school's resident nurse. In 1939 she reported that she was on a one-year leave of absence and was taking work at Scarritt College, Nashville, Tennessee. Her last assignment before retirement was in Texas. She died in 1965 at age eighty.

SCHOOL FOR NURSES
OF THE
UNIVERSITY OF MISSOURI

1920-1947



School for Nurses of the University of Missouri (1920-1947)

Ruby Potter

In contrast to the frequent changes between 1901 and 1919, the School of Nursing experienced few changes in leadership between 1920 and 1942. Nance Taylor served as principal from 1920 to 1926. She was followed by Pearl Flowers, who headed the school until 1935, and then by Helen Nahm, who headed it until 1942. Each built upon her predecessors' efforts to make the University of Missouri nursing school a truly collegiate, degree-granting institution. Stability was also enhanced and programs aided by the lengthy service of two teachers: Louise Hilligass (1920-1926) and Amy Leger (1926-1940). The continuing interest and support of Dr. Guy L. Noyes, dean of the School of Medicine and superintendent of the University's hospital, were also very important to the School of Nursing. Convinced that education for nursing was an important program for the University, he worked wholeheartedly for the school's progress until his death in 1930. Although limited funds and the limited clinical opportunities at the University's hospital in the 1920s and the effects of the depression in the 1930s slowed progress toward a baccalaureate program, Noyes, Taylor, Flowers, and Nahm continued to keep that goal in view.

NANCE TAYLOR'S ERA

Nance Taylor became principal of the School for Nurses of the University of Missouri in January 1920. She had just returned from war service as Chief Nurse of Base Hospital Unit No. 21, originally organized at Washington University, St. Louis, under the

sponsorship of the American Red Cross. She had studied intermittently at Washington University, graduated from St. Luke's Hospital School of Nursing, and worked at St. Luke's as head nurse and superintendent of nurses. She had completed a year of study at Teachers College, Columbia University, New York—the first university to offer advanced education for nurses. At Teachers College she had studied the ideas of leaders in nursing education, who advocated “a coordinated School of Nursing with the Department of Liberal Arts—a five year course leading to the R.N. in Nursing and the A.B. degree from the University.” This approach to the education of nurses guided Taylor's work at the University of Missouri.

Miss Taylor lost little time in putting her ideas in writing. On February 20, 1920, in a letter to Dean Noyes, she outlined detailed recommendations on “University Affiliation for the School for Nurses,” which would “place this school on record as standing for the best in nursing education as it is recognized today at some universities.” These recommendations included a school for nurses with its own head responsible to the dean of the school of medicine; an advisory committee; applications for admission sent to the registrar, subject to approval by the school for nurses; admissions requirements similar to those of the College of Arts and Science; inclusion of nursing students' records in the University records; a stipulation that students pay living expenses for their first term, before their admission as regular students in the nursing school; student nurses' eligibility for all the benefits and privileges of women students; and the degree, Graduate in Nursing, conferred at the annual commencement.

Efforts to proceed with many of these recommendations began promptly. By May 1921 a Department of Nursing had been formed with the principal of the School for Nurses as chairman, and the Arts and Science faculty had accepted the proposed combined curriculum in nursing and arts. Applicants meeting the entrance requirements for the College of Arts and Science were considered for admission to the School for Nurses. Upon completion of the nursing course they were eligible for a certificate in nursing and two years credit toward an A.B. degree. The degree of Graduate Nurse was not approved by the Board of Curators until February 1925. The recommendations that an advisory committee be established and that first-term students finance their own maintenance were not carried out.

LOUISE HILLIGASS'S ERA

Teaching of nursing was carried out by the principal and head nurses. Miss Louise Hilligass was appointed as head nurse in January 1920. In May 1926 she became superintendent of nurses at the University hospitals and held this position until 1942. Miss Hilligass and Nance Taylor had been classmates at St. Luke's Hospital in St. Louis, both graduating in 1908. After graduation Miss Hilligass did private duty nursing, working twenty hours a day, as was the custom at that time. She then became night superintendent at St. Luke's. When World War I broke out, like Miss Taylor and many other nurses and doctors from St. Louis, she joined Unit 21 from Washington University. Miss Hilligass went overseas in 1917 and served there until July 1919. She then returned to private duty until she joined Miss Taylor at the University of Missouri.¹

Miss Hilligass was a great storyteller and often entertained the students of the 1920s with stories of her experiences as a student and a war nurse. She reported that in her training school days students were admitted one at a time, when a bed became vacant in the nurses' home. Upon entering, the student was assigned to a ward, the first week cleaning the utility room under the direction and supervision of the student who had started the week before. Later, when caring for patients, students were not allowed to know the names or the expected effects of the

medicines they administered. All medicines were ordered by prescription numbers. That memory of being kept in deliberate ignorance may be the reason that, in her own teaching, Miss Hilligass stressed the importance of students' knowing as much as possible about the medications they administered.

ALUMNAE ASSOCIATION

Miss Taylor was aware of the need to keep up contact and win support from the graduates of the Parker Memorial Hospital Training School for Nurses if she was to succeed in transforming the school. An alumnae association had been organized in 1907 and a second meeting held in 1910. In February 1920 the alumnae reorganized as the University of Missouri School of Nursing Alumnae Association. In 1923 Miss Taylor sent each graduate a questionnaire asking for her current name, current address, work experience, registration status, and membership in nursing organizations. She also asked each alumna to send an annual letter updating the information.

PROBLEMS WITH LOW ENROLLMENT

There were only seven students in the School for Nurses when Miss Taylor arrived. Of these, three graduated during 1920, two resigned, and one left during the year because of illness. The small number of students caused concern. In 1920 the Board of Curators approved the superintendent of Parker Memorial Hospital's proposal to send out an agent to secure student nurses, authorizing the president to expend up to three hundred dollars for that purpose. Although there is no indication of whether such an agent was ever sent out, we do know that between 1920 and 1926 Nance Taylor made frequent trips to high schools in Missouri to interest girls in enrolling in the University School for Nurses.

An increase in the number of schools of nursing in the state may explain the low enrollment at the University's school. In 1920 there were forty-six nursing schools in Missouri, up from the eighteen or nineteen in 1901. Developments in Missouri followed

the pattern prevailing throughout the United States, which showed an increase from approximately five hundred nursing schools in 1900 to over seventeen hundred in 1920 (*Facts About Nursing*, 1953).

Superintendent Noyes of Parker Hospital and the University's Board of Curators met the increasing competition for would-be nurses with efforts to maintain and improve the nursing school. In 1920, the curators approved Noyes's recommendation to offer an allowance of \$30 a month to student nurses, to promote Miss Taylor from instructor to assistant professor, to increase her salary, to change the rank of Miss Hilligass from head nurse to instructor in nursing while increasing her salary, and to raise the salaries of the hospital's other graduate nurses. The visits to high schools and the stipend offered students seem to have been effective, for eleven students entered in 1920 and ten in 1921.

LIMITATIONS IN CLINICAL FACILITIES

At the time of Miss Taylor's appointment in January 1920, there were encouraging indications that the clinical facilities for teaching nursing on the Columbia campus would improve as a result of efforts to reestablish a four-year medical school program. The legislature passed a \$250,000 appropriation for a new state hospital, provided that the School of Medicine established a full four-year course (Stephens, 1962). Meanwhile, there was still the problem of how students could gain sufficient clinical practice. In 1923, six students began an eight-month affiliation at the University of Minnesota for obstetric, pediatric, and medical nursing. Unfortunately, two of these soon contracted encephalitis. One died a few months later and the other was unable to return to complete the nursing program in Columbia. Subsequent affiliations were arranged in hospitals nearer Columbia.

Dr. Noyes persisted in his efforts to strengthen the school and to keep Miss Taylor at its helm. In July 1922 he informed her that he had recommended that her rank be raised to Professor of Nursing and that her responsibility to participate in hospital administration be dropped. The curators approved the new title. Despite Noyes's enthu-

siastic backing, Miss Taylor was beginning to express doubts about the nursing school's viability. In August 1922 she wrote to Dr. Noyes to say that, after long and careful consideration, she felt it would be best for her to plan to give up her position by July 1923, once a successor had been secured. Her major concern was the lack of clinical experience available in Columbia, which resulted in students being away for affiliation approximately one year in addition to the four months they spent at Boone County Hospital. Taylor had reason to worry about the clinical experience offered her students. The daily average of patients and the total number of major operations at Parker Memorial Hospital were decreasing. The average number of patients in the hospital fell from twenty-two in 1921 to eighteen in 1922, while the number of major operations fell from 184 in 1921 to 79 in 1922.

Plans to strengthen the nursing school waited while political struggles delayed the expansion of the hospital facilities. Although the state legislature had appropriated funds for a new state hospital, and the Board of Curators had reaffirmed the decision to place the school in Columbia, a group of Kansas City doctors had resumed their long-standing efforts to place the school there. They spurred the curators to reiterate their decision to put the hospital and the four-year course in Columbia. The new hospital was finally completed and occupied in September 1924, but the request for a separate appropriation for a four-year program in medicine was not granted (Stephens, 1962).

Two other developments may have heightened Miss Taylor's concern about the lack of clinical experience available to the nursing program. One was a report by a nationally prominent nursing educator, Sara E. Parsons. She was enthusiastic about the University's sponsorship and support for its nursing school. However, she pointed out the need for affiliations with children's, maternity, and medical hospitals, and with dietetic services and public health agencies. Parsons also called for improved records and attractive, well-equipped, and convenient facilities for the teaching of nursing procedures.



Noyes Hospital opened

Another development at this time was the passage of a new Missouri nurse practice law in 1921. This law raised the standards for all accredited training schools, provided a full-time nurse educational director for the state board of nurse examiners, and made registration mandatory for all who nursed for hire. In spite of intense efforts by the leaders in nursing, the very progressive law was repealed in 1923 and replaced by a law ending the licensing of trained attendants, lowering educational standards for entrance to schools of nursing, and omitting the requirement for an educational director (Trenholme, 1926).

Whatever her worries about the school's future, Miss Taylor did not carry out her plans to resign. Perhaps she was encouraged by such signs as the construction of the new university hospital and the request for funds for the four-year medical school. In any event, she continued as principal.

HOUSING

During the twenties inadequate housing became a problem for the school. At that time hospitals maintained homes for both student and graduate nurses. Such housing formed part of the graduates' compensation. In the summer of 1922 the school decided to not admit students because housing was so scarce. Repeated requests for funds from the Missouri General Assembly for new housing were denied. Lacking a residence designed for their use, the nurses lived in two frame buildings that were poorly adapted for living quarters and that constituted a constant, acute fire hazard. A third frame building had apparently been rented in the summer of 1923. With its quarters thus augmented, the school attracted six new students in September 1923, even though it no longer offered a stipend. Only two students were admitted in fall 1924 and they were advised to discontinue because the class was too small.

The low number of patients and major operations in the hospital continued to trouble Taylor. Students spent fifteen months away from Parker Memorial Hospital in order to gain the experience expected in nursing schools, much of that time spent outside Columbia. This time away made it impossible to complete sixty hours of coursework in

the College of Arts and Science. She and Dr. Noyes struggled to find a solution to the problem.

The opening of the new hospital in 1924 brought hope for a stronger clinical base for the School of Nursing. Further incentives for students came in the form of a waiver of library, hospital, and incidental fees for the program and the curators' decision to award the degree of Graduate Nurse to those who completed the 3-year program, beginning in 1925. (Dr. Noyes and Miss Taylor had already agreed to grant the degree to all who had previously completed the required courses.) The larger hospital and the enhanced status of the school boosted enrollment.

GRADUATE NURSE PROGRAM

As it had evolved by the middle 1920s, the Graduate Nurse program blended academic requirements with demanding clinical work. For admission, the applicant had to meet the entrance requirements of the College of Arts and Science and present to the principal of the School of Nursing a physician's certification of good health, including vaccination against typhoid fever and smallpox; a dentist's statement that her teeth were in good condition; names of two references; and a letter of recommendation from a minister. The course covered three calendar years with time lost because of illness or absence made up at the end. Students took sixty hours of courses qualifying for credit in the College of Arts and Science, including the courses required of freshmen and sophomores, sciences taught by School of Medicine faculty, and courses by home economics faculty, in addition to nursing courses. The final seven months were spent on affiliation for obstetric nursing, pediatric nursing, and diet kitchen experience. Hospital laboratory work was in the University Hospital and Parker Memorial Hospital. In 1925 there were seventy-five beds in these hospitals and the daily patient average was twenty-two. By 1927 the daily patient average had risen to thirty-four. During their first semester, students spent about four hours per week in the hospital. After that they were in contact with patients some thirty to thirty-five hours per week.

Some aspects of students' lives resembled those in any nurse training school of the



time; others resembled those of other college women. As in other nursing schools, uniforms were important signs of dedication and status. The students provided their own uniforms during the one-semester preliminary course—long-sleeved pink cotton dresses with gathered white aprons, stiff white collars and cuffs, black oxfords, and hose. After the first semester the school provided uniforms—short-sleeved blue cotton dresses with white bib and apron, stiff white cuffs and collar, and cap. During the summer the shoes and hose were white; in the winter, black. Students lived alongside Graduate Nurses employed by the hospital in two houses at 600 and 602 S. 9th Street. Housing, board, and laundry were provided at the University's expense. Students paid for textbooks and laboratory fees. Other University fees were waived.

Students belonged to the University Women's Student Government Association and conformed to its rules and regulations. In addition, nursing students had their own organization. They were eligible for all privileges allowed other university women and could apply for scholarships or loans available to women students.

The typical student entering in 1925 was between eighteen and twenty years old and had graduated from high school that year. She had traveled to Columbia by train or by family car. Before she arrived she had been assigned a room in the nurses' home and a roommate. Furniture included a single bed, dresser, desk, chair, and shared closet space. Bathrooms were shared by eight to ten persons. Students ate in the hospital dining room at specified hours, with all seated before serving began. The hospital was located about two blocks from the nurses' homes. Orientation sessions were held to outline rules and regulations of the home and hospital and times and location of classes.

After the first semester the student, wearing full uniform, began her day with breakfast at 6:30 am. She reported for hospital lab at 7:00 am to begin care for one or more patients. From then on each day of the week varied with the class schedule. The first class might be at 8, 9, or 10 am. Getting there required reporting to the head nurse of the division, collecting books, notebooks, and coats from the first-floor cloak room, and walking (or running) to class in the ten minutes before instruction started. Lunch was served at noon in the hospital dining

room and was followed by additional classes or free time until midafternoon. The student then reported to the hospital for additional laboratory time, until 7:00 pm. Dinner was served at 5:30 or 6:00 pm. After 7:00 pm the students usually congregated in the parlor of the home for a short period of fun and then studied in their rooms or the library. The student was free in the afternoon one day per week and either morning or afternoon on Sunday. On other days class and hospital laboratory experience totaled eight hours.

According to the hours set by the women's student government association, women students were expected to be in their places of residence by 10:30 pm except for Wednesday, Friday, and Saturday nights when they could be out or entertain guests in the parlor area until 11:30 pm or 12:30 pm. Students in nursing could belong to sororities, but they lived in the nurses' home. They were encouraged to make friends with students outside the School of Nursing.

TWO STUDENTS OF THE DAY— HELEN NAHM AND RUTH CHAMBERS MCHANEY

The experiences of two June 1925 graduates, Helen Nahm and Ruth Chambers McHaney illustrate the possibilities available to University of Missouri nurses of their generation. Both entered the school on August 31, 1921. They, four classmates, and four students who had entered earlier were the first to be awarded the degree of Graduate Nurse at the regular University commencement on June 3, 1925. In all, ten students entered in 1921 and four graduated. Like Emma Grant Vogel, who began her study of nursing in 1907 and graduated in 1910, Miss Nahm and Mrs. McHaney came from small Missouri towns outside the state's two large metropolitan areas—Augusta and Cainsville. Like Miss Vogel, both had taught school. They had more formal education than Emma Vogel, a high school graduate, since both had college experience before entering nursing. But their resemblance to a graduate of a decade and a half earlier suggests that the school continued to attract much the same type of student—nonurban, well educated by the standards of the time, and mature.

Neither woman arrived at the University of Missouri with any intention of becoming a



Student residence

nurse. Helen Nahm had enrolled in the College of Arts and Science in 1920. During the year influenza sent her to Parker Memorial Hospital. There she learned of the program in nursing. Although as a child she had been concerned about sick people and animals, she had not thought of preparing to be a nurse. Her observation of the hospital's nurses awakened a new enthusiasm. She had an interview with Nance Taylor and was approved for admission.

Nursing was still an unfamiliar career, and parents of talented and ambitious young women did not always rate it highly. For Helen Nahm, the decision to enter nursing was easier than the process of obtaining her parents' permission when she returned home that summer. Her mother readily approved, but her father was reluctant. Once her parents gave their consent, the time remaining was busy as she hastened to make the long-sleeved pink gingham probationer's uniforms and to collect the necessary recommendations and health certificates. Ruth Chambers also had difficulty obtaining parental approval of her decision to become a nurse. Her father was a teacher, and she had taught in a rural school for a year and attended a teacher's college for a term before enrolling at the University of Missouri for summer school. During the summer she learned of the program in nursing and investigated it. Her father believed she had done well teaching and wished her to continue. However, a family physician helped persuade the father to consent to his daughter's daring career choice.

Throughout their three-year program, Ruth, Helen, and their classmates enrolled concurrently in courses in arts and sciences, medical sciences, and nursing. They began caring for patients in the second half of the first semester, working at first with those who were not seriously ill. The instructor, Louise Hilligass, and the head nurses closely supervised this care. After their first semester, students spent more time on nursing practice with fewer courses outside of nursing. Students worked an eight-hour day, including classes and practice. Students spent the final six months of the three-year program away, getting three months' experience in obstetric and gynecological nursing at Research Hospital and three months' experience in pediatric nursing at Children's Mercy Hospital, both in Kansas City. After the probationary semester they received an al-

lowance of \$30 per month for incidental expenses. The hours after students left the hospital at 7 pm were available for study and relaxation. Principal Taylor and Instructor Hilligass encouraged students to participate in University activities, including sports events, concerts, and lectures.²

TAYLOR RESIGNS

The first phase of the effort to put the school of nursing on par with the best in the nation ended in July 1926, when Miss Taylor resigned to get further training in public health nursing and to practice in that field. She was succeeded by Pearl B. Flowers, who became Assistant Professor of Nursing and Principal of the school. At the same time Amy L. Leger was appointed instructor in nursing. In 1926 Miss Hilligass became superintendent of the hospital and assistant professor of nursing. Miss Flowers had been a classmate of Nance Taylor and Louise Hilligass at St. Luke's Hospital in St. Louis. Miss Leger had graduated in 1920 from the Christian Church Hospital School of Nursing in Kansas City. She may have worked with Miss Flowers before joining her at the University of Missouri School of Nursing. The ties among the nursing school faculty members of the 1920s—and the striking fact that three had received their own nursing education together—probably led them to agree on goals for the University of Missouri school. It surely helped prolong the influence of the plan of development Miss Taylor had outlined.

PROBLEMS AND CHANGES

Although the curriculum remained much the same while Miss Flowers was principal, the affiliations that provided classwork and clinical experience not available on the Columbia campus changed several times. In 1928 and 1929 students spent four months at St. Luke's Hospital School of Nursing in Kansas City, three months for obstetric nursing and one month for diet kitchen experience. In 1928 the three months of pediatric nursing were spent at Children's Mercy Hospital in Kansas City. In 1929 arrangements were made with Washington University



Class of 1929: Front row: Una Rice, Eulah Hagan, Florence Buthfer, Betty Poulter; Back row: Ruby Potter, Dorcas Beery, Helen Hapke, Mary Ross

School of Nursing in St. Louis for pediatric nursing at St. Louis Children's Hospital. In 1930 additional arrangements with Washington University provided three months in obstetric nursing at St. Louis Maternity Hospital. Difficulty in coordinating schedules led the University of Missouri School of Nursing to dissolve the connection with Washington University and to substitute affiliations at the Cook County School of Nursing in Chicago. The affiliation with Cook County continued from 1931 to 1935. There was a minor curricular change in 1931 when the freshman-sophomore requirement in foreign language was dropped for the nursing students. Students then completed fifty, rather than sixty hours of credit toward the A.B. degree. The number of students admitted annually between 1928 and 1934 ranged from eight to eleven.

An inspector from the Missouri State Board of Nursing made annual visits to the school. The school's method of furnishing instruction and experience on ways to meet patients' special diet needs proved a major stumbling block. The state board expected that a nurse would teach "Dietetics for Nurses" and supervise students' practical experience in this area. However, Dean Noyes believed that teaching dietetics no more required an R.N. than teaching anatomy required an M.D. He urged Miss Flowers to continue efforts to arrange for this teaching by faculty from the School of Home Economics. In May 1927 Flowers reported difficulties scheduling times when the home economists could supervise the work of student nurses who were preparing special diets for hospital patients. The nursing school resumed the practice of sending students to affiliated institutions for diet kitchen work until 1931, when the problem was resolved by the appointment of Helen Nahm as Instructor in Nursing and Dietetics.

MISSOURI CRIPPLED CHILDREN'S SERVICE

In 1927 the founding of the Missouri Crippled Children's Service expanded both the average number of hospital patients and nursing students' clinical experience. The service held clinics for indigent children throughout the state and sent those needing hospital treatment to the University for care (Viles, 1939). This new program increased

the number of patients to a daily average of forty-seven in 1929. The hospital's growth and the consequent increase in the number of staff nurses created a need for more housing. This problem was apparently solved by the use of a residence, the Martin House, at 902 University Avenue, beginning in fall 1929. In 1927 the hospital had begun using the Campbell Property at 305 South 6th Street as a residence. These two buildings replaced the three houses earlier assigned to nursing staff and students.

FINANCIAL STRUGGLES FORCE CHANGES

To soften the financial impact of the depression, many changes were made at the University in the 1930s. In 1932, after it was evident that the financial problems were worsening, the University cut faculty and staff salaries. In 1933-34 there were further reductions of 5 percent to 20 percent, depending on the total annual salaries. Student enrollment fell in spite of much lowered costs for maintenance, books, and other necessities. A study by a faculty committee reported that the average student lived on \$417 per year (Stephens, 1962). In fall 1932 student nurses began to provide their own uniforms and shoes and to pay library, hospital, and incidental fees. Admissions to the nursing school also decreased. In 1931, eleven students entered; in 1932, six; in 1933, three.

By 1935 there was some evidence that economic conditions were improving. For the first time in years the legislature approved funds for new buildings. The federal Public Works Administration (PWA), created in 1933 to help reduce unemployment, was extended for two more years. In 1935 the University received PWA funds to add to the state appropriations and within a year seven new buildings were nearing completion. Among these was a student health center adjacent to the Noyes Hospital building. The center opened early in 1937 (Stephens, 1962).

In September 1935 Helen Nahm became principal, replacing Miss Flowers, who had just resigned. An upturn in the nation's economy and increases in the University's budget gave her the opportunity to revive long-shelved plans for upgrading the school. By 1935 Miss Nahm could draw inspiration from studies of nursing education and prac-



Staff nurses in the 1920s: Front Row: Louise Hilligass, Ruby Potter, Jo Horocks, Amy Ledger, ?, Helen Nahm; Back Row: Faye Franklin, Pearl Flowers, Olga Studenberg, Eleanor Dyer.

tice sponsored by the national nursing associations, foundations, and other organizations and from the growing popularity of collegiate nursing education. The studies pointed out the need for improved educational conditions in schools of nursing. Although most schools continued to be funded and controlled by hospitals, a few endowed schools controlled and financed by universities were operating. The Association of Collegiate Schools of Nursing, organized in 1935, was formulating standards for these schools (Roberts, 1954).

Affiliations were changed from Cook County Hospital School of Nursing in Chicago to the University of Minnesota School of Nursing in Minneapolis, and Missouri students started work in Minneapolis in January 1936. To strengthen and broaden the educational program, arrangements were made for additional affiliations. In 1937 one month of tuberculosis nursing was added, arranged through the University of Minnesota School of Nursing and conducted at Glen Lake Sanatorium at Oak Terrace, Minnesota. Two months' experience in psychiatric nursing at St. Louis City Sanitarium was first offered as an elective, but beginning in 1939 it became required. In 1938 the school arranged to offer two months experience in public health nursing at the Kansas City Visiting Nurse Association. Thus the program included eleven months away from Columbia.

BACCALAUREATE PROGRAM

The goal of establishing a baccalaureate program in nursing had not been forgotten. In 1929 Miss Flowers wrote Dean Noyes with a ten-year plan calling for larger clinical facilities and an independent school of nursing, given full recognition as a professional school, that would offer a five-year course leading to a B.S. degree in nursing. She outlined requirements for faculty and nursing service supervisors, classrooms, laboratories, a library, and a modern nurses' residence with individual rooms. Flowers apparently expected this transformation of the nursing school to occur once the medical school began shifting to a four-year program in 1931.

The School of Nursing Alumnae Association also favored development of a bacca-

laureate program. In 1931 the association sought to foster academic achievement at the school by inaugurating an annual prize of ten dollars to the member of the graduating class with the highest scholastic standing. In May 1932 the alumnae association urged the nursing school faculty to take steps to adopt a five-year plan leading to a bachelor's degree in nursing. The association suggested that students complete two years of prerequisite college work before entering the School of Nursing. Alumnae argued that the oversupply of nurses and the demand for nurses of superior education and ability justified stiffer admissions requirements. Such a program, they believed, would attract superior students primarily interested in nursing as a profession.

Miss Flowers submitted the alumnae plan to the dean of the College of Arts and Science and the dean of the School of Medicine. The arts and science dean suggested that the proposed program should be under the medical school's direction and should lead to a B.S. in nursing. In December 1932 Dean Edgar Allen of the medical school replied that it would be preferable to hold the plan for a more advantageous time, in view of the difficult condition of affairs at the University. Both the attempt to start a four-year program in medicine and the plans for a baccalaureate program in nursing were casualties of the depression, which saw appropriations for the University fall drastically from 1929 to 1935 (Stephens, 1962).

Under the leadership of Helen Nahm, the baccalaureate program finally began to take shape. Undoubtedly influenced by national developments in nursing education, she proceeded with the effort to establish a baccalaureate program. A few years earlier, her predecessor, Miss Flowers, had explored the possibility of changing the affiliations from Cook County Hospital School of Nursing in Chicago to the University of Minnesota School of Nursing in Minneapolis. Miss Nahm also investigated the possibility of students completing requirements for a baccalaureate degree at the University of Minnesota.

Many people helped to create the new baccalaureate program. Dr. Noyes, Dean of the School of Medicine from 1917 to 1930, had envisioned a school of nursing on par with other divisions of the University. He had sought out nurse educators who shared his goal and had loyally supported their



Glen Lake Sanitorium

efforts. Miss Taylor, who had come to the University in 1920 with the aim of establishing a bachelor's degree program in nursing, had set forth high ultimate goals and practicable interim steps toward them. Miss Flowers continued many of the activities initiated by Miss Taylor, including advocacy of a baccalaureate degree program. The shortage of funds during the depression handicapped her efforts. By 1935, when Miss Nahm succeeded Miss Flowers as principal, the economy was improving. Throughout the nation there was increasing interest in baccalaureate education for nurses. Efforts to establish a baccalaureate program at the University of Missouri culminated in 1940 with the curators' endorsement of the plan submitted by Helen Nahm.

As the 1940s began, Miss Nahm and the nursing school faculty could take satisfaction in the newly adopted curriculum. They had designed it to ensure students a liberal education, a grounding in the sciences, and an awareness of the social dimensions of health care, as well as familiarity with nursing practice. Under their plan a year of prerequisite college work gave students a chance to develop essential skills through required courses in composition and rhetoric, chemistry, and biological science. During the next three years in the School of Nursing they followed a carefully planned schedule, about evenly split between nursing and non-nursing courses. Students then spent a final semester completing requirements for a minor in physiology, psychology, sociology, or education. After September 1940, only students who were candidates for the baccalaureate degree were admitted.

HELEN NAHM RESIGNS AND RUBY POTTER TAKES THE HELM

Miss Nahm stayed at the head of the school until after the graduation of the first baccalaureate students in 1941. In August 1942, she resigned to pursue her own education. During her tenure she had taken two leaves of absence (without salary) in order to complete requirements for a M.S. in psychometrics and to start work toward a doctorate at the University of Minnesota in Minneapolis, where she had sent so many students on affiliations.³

When Miss Nahm resigned, Ruby Potter was appointed principal of the School of Nursing and assistant professor of nursing. Like Miss Nahm, Miss Potter was a native Missourian and an alumna of the school she now headed. She had graduated in 1929 and worked at the University of Missouri hospital before leaving to earn a bachelor's degree in nursing education from the University of California at Berkeley. Miss Potter then taught and supervised at other university-based schools of nursing before joining the nursing faculty of the University of Missouri as instructor in 1940. In 1941-1942, while Miss Nahm was on a leave of absence, Miss Potter had served as acting principal (Rutenbeck, 1985).

WORLD WAR II

The war had direct effects on the composition of the University's faculty and student body. During the war, many University faculty members were granted leaves of absence to serve in a variety of capacities. The departure of medical school faculty directly affected the pattern of patient admissions to the University hospital. Among the physicians entering military service was the surgeon in charge of the Missouri Crippled Children's Service. In September 1942 this service closed for the duration of the war. During the war years the number of regular students enrolled in the University decreased, and a large proportion of such students were women. The University furnished preliminary training for many contingents of servicemen sent by the army and navy. Thus the total number of students remained fairly constant, although the frequent arrivals and departures of different detachments produced a continually changing student body (Stephens, 1962).

Nationally, the war increased the demand for nurses as well as the public awareness of and attitude toward the profession. Advertising campaigns urging young women to enlist projected the career as glamorous. Recruitment was aimed at women between 17 and 35 years of age. Even before the United States declared war in December 1941, many nurses had volunteered for military service in the Army or Navy Nurse Corps, and others had left civilian nursing services for industrial nursing in war-related industries, many of which operated twenty-four hours a day.



Class of 1943: Front Row: Mary Winter, Beulah Brumfield, Helen Eisenberg, Bernice Gilliahn, Rena Atkinson, Lorene Beckman, Edith Robinson; Back Row: Clara Gauldin, Mary Robinson, Virginia Motley, Agnes Reese, Gene Rishmond, Ruby Hoppe, Lucille Sampson.

The national nursing organizations had joined forces to devise measures to meet the need for nurses in the military service, as well as in industry, civilian hospitals, and public health agencies. The organizations and the federal government promoted a variety of solutions. They encouraged inactive nurses to return to active nursing. They urged schools to increase enrollments and accelerate programs. The American Red Cross instituted a training program to prepare nurse's aides for volunteer work in civilian hospitals and other health services.

Through the Nurse Training Act of 1943, which established the U.S. Cadet Nurse Corps, the federal government provided an almost-free education to prospective nurses (Roberts, 1954). Federal funds paid tuition and other fees and provided uniforms and a small monthly allowance for thirty months. Participating institutions received maintenance costs for the first nine months of the student's enrollment (Bullough, 1964). The Cadet Nurse Program operated in 1,125 of the 1,300 nursing schools in the country, with cadets at one time giving 80 percent of the nursing service in the hospitals connected with participating schools (Roberts, 1954).

The University of Missouri School of Nursing was approved for participation in the U.S. Cadet Nurse Corps in September 1943. Currently enrolled students as well as those entering later were eligible for the corps. Although the program aimed to prepare nurses who would be qualified to enlist in military service, a more immediate goal was to provide nursing care for patients in civilian hospitals. Participating schools were required to arrange their curricula so that students completed course work and regular clinical practice prior to the last six months of the three-year program. During the final six months (the Senior Cadet Period) students were free to elect their nursing experience, which could be in the home facility or another approved program. To meet this requirement, the University of Missouri School of Nursing reinstated the Graduate Nurse degree for students who lacked the final semester of academic courses needed for the BSN. Those receiving the graduate nurse degree could complete additional courses and receive a BSN later, if they wished. No other major curricular changes were made during the war years. Most University of Missouri nursing students did join the Cadet Nurse Corps. Of

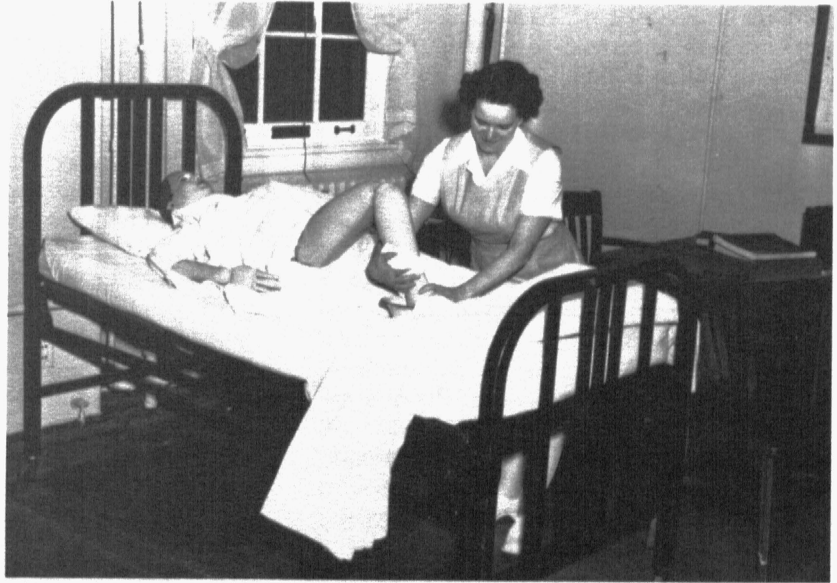
the thirty students who entered the school 1943-1945, only two chose not to participate.

AFTER THE WAR

May and August 1945 saw the end of the war in Germany and in the Pacific, so few Cadet Nurse Corps students graduated in time to volunteer for the armed services. Twenty or more graduates of the University of Missouri nursing school served in the war. Considering the small size of the graduating classes, it seems probable that fewer than one hundred of the school's graduates were of the age eligible for military service.

The end of the war brought many changes to the school. Ruby Potter, who had been principal since 1942, took a one-year leave of absence in September 1945 to obtain experience in a larger school of nursing. Lela Belden served as acting principal during Miss Potter's leave. Miss Belden was a 1938 graduate of the school and had been instructor of nursing the previous year. When Miss Potter subsequently resigned in 1946, Miss Belden was reappointed as an instructor in Nursing and Principal of the School of Nursing, serving until November 1946. Miss Belden was replaced by Mrs. Katherine Mason, who remained in that position until September 30, 1947. Mrs. Mason was also a graduate of the University of Missouri School of Nursing, having received a BSN degree in 1941, the first year the degree was awarded. Both Miss Belden and Mrs. Mason had taught in other schools of nursing since their graduation from the University of Missouri. Miss Belden had taught at two schools in Winston-Salem, North Carolina, and Mrs. Mason at Washington University, St. Louis.

Hospital conditions made it difficult to conduct the school. The daily average of patients dropped to approximately thirty in the last half of 1944 and few operations were performed. This drastic decline in numbers resulted in large part from the withdrawal of most contingents of the Army Specialized Training Program, which included most of the University's male students, in April 1944. As early as spring 1945 Miss Potter had questioned the adequacy of the clinical learning experience available to her students (Stephens, 1962). She had already sought advice from the Missouri State Board of Nurse Examiners about admitting students



Students then, as today, learned both in the classroom and the clinical setting.

the following fall. By May 1945 the daily average number of patients had increased, and the board approved admitting a class in September 1945. Another encouraging development was the reopening of the Missouri Crippled Children's Service in October 1945.

But increased activity in the hospital did not necessarily serve the purposes of the nursing school. The influx of veterans to the University began on a small scale in January 1944, and the numbers increased rapidly, reaching a peak in the 1947-1948 sessions (Stephens, 1962). By November 1945, students' need for hospital care led to the establishment of priorities for the use of beds in the University Hospital: (1) student patients, (2) crippled children, (3) private patients, and (4) free or part pay patients. As a result of this decision, nursing students encountered many patients with minor illnesses and few with conditions requiring varied types of skilled nursing care. In June 1946, Miss Belden wrote to the dean of the medical school, expressing concern about the problem of inadequate clinical experience. She recommended that no students be admitted until they could be assured appropriate experience. In June 1946, the executive secretary of the Missouri State Board of Nurse Examiners endorsed the decision to refrain from admitting a new class until clinical facilities were adequate.

Both University of Missouri School of Nursing administrators and state board members believed that the existing clinical base could not meet the school's needs. They began planning an orderly end to the program that would not unduly disrupt students' education. Provisional approval of the program was extended until all students in the class of 1947 had graduated. In February 1947 the School of Nursing of Washington University, St. Louis, admitted as transfer students the ten members of the University of Missouri nursing school's class of 1948.

Amid all the stresses of war and its aftermath the University of Missouri School of Nursing had fulfilled its commitments to educate nurses and to provide state and nation with a supply of skilled professionals. Seventy-four students entered between 1939 and 1945. Of these, ten transferred to Washington University in 1947 and fifty graduated; four received the graduate nurse degree and forty-seven the baccalaureate. The relatively low attrition rate suggested that the program had attracted motivated and compe-

tent candidates and had retained them by offering education and experience they valued. The preponderance of BSN graduates suggested that Helen Nahm and her predecessors had been right when they endeavored to establish an all-baccalaureate program. There were enough would-be nurses in Missouri ready to undergo a long and demanding basic preparation for their work to sustain a fully collegiate nursing school. What was lacking in 1947, as so often before, was not teaching talent, nor administrative vision, nor willing students, but a hospital that could provide a complete range of clinical experience.

NOTES

1. After her resignation from the University hospitals in 1942 Miss Hilligass served as superintendent of nurses at Barnes Hospital, St. Louis, until 1955. Thus she spent nearly a half century in active nursing. She died in 1958.

2. After graduation Ruth Chambers and Helen Nahm took different paths, although both remained active in the School of Nursing Alumnae Association. Miss Chambers entered public health nursing. After five years she married Dr. John McHaney. At first they lived in St. Louis, but later they moved to Jefferson City. They raised four children and participated in school and community and writing. In 1966 the University awarded Helen Nahm the first Citation of Merit in Nursing. The citation praised her "outstanding leadership" in accreditation and her contribution to "the improvement of nursing care."

3. When she moved to Minneapolis, Miss Nahm was a pioneer, since in the 1930s education beyond the master's degree was not a necessary credential for ambitious nurse educators. Miss Nahm was one of the very first nurses to receive a PhD. The degree, granted in 1946, was in general education and educational psychology. The title of her dissertation was "An Evaluation of Selected Schools of Nursing with Respect to Certain Educational Objectives." This study, which included an examination of democratic and autocratic practices in nursing schools, demonstrated her deep and continuing concern for the welfare of students in nursing.

EMERGENCE OF THE
SCHOOL OF NURSING

1948-1973



Nursing education offices and classrooms were moved to 902 University in 1952.

Emergence of the School of Nursing 1948-1973

Ruby Potter

The quarter century from 1948 to 1973 marked an epoch for the School of Nursing of the University of Missouri. The changes that began in the late 1940s and early 1950s were comparable in scope to those launched by Nance Taylor in the 1920s. This time, however, the changes resulted less from the vision and influence of one person than from more impersonal factors. One factor was local—the expansion of the hospital facilities in Columbia associated with the establishment of a four-year medical school. Another factor, which sustained the first, was national—the growth of federal government aid to medical and nursing education. In the background was a third factor—an advance in scientific knowledge and its application to health care. In the midst of these changes, some things remained the same, however. The School of Nursing continued to give students a well-rounded and up-to-date preparation for nursing, helping to meet Missourians' need for health care.

REOPENING

Less than two years after the School of Nursing closed, interest in reopening it began to surface. Many of the physicians connected with the University of Missouri School of Medicine had returned from military service and the peak influx of veterans had passed (Stephens, 1962). As a result, the hospital patient service began returning to the prewar level. The wartime shortage of nurses continued, since many nurses in the armed services elected not to return to nursing in civilian hospitals (Kelly, 1981).

In 1948, in his first report to the President of the University, the newly appointed dean

of the School of Medicine, Dr. Trawick H. Stubbs, recommended that the School of Nursing be reopened. He pointed out that the Missouri State Board of Nurse Examiners had ruled that reopening the school was feasible. However, he also noted that such action was dependent on the reestablishment of a hospital offering sufficiently varied services to give the nurses experience. In the fall of 1948 the Executive Board approved the president's recommendation to reopen the School of Nursing.

Little did those involved in this decision envision the developments of the next thirty years. Those unanticipated changes enabled a small school, offering one program leading to the baccalaureate degree, to become a much larger school, no longer under the administration of the School of Medicine, offering the baccalaureate program, master's education in a wide variety of specializations, many continuing education offerings, and increasingly expanding nursing research.

VIRGINIA HALL HARRISON

Miss Virginia Hall Harrison was appointed director of nursing education and associate professor of nursing in July 1949. Miss Harrison, a graduate of St. Luke's Hospital School of Nursing, St. Louis, with B.S. and M.S. degrees from St. Louis University, had most recently served as educational director of the Missouri State Board of Nurse Examiners. She had previously held positions in nursing education and nursing service administration in Missouri, Illinois, and California. With Miss Harrison's appointment, the way was cleared to carry out Dean



Katherine Mason (far right) served as Acting Director of Nursing Education 1955-56.

Stubbs's 1948 recommendation to reopen the School of Nursing.

CHANGES IN PERSONNEL

There were several changes in the administration and faculty of both the School of Medicine and the School of Nursing in the next two decades. Dean Stubbs resigned as dean of the School of Medicine in 1951. Dr. M. Pinson Neal served as acting dean from 1951 to 1953. Dr. Roscoe L. Pullen became dean in 1953, and continued until 1959 (Neal, 1971). During his tenure the buildings for the Medical Center were completed, opened, and dedicated. Dr. Vernon E. Wilson was named dean and director of the University Medical Center in November 1959. He remained in that position until June 1967. In July 1967, Dr. William D. Mayer was named dean and director of the University of Missouri Medical Center. Dr. Mayer had served previously as assistant dean and later associate dean of the School of Medicine (Neal, 1971).

Virginia Hall Harrison, the director of nursing education since 1949, resigned in 1955. Katherine Metcalf Mason, who had joined the faculty in January 1950, was appointed acting director, 1955-1956. Mrs. Mason, a 1941 graduate of the School of Nursing, had served as principal from November 1946 through September 1947. Ruby Potter was appointed director of the School of Nursing and professor of nursing in 1956. Since her previous appointment, which had ended in 1946, Miss Potter had served as assistant director of the Washington School of Nursing in St. Louis for nine years and had been enrolled in doctoral study at the University of Colorado, Boulder. She completed the requirements on a part-time basis and was awarded the degree of doctor of education in June 1958. Dr. Potter's title was changed in July 1961 from Director of the School of Nursing to Associate Dean of the School of Medicine, in charge of the School of Nursing (Neal, 1971). In July 1969, the leader of the faculty teaching in each clinical area was given the title of director.

Two of the school's longtime faculty members resigned in August 1959. Katherine Mason, who had served as assistant director since January 1950 and as acting director in 1955-1956, left to accept a faculty position in Arizona. Fern C. Stuber, associate professor

of nursing, who had taught and assumed leadership in the Supplemental Program for Graduate Nurses since her appointment in September 1951, moved to Iowa, where her husband had accepted a new position. Jane Brinton was appointed to replace Mrs. Mason in October 1959, as assistant director of the School of Nursing and associate professor of nursing. Miss Brinton was a graduate of the Chester County, Pennsylvania, Hospital School of Nursing and held a B.S. in nursing education and an M.S. in education from the University of Pennsylvania. In 1961, her title was changed from Assistant Director, School of Nursing, to Assistant to the Dean. To replace Mrs. Stuber, Lucille S. Spalding, associate professor of nursing, assumed increased responsibilities in the Supplemental Program for Graduate Nurses. Miss Spalding, who had joined the faculty in December 1956, had previously carried major responsibility in continuing education in nursing. In 1961, Miss Spalding was also named Assistant to the Dean. She reached retirement age and was named Professor Emeritus in November 1967.

CHANGES IN THE MEDICAL SCHOOL

Changes in the medical school and its hospital facilities had a profound impact on the School of Nursing. After much controversy, it was finally decided to expand the School of Medicine curriculum to four years. The Missouri Legislature approved an appropriation of \$6 million to build a medical center, leaving to the curators the decision regarding its location. The curators favored placing the center in Columbia and decided the location should be south of Rollins Field (Stephens, 1962). The total cost of the original building of the Medical Center (Hospital), Medical Science Building, and Nurses' Dormitory was \$13.6 million. Of that amount, \$13.5 million were funds appropriated in 1951 and 1953 and \$100,000 were furnished by the federal government, under the Hill-Burton Program, to aid in construction of the Nurses' Dormitory.

The new Medical Center was opened in September 1956 and dedicated on November 10, 1956 (Neal, 1971). Initially only one floor of the hospital, with 112 beds, was opened. The other floors of this 441-bed hospital were to be opened gradually. By January



McHaney Hall, student residence, opened in 1956.

1961 the Medical Center hospital was in full operation (Stephens, 1962).

As a result of these changes, new facilities soon became available to the School of Nursing. In 1949 the offices and classrooms of the Department of Nursing Education had been in the Student Health Service Building. In January 1952 M. Pinson Neal, acting dean of the medical school, approved moving the offices and classrooms to 902 University, a house that had been used as a nurses' residence for many years. With the opening of the Medical Center, the nursing school faculty moved to the space allotted in the new Medical Science Building.

The new nurses' dormitory adjacent to the University hospital was opened at the beginning of the 1956-1957 school year. The building, later named McHaney Hall, housed 110 students, a housemother, and an assistant. Women students in the School of Nursing who had completed the freshman year had first priority for rooms in the dormitory. The rules, regulations, and fees were the same as for other dormitories. Instead of getting their meals in the dormitory, however, the residents had meal tickets for meals in the hospital cafeteria.

CHANGES IN THE UNIVERSITY

Changes within the University also influenced the School of Nursing, its faculty, and its students. In 1963, a state-wide University system was established comprising four major campuses—the campus in Columbia, the University of Missouri at Rolla (formerly the School of Mines and Metallurgy), the University of Missouri at Kansas City, and the University of Missouri at St. Louis. By the fall of 1964, student enrollment had risen to 27,418 students (22,688 full-time and 4,730 part-time). Most of the part-time students were in evening or night classes at Kansas City or St. Louis. By the fall of 1973, the total enrollment on the four campuses had reached 48,553.

STUDENT ORGANIZATIONS

Through their activities and accomplishments, students added a major influence on the progress of the school. Nursing students

were eligible for the University student organizations, honor societies, sororities and fraternities, scholarships and loans.

MISSOURI STATE NURSES ASSOCIATION

The nursing students could be members of the Sixth District of the Missouri State Student Nurses' Association, whose purpose was to prepare them for more effective membership in the professional organization. Activities in this organization and the Missouri State Nurses' Association were many and varied. For example, in 1965-1966 two University of Missouri students served as officers of the Missouri State Student Nurses' Association; in 1970-1971 the president, first vice-president and second vice-president of the state association were University of Missouri students. Projects of the Sixth District association included assisting with the orientation program for new students and presenting an award for scholarship and service to two graduating seniors. Members added to their activities the operation of a concession booth during Missouri's home football games. The organization also selected students to serve on School of Nursing committees. The Student-Faculty Communications Committee was active and very helpful.

NURSING STUDENT COUNCIL

The Nursing Student Council was activated in October 1969. Similar councils were established in all educational units of the University. Financial support came from a \$1 per semester increase in the student activities fee. Students were named by the council to serve on several School of Nursing committees, such as curriculum, admissions, and public relations committees. Student members made valuable suggestions that were helpful to the progress of the school. For example, following the suggestion made by student members of the curriculum committee, senior students were allowed to elect the area for clinical practice during the senior nursing course. In 1973 students formed a building committee to work in cooperation with the School of Nursing and Columbia campus administrators to try to convince

Missouri state legislators of the need for adequate space for School of Nursing programs.

STUDENT HONORS

Throughout this period, students continued to achieve academic success and to receive honors and scholarships. A number of School of Nursing students were selected for University honor societies. In 1958-1959 two students were selected for Kappa Epsilon Alpha (a freshmen women's honorary), seven for Sigma Epsilon Sigma (a sophomore women's honorary), and one for Sigma Rho Sigma (a sophomore women's service honorary). In 1959-1960, two were elected to Mortar Board (an honor society for junior women). In 1966-1967 one junior student was selected for Mortar Board and more than forty received other honors and/or scholarships. Eighty-nine students (33%) of the full-time enrollment were on the Dean's Honor Roll (3.0 GPA). In 1971-1972, 202 students out of a total of 329 enrolled in the baccalaureate program qualified for the Dean's Honor Roll.

Members of the School of Nursing Alumnae Association continued their interest in the school and the students. Records show awards to a freshman, a sophomore, a junior, and a senior student in 1955. The prizes were \$10 each for the freshman, sophomore, and junior students with the best grade point averages in the year. The Senior Prize was \$25, based on the record as a student.

SIGMA THETA TAU

These and other experiences led to an interest in a nursing honor organization. After several years of effort and planning by students and faculty, the Alpha Iota Chapter of Sigma Theta Tau was established in 1964. Sigma Theta Tau, the national honor society of nursing in the United States, was originally organized in 1922. Its overall purposes are to recognize superior achievement and the development of leadership qualities, to foster high professional standards, to encourage creative work, and to strengthen commitment to the ideals and purposes of the profession. In 1960, when the school was approved

for accreditation by the National League for Nursing, one of the criteria for establishing a chapter had been met. By 1964 there were three faculty members who held membership in other chapters—Lucille Spalding, professor of nursing, assistant to the dean; Eleanor Stout, instructor; and Joan Reesman, assistant professor of nursing. They helped the students to obtain from University officials and organizations the approval necessary for starting a student organization and to submit materials needed for the approval of the National Council and other chapters of Sigma Theta Tau. Miss Frances Denning, national treasurer, was named as the national officer to install the chapter and the officers and to initiate new members. On December 12, 1964, thirty-nine students, faculty, and alumni members were initiated as charter members.

UNIFORM CHANGES

In 1968 a study was made on the style and regulations for student uniforms. In 1963, when it had been decided that the University of Missouri students should wear a distinctive uniform and cap, a blue chambray dress with white bib and apron were selected. The cap was the same as worn before the school closed in 1947. In 1967 a one-piece bib and apron replaced the separate bib and apron. By 1968 changes in the curriculum and the settings in which nursing was taught led the committee to recommend that beginning in the fall of 1969 students entering the clinical sequence wear white uniforms of their choice with the University of Missouri-Columbia School of Nursing insignia on the left sleeve. The cap continued as before and was worn in some clinical settings.

CURRICULUM

LPN PROGRAM

The initial offering of the Department of Nursing Education was a one-year course in practical nursing, started in the fall of 1950. During the winter of 1950, the course was accredited by the National Association for

Practical Nurse Education. This program continued until 1952, when no new students were admitted. A total of fifteen graduates earned the Certificate in Practical Nursing between January 1951 and February 1952.

BSN PROGRAM

In December 1950, the University approved a plan for a program leading to the B.S. degree in nursing. This curriculum was four calendar years in length, including the first one and one-half years in academic and preprofessional courses at the University, two years in an approved hospital school of nursing, and one semester and one summer of classwork in Columbia, with experience in the University hospital and other local hospitals. Three hospital schools in St. Louis were approved: Jewish, Deaconess, and St. Louis City.

Only one class followed the initial plan, wearing the cap and uniform of the hospital school, enrolling for classes with the hospital school students, and receiving the hospital school diplomas. In November 1953 the faculty decided that the University students should wear their own uniforms and be taught separately while they were in the hospital schools. Subsequent discussions with the nursing school administrators at Deaconess and Jewish hospitals resulted in approval of the plan by Jewish Hospital School of Nursing and rejection by Deaconess. In March 1954 contracts were drawn with Jewish Hospital School of Nursing for medical, surgical, obstetrical, and outpatient department nursing experiences, with Washington University School of Nursing for pediatric and communicable disease nursing experience, and with St. Louis State Hospital (formerly St. Louis City Sanitarium) for psychiatric nursing.

Those students who entered the School of Nursing in 1954 stayed on campus. They obtained clinical teaching and practice in the University Hospital except for a period of psychiatric nursing arranged by affiliation with the St. Louis State Hospital. A few students could elect public health nursing experience through an affiliation with the St. Louis Visiting Nurse Association. There were changes in the sequence of courses, but no major changes in the curriculum. In this

program, academic credit was not allocated for clinical practice.

The program of studies for those graduating in 1955, 1956, and 1957 was relatively unchanged, except for the plan for teaching the nursing courses and the location of clinical practice. The final semester and summer session at the University allowed practice in the University and Boone County hospitals. From 1955 to 1957 thirty-nine nurses graduated from this curriculum.

In line with national trends in nursing, the School of Nursing investigated applying for accreditation. Assistance was obtained from a national consultant, Margaret Bridgman, as well as Catherine Guess, the educational director of the Missouri State Board of Nurse Examiners. By May 1956 the National League for Nursing (NLN) granted the programs of the school temporary accreditation.

PROGRAM FOR GNS TO EARN BSN

Meanwhile, plans were being developed for a curriculum for Graduate Nurses trained in diploma or associate degree programs to earn the baccalaureate degree in nursing. The proposed curriculum, called the Supplemental Program for Graduate Nurses, allowed sixty hours of advanced standing credit for students who met the following requirements:

1. Successful achievement in the National League for Nursing Qualifying Examination (GN Series) in the clinical areas, a psychological examination, and a test of reading ability;
2. Creditable work in first semester of enrollment in the University;
3. Recommendation for advanced standing by the faculty of the department.

In addition to general requirements, the curriculum included a minimum of six hours in the Department of Nursing Education. The advanced standing credit of sixty hours continued until March 1955, when the School of Nursing faculty decided to grant only fifty-two hours. A number of graduate nurses had completed academic courses at the University before the official approval of the curriculum for graduate nurses. A total of sixty-seven graduated between 1951 and 1956.

In the late 1950s a revised curriculum gave more weight to clinical experience and to the fields of public health nursing and



Children with polio were treated with hydrotherapy.

psychiatric nursing. Beginning with the students admitted as freshmen in the fall of 1957, the curriculum was changed to allow credit for clinical practice on the basis of one semester-hour of credit for four hours per week of planned clinical practice. All instruction was the direct responsibility of School of Nursing faculty members. The total curriculum required four academic years and one or two eight-week summer sessions, with one semester off campus for public health nursing and psychiatric nursing.

PUBLIC HEALTH NURSING

The decision to make public health nursing a requirement reflected national trends and was reinforced by the school's first assembly lecture, given in February 1958 by Dr. Henrietta Loughran, Dean of the School of Nursing at the University of Colorado, entitled "Community Planning for Development and use of Nursing Resources." In preparation for teaching public health nursing, a one-week conference was held in June 1959. Miss Helen Pfaff, Director of the Bureau of Nursing, Missouri Division of Health, and a number of county supervisory public health nurses joined with faculty in developing plans. Plans were also developed to teach public health nursing at selected county units throughout Missouri.

In 1960 facilities for clinical experience in public health nursing (later called Community Nursing) included both selected county health units in Missouri and the St. Louis Visiting Nursing Association (VNA). By the fall of 1963 it was possible to establish centers near Columbia for teaching public health nursing and to discontinue the use of the St. Louis VNA. The facilities of the Columbia Health Department became available for teaching public health nursing in 1965. Although there were frequent changes in location of facilities, the personnel of the Missouri Division of Health were of great assistance in ensuring the success of this teaching.

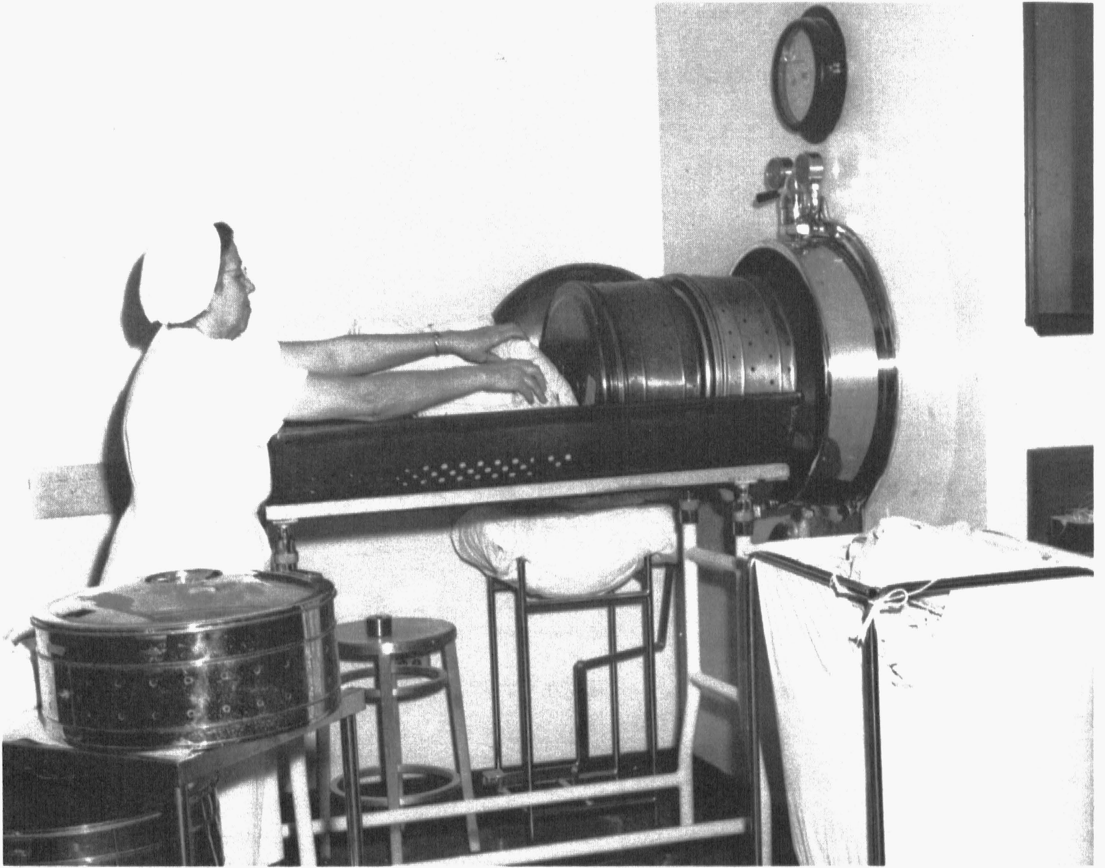
PSYCHIATRIC NURSING

In the fall of 1957 the school launched a program of teaching undergraduate psychiatric nursing and integrating psychiatric as-

pects of nursing throughout the curriculum. Funds for the program were provided through a grant from the USPHS National Institute of Mental Health. In 1965, this grant was increased to add funds for a stipend and fees for a student who, upon graduation, planned to enter a graduate program in psychiatric nursing. Successive grants were approved and funded in varying amounts for 16 years, through 1972-1973.

Outside consultants played an important role in the launching of the psychiatric nursing program. Two consultants visited during 1958-1959 to advise on teaching psychiatric nursing and integrating psychiatric education throughout the curriculum: Miss Kathleen Black, director, Mental Health and Psychiatric Nursing Advisory Service, National League for Nursing, and Miss Dorothy E. Gregg, training specialist in psychiatric nursing, National Institute of Mental Health. Further assistance in this area was given in 1961 when Miss Rose Hayes, of the National Institute of Mental Health visited the school to speak on "Integration of Psychiatric Aspects." For three days in 1961, Miss Betty J. VanHuben, instructor of psychiatric nursing at Northern Illinois University, conducted a workshop on the topic.

By January 1960 the plan for teaching psychiatric nursing was changed. Instead of being taught by affiliation, it was taught by a School of Nursing faculty member to each group of students from the school. The site for this teaching varied. At first the site was one seventy-five bed unit of St. Louis State Hospital. In 1964 the location was changed to the Missouri Institute of Psychiatry in St. Louis, because the institute seemed to offer greater learning opportunities for the students. In the meantime, the small psychiatric unit of the University of Missouri Hospital had opened in 1962, and it was used for teaching a few students each year. In November 1966, it became possible to teach psychiatric nursing using facilities in Columbia at the Mid-Missouri Mental Health Center. This hospital, operated by the state Division of Mental Health, is adjacent to the University Hospital. When it opened, it included ninety adult beds, thirty children's beds, and adult and children's outpatient, day- and night-care facilities.



Autoclaves were used to sterilize equipment in the operating room.

OTHER AREAS OF SPECIALIZATION

The development and growing diversity of hospitals in Columbia provided opportunities for instruction of nurses in other areas of specialization. Even with the University Hospital in full operation after January 1961, additional facilities were needed to give students clinical experience in selected areas. Arrangements were made in September 1961 to use the obstetrical facilities of Boone County Hospital for part of the teaching of maternal-child nursing.

The Columbia (later named Harry S Truman) Veterans Administration Hospital, which opened in 1972, provided additional clinical facilities for experience with medical, surgical, and psychiatric patients and those in a nursing home unit. In 1968 McHaney Hall (the nurses' dormitory) was converted to a unit to provide preventive and rehabilitative care. In 1974, an addition was completed and the entire unit was named the Howard A. Rusk Rehabilitation Center.

PROGRAM ACCREDITATION

In May 1960 the School of Nursing reached a milestone when the Basic Degree Program and the Supplemental Program for Graduate Nurses were approved for accreditation by the NLN. The approval did not, however, include accreditation for the public health component, since the survey visit for accreditation occurred while the subject was being taught for the first time. Following the next survey, in 1964, the approval included the public health component of the program.

ADMISSIONS AND CURRICULUM REVISIONS

The expansion of the nursing school soon came up against obstacles. Enrollment had increased very rapidly after the Medical Center opened in 1956—from a total of 166 in the fall of 1956-1957 to 276 in the fall of 1961-1962. This rapidly increasing enrollment required increasing numbers of faculty members and added classroom and conference room facilities. The original space allotment (in the Medical Science Building) for the School of Nursing was 3000 net square

feet with two additional offices temporarily assigned. Each faculty office was occupied by three or four faculty members. The crowded conditions and limited salary funds seriously handicapped recruitment of faculty. Since additional space and funds were not available, it became necessary to control the enrollment to maintain the quality of education. The initial plan was for the University Admissions Office to process the applications from prospective students with no preparation beyond high school and approve those meeting University requirements until the quota was reached. Each year the date for closing admissions was pushed back. By 1966 the School of Nursing faculty decided it would be advisable for all applications to be reviewed by a School of Nursing committee, with the selection process based on high school records and scores on specified standardized tests. The school's Admissions Committee continued to review the records of all applicants with preparation beyond high school, including registered nurses. With that selection process in force, students entered the School of Nursing with records of high academic achievement.

Intensive study of the Supplemental Program for Graduate Nurses was initiated in 1962. Dr. Margaret Shetland, Consultant, Nursing Education, NLN Department of Baccalaureate and Higher Degree Programs, assisted with this study when she met with faculty in June 1963 to discuss improvement of teaching and curriculum planning. As a result of the study, in 1963 the program was renamed the Undergraduate Program for Registered Nurses. The new title seemed more descriptive and avoided the use of the word "graduate" to designate an undergraduate program. The system of granting blanket credit for a previously completed diploma program was replaced by the usual University policy of granting credit for a course if the student passed a qualifying examination or completed a more advanced course in the subject. The graduate of a typical diploma program could qualify for as much as thirty-seven semester hours of credit. In addition, credit could be transferred for appropriate previously completed college work. The curriculum was changed to more closely parallel that of the Basic Degree Program, with students from both programs enrolled together in a number of the senior level nursing courses.



Pinning ceremonies, 1959

The curriculum study continued, and beginning in the summer of 1965, the separate program for registered nurses (graduates of diploma or associate degree programs) was discontinued and all undergraduate students were admitted to the one baccalaureate program with advanced standing granted as verified in keeping with University policy. This decision reflected the national trend to define the baccalaureate program to be one that prepares nurses for general professional nursing, regardless of the background of the student admitted.

A totally revised baccalaureate program resulted from the same study, presented and approved in 1965. For the student with no previous college credit or preparation in nursing, the program required eight or nine semesters, depending on whether or not the student qualified to be excused from zoology. Credits included communication skills (9 hours), behavioral science (11-12 hours), biological and physical sciences (21-26 hours), humanistic studies (12 hours), fourteen hours of other required courses, and nursing (56 hours). Credit for clinical practice and classwork was included in each nursing course.

The study that led to the 1965 curriculum plan continued, and many changes occurred in course content and a few in course titles and credit hours. However, no overall curriculum revision occurred in the next several years.

From the reopening of the School of Nursing in 1949 through August 1973, a total of 838 graduates received the degree of bachelor of science in nursing. This number included registered nurses, as well as those who entered with no previous preparation in nursing. It also included a few men, although most records do not indicate gender.

GRADUATE EDUCATION IN NURSING

The development of programs in graduate education in nursing at the University of Missouri-Columbia had long been anticipated. When the baccalaureate programs were approved for accreditation by the NLN in June 1960, detailed planning for graduate education began. Faculty members surveyed Missouri and surrounding states to determine the extent of the need and the areas of concentration appropriate for the initial pro-

grams. A committee of School of Nursing faculty, with assistance from Dr. Henry Bent, dean of the Graduate School, and Dr. Vernon E. Wilson, dean of the School of Medicine, and in consultation with faculty from related fields, developed a proposal. The two-part proposal sought both authorization for the School of Nursing to offer graduate education in nursing leading to the master of science in nursing degree and approval of graduate courses in nursing for one major field of study. After approval by the School of Nursing faculty, the plan won the approval of the Committee on Educational Policy of the Graduate School in February 1962. The plan was presented to the National League for Nursing for consideration for reasonable assurance of accreditation and approved in September 1966. The limited space allocated to the School of Nursing precluded efforts to initiate the program at that time, but the NLN's approval was necessary so that space for graduate teaching could be included in the application for federal matching funds for new facilities.

In planning graduate programs, the faculty sought and obtained assistance from several consultants. Dr. Helen Nahm, dean of the School of Nursing at the University of California in San Francisco, a graduate and a former head of the University of Missouri School of Nursing, spoke on "Graduate Education in Nursing" in November 1960. Dr. Jean Campbell, chairman, Department of Nursing, Skidmore College, served as a consultant on masters education in November 1965. In a telephone conference in April 1966, Dr. Ann Kibrick, dean of the School of Nursing at Boston University, discussed graduate education in nursing.

The search for a faculty member qualified to lead the graduate program delayed its start for several years. In July 1969, Alice Ruby Major, who had been appointed associate professor of nursing in October 1967, was named director of graduate studies. Dr. Major had received her basic preparation in nursing in Canada and had completed her master of arts and doctor of education degrees at Teachers College, Columbia University, New York.

During 1967-1968, under Dr. Major's leadership, the graduate curriculum was carefully studied and revised. The major area of emphasis continued to be in medical-surgical nursing, with a secondary emphasis in a functional area—either teaching or ad-

ministration. The objective of the program was to develop expert skill in giving nursing care to patients in the area of specialization, beginning proficiency in the functional area, and beginning skill in conducting research and appraising the research of others. The graduate curriculum required three semesters of full-time study. The first full-time students entered in the fall of 1968. Professional nurse traineeships were available for most students. Experience in 1968-1969 led to the decision to change to a four-semester sequence, beginning in the fall of 1969.

PSYCHIATRIC NURSING IN GRADUATE PROGRAM

The functional areas of psychiatric nursing of adults and of children were next added to the graduate program. Before 1968 the Washington University School of Nursing in St. Louis had offered master's programs in these areas. In 1968 Washington University discontinued all programs in nursing, closing the only existing graduate programs in psychiatric nursing in Missouri. Its earlier success had clearly demonstrated the need for such a program. The faculty of the University of Missouri-Columbia School of Nursing considered ways to offer instruction in areas of psychiatric nursing. Clinical facilities in or around Columbia were not adequate for psychiatric nursing education at that time, nor were extra classrooms and offices available there. Fortunately the Missouri Division of Mental Health offered to allocate and remodel space for classrooms and offices in a building on the grounds of the St. Louis State Hospital and make clinical facilities in the hospital available.

Consultation with representatives of the National Institute of Mental Health indicated that it might underwrite the cost of such a program and provide some traineeship assistance to students. The University of Missouri-St. Louis offered courses approximately equivalent to the non-nursing courses in the curriculum and gave students in the new program access to its libraries. Other library facilities were available to the students at the Missouri Institute of Psychiatry on the St. Louis State Hospital grounds. The psychiatric nursing faculty of the closing Washington University program indicated their support of the philosophy and plan of

teaching at the University of Missouri-Columbia, and many indicated they would seek employment on the faculty.

Progress in establishing a psychiatric nursing program was rapid. The NIMH agreed to fund the program, contracts were prepared for use of clinical facilities, and the University of Missouri-Columbia made arrangements to transfer credit from the St. Louis campus. Overall administration of the programs was based in Columbia with faculty from Columbia commuting to St. Louis to participate in certain courses and the St. Louis-based faculty traveling to Columbia for faculty and committee meetings. The first students were enrolled in the psychiatric nursing sequence using the extended campus in fall 1969. The program continued until 1973, when clinical facilities became available in or near Columbia and the programs were transferred.

By the early 1970s the graduate programs were flourishing. The NLN granted the master's program in nursing initial accreditation in December 1970. Authorized under the Nurse Training Act of 1971, beginning in 1972 Capitation Grants were received from the USPHS to encourage increased enrollment and graduations. Between 1968 and 1973 a total of twenty-five students were awarded the degree of master of science in nursing. Of them, ten graduated with a major in medical-surgical nursing, nine in adult psychiatric nursing, and six in child psychiatric nursing.

CONTINUING EDUCATION

Advances in knowledge and the rapid development of new technology and treatments following World War II magnified the need for the practicing nurse to continue learning in order to remain competent and to meet and influence the new challenges in nursing. Recognizing this need, the faculty and administrators of the School of Nursing promoted extension efforts beginning in the late 1940s. However, it was 1949 before extension courses in nursing itself were offered. Miss Harrison, who then headed the School of Nursing, had been educational director of the Missouri State Board of Nurse Examiners just before her employment at the University. She may have recognized the need for off-campus educational opportunities in her

visits throughout the state. In 1949 she arranged through the University's Adult Education and Extension Service for two courses in nursing education to be offered to registered nurses in St. Louis and in Independence. The total enrollment was 149. These courses were taught by qualified local teachers. Nurses in other locations had requested courses, but qualified teachers were not available.

In order to undertake a more active role in continuing education, the School of Nursing hired Miss Lucille S. Spalding in December 1956 as an associate professor of nursing with part salary from the Adult Education and Extension Service. Miss Spalding held a B.S. in nursing from Washington University School of Nursing, St. Louis, and a certificate in public health nursing and a master of science in nursing from Case Western Reserve University, Cleveland. She had held a wide variety of responsible positions, including service as chief nurse of the Washington Unit in World War II and as director of the Graduate Program in Nursing at the University of North Carolina, Chapel Hill. Her responsibilities at the University of Missouri included working with the director of the Adult Education and Extension Service Division and the School of Nursing Committee on Continuing Education to plan credit, non-credit, and short-term programs open to graduate nurses. During her first year, two courses were taught outside Columbia and three conferences offered, two in Columbia and one outside of Columbia. Miss Spalding continued in this position until 1960-1961, when other School of Nursing responsibilities required her full-time efforts.

The School of Nursing Committee on Continuing Education continued working with the University Adult Education and Extension Division to organize noncredit courses, conferences, and workshops for nurses throughout the state, while also planning programs for School of Nursing faculty development. In January 1965 the responsibilities were divided and a new committee established for faculty development activities. The Faculty Development Committee planned for consultants and lecturers to aid School of Nursing faculty in their decisions and to assist nurses in the community as well as University faculty outside of nursing to keep up to date on the changing nursing profession.¹ The committee's continuing education efforts were facilitated when a full-

time person was named by the University Extension Division for the continuing education programs of the School of Medicine and other units of the Medical Center in 1963-1964. In July 1965, Mrs. Reeda Owens joined the faculty, devoting half-time to the School of Nursing and half-time to the University Extension Division. Mrs. Owens held a bachelor of science in nursing from Washington University, St. Louis, and a master of science in nursing from the University of Colorado. Under her leadership, an increased number of programs were offered both in Columbia and throughout the state.

In the late 1960s the School of Nursing benefited from federal support of continuing education in nursing. Under the United States Public Health Service Health Amendments Act of 1956, funding had become available in 1960 for short-term courses to enable nurses who would be unable to take longer periods of study to improve their skills in administration, teaching, or supervision.

By the fall of 1967 it became evident that greatly expanded opportunities in continuing education in nursing were needed. A full-time faculty member was then appointed with half salary from the University Extension Division. The new faculty member, Mrs. Rose Marie Kuhn, instructor in nursing and continuing education, held baccalaureate and master's degrees in nursing from Loma Linda University. During the early fall, she worked with nursing leaders throughout Missouri to develop plans for needed programs. In addition to workshops for specific groups, a speakers' bureau was organized. Some programs were sponsored by the University in conjunction with other agencies or nursing organizations. A USPHS grant enabled the University of Missouri School of Nursing to offer a two-part short-term program, "Preparation for Staff Development in Meeting Changing Needs." In 1968 the University of Missouri received a grant from the USPHS for an eight-week workshop on child psychiatric nursing. This workshop was held in two parts, a six-week period in 1968 and a two-week period in 1969.

During 1969 and 1970, representatives of Missouri and surrounding states began to meet for regional planning of continuing nursing education. Representatives from Illinois, Iowa, Kansas, Kentucky, Missouri, Nebraska, Oklahoma, and South Dakota formed the Mid-West Continuing Profes-



Preparing for surgery

sional Education for Nurses (MCPEN). This organization aided schools and agencies in coordinating plans for continuing education programs in order to avoid duplication and to offer programs meeting needs in the eight-state area.

In 1968 the School of Nursing began participating in the telelecture network, a special telephone network that linked the University Medical Center with thirty-six hospitals and other health agencies in Missouri, Kansas, and Arkansas. Visual materials were sent in advance of each lecture to be used during the program. Questions for the speaker could be received and answered. A recording of the lecture was sent to be used to review or repeat the lecture. During 1969-1970 nearly 1,000 registered and practical nurses participated in workshops, conferences, or institutes ranging from two days to six weeks in length offered in Columbia or at other locations in Missouri. Through the Speakers' Bureau seven speakers reached 705 persons and twenty-five telelectures reached a total audience of 7,238.

In 1969 Mrs. Kuhn's title was changed to director of continuing education in nursing, assistant professor of nursing and extension education in nursing. Mrs. Kuhn resigned in June 1970. She was replaced by Miss Ruth C. Adams, who was appointed director, continuing education in nursing and associate professor of nursing in July 1970. Miss Adams held a B.S. in nursing from Simmons College and the M.P.H. from the University of Michigan. She had participated in and directed continuing education programs in two universities.

Participation in continuing education programs continued to increase. In 1970-1971, the numbers reached by telelectures, workshops, and conferences had risen to nearly 10,000. The Speakers' Bureau reached an additional 457 people. To provide records for nurses who had completed continuing education programs, the School of Nursing participated in the University plan of awarding continuing education units (CEU) for appropriate workshops on the formula of one CEU for ten hours of contact in an educational program.

For a number of years, federal agencies granted funds for selected continuing education activities, such as workshops funded by the USPHS and activities funded by the Missouri Regional Medical Program. However, in 1971 funds for the telelectures were

discontinued, and in 1973 those for the project "Training of Community Hospital Nursing Staff in Monitoring and Cardiopulmonary Resuscitation Techniques" were discontinued.

The School of Nursing's efforts in continuing education for nurses expanded greatly after the Medical Center opened in 1956. The expansion was influenced by increased numbers of faculty members with expertise in specialized areas and also by the availability of federal funds to support participants in continuing education programs. Although federal funds were less readily available in the early 1970s, the importance of continuing education in nursing had been established and interest and participation continued.

FEDERAL SUPPORT

Federal support for nursing education greatly influenced the progress of schools of nursing. The Health Amendment Act of 1956, which provided traineeships to prepare nurses for administration, teaching, and supervision, increased the numbers of nurses prepared at a master's level for faculty positions. Later this act provided funds for selected graduate nurses to complete the requirements for a baccalaureate degree and to take short-term courses (Kelly, 1981). The Health Amendment Act of 1956 was replaced by the Nurse Training Act of 1964, a much more comprehensive piece of federal nursing legislation that provided funds for scholarships, loans, traineeships, construction, basic support for schools of nursing, and projects to improve nursing education. This act was revised and extended in 1968. In 1971 a new act "reaffirmed the national commitment to remove impediments to excellence in nursing practice" (Scott, 1972, p. 1855).

When federal funds became available on a matching basis for school of nursing buildings under the Nurse Training Act of 1964, the University applied for funds for an addition to the existing limited space in the Medical Science Building. This plan for \$1,280,000 contingent upon matching funds of \$640,000 was approved by the USPHS in 1967-1968. However, the state legislature did not appropriate the matching amount. In 1968-1969 a revised application for a school of nursing-outpatient department building was prepared and approved in the amount of

\$1,271,166 contingent on matching funds of \$870,000 for space for the School of Nursing. Again, matching funds were not appropriated by the state.

In 1971 a three-year grant was awarded for "a school in serious financial distress." It provided funds to assist in maintaining the quality of education during years when state-appropriated funds were increased only slightly or not at all. Most of these funds were used to enhance faculty and staff salaries.

The School of Nursing first received traineeship funds in 1958-1959. They provided financial assistance for graduate nurses enrolled in the baccalaureate program who were preparing for supervision, teaching, or administration in nursing. In February 1959, Mary O. Jenny, nurse consultant for the Professional Nurse Traineeship Program of the Division of Nursing Services, USPHS, made a visit to the school regarding the federal traineeship grants. In 1964 Public Health Service Traineeship funds were awarded for registered nurses enrolled in the baccalaureate program who planned to seek employment or pursue graduate study in public health nursing. An Improvement of Teaching Grant was received between July 1, 1968, and June 30, 1973, to develop "Multi-media Self-Instructional Materials in Maternal-Child Nursing at the baccalaureate level." Beginning in 1964, undergraduate student loans and scholarships were furnished under this act and were administered for the benefit of nursing students by the University Office of Aids and Awards. Beginning in 1972, capitation grant funds were received. Authorized under the Nursing Training Act of 1971, capitation grants provided differing amounts of support to schools that increased full-time enrollment and graduation.

RESEARCH

As the number of faculty members increased and the baccalaureate curriculum became more stabilized, School of Nursing faculty members became increasingly aware of the importance of research in nursing. Much of the research prior to the 1950s focused on the nurses, their education and their attitudes towards their jobs. For example, in 1950 the American Nurses Associa-

tion launched a five-year investigation of the nurses' function. It was supported by voluntary contributions from nurses. Studies were conducted in seventeen states and were summarized in 1958 by Everett and Helen MacGill Hughes and Irvin Deutcher under the title, *Twenty Thousand Nurses Tell Their Story* (1958). Later, when more nurses had appropriate advanced preparation, more of the investigations were directed by nurses, and they more often focused on patients. As research increased the funding shifted to include federal funds as well as funds from nongovernment foundations.

To assist faculty in their research efforts, several consultants visited the school. In February 1957, Eleanor Vreeland, from the USPHS, led a conference on research in nursing. In April 1960 a two-day faculty conference on conducting nursing research was led by Gladys Nite, research associate with Community Studies, Inc. (a nonprofit research organization). In addition, several assembly lecturers and other visitors included descriptions of research projects or studies in their formal presentations. For example, Mrs. Martha Brown, Associate Professor of Nursing, Washington University, St. Louis, School of Nursing spoke in May 1960 on her research on "One Method of Studying the Personalization of the Older Patient." She also met with individual faculty members and participants in a faculty seminar on the following day.

The range and evolution of research interest is evident in the variety of projects undertaken at the School of Nursing.² One significant research project threw great light on the School of Nursing's own record. In 1969 and 1970, Dr. Ingeborg G. Mauksch completed a study of students graduated from the School of Nursing between 1951 and 1969. Results showed that nearly half (40.5%) had been continuously employed since graduation on a full-time basis and 15.8% on a full- or part-time basis. Of those currently employed, 58% gave Missouri as their state of residence. Advanced degrees (including one doctorate), had been earned by 43 (10%). In addition, 22 were currently enrolled in a master's program and 4 in doctoral study. Another 161 indicated they were contemplating enrolling in advanced education.

Interest in nursing research by faculty members remained high throughout the 1960s and early 1970s. Employment of additional qualified faculty was seriously hand-

icapped, however, by lack of space for the research and the researcher.

HONORS

Each year the University of Missouri recognizes outstanding graduates and others by awarding honorary doctorate degrees. In 1961 Dr. Helen Nahm, Dean of Nursing, University of California at San Francisco, was awarded an honorary doctor of science degree for her research and writing. Dr. Nahm had graduated from the University of Missouri School of Nursing in 1924 and was principal of the school when its baccalaureate program was initiated in 1942. She later completed graduate education at the University of Minnesota and served in leadership positions in several schools of nursing and at the National League for Nursing.

In 1966, to recognize the accomplishments of School of Nursing graduates, the School of Nursing Citation of Merit was established. The first recipient was Dr. Helen Nahm. Later recipients include Dr. Marjorie Elmore, 1967; Melba Dean Cowles, 1968; Katherine Metcalf Mason, 1969; Dr. Ruby Potter, 1970; Frances Gilbert, 1971; and Una Rice Thomas, 1973.

In 1968 the University of Missouri-Columbia Alumni Association initiated annual Faculty-Alumni Awards to recognize faculty and alumni members for accomplishments in their chosen professions and in their communities and for service to the University. Several School of Nursing faculty members as well as alumni members have been selected for this honor, including Kathleen Kaiser, 1966; Martha E. Nahikian, 1970; and Eleanor Baker, 1972.

AUTONOMY

Although officially the Department of Nursing Education of the School of Medicine, when the School reopened in 1949, it was known unofficially as the University of Missouri School of Nursing. The name was officially changed to the School of Nursing in July 1954, but the school continued to be an administrative and financial division of the School of Medicine. This status continued until 1973 when the School of Nursing be-

came an autonomous educational unit. The change was the result of a lengthy study by the deans and directors and selected faculty members of the Medical Center as well as two outside consultant groups. Dr. William Mayer, the dean of faculty of the School of Medicine, and the director of the Medical Center, served as chairman throughout this long study. As originally approved, the plan established the Office of Provost for Health Affairs within the office of the chancellor of the University of Missouri-Columbia.

SUMMARY

The period between 1949 and 1973 was one of many changes and much progress in health care and in the responsibilities and the education of all health care workers. Changes also occurred in the status of the University of Missouri School of Nursing as it evolved from a Department of Nursing Education, administratively under the School of Medicine, into a School of Nursing in 1954, and an autonomous educational unit in 1972.

The Department of Nursing Education offered a one-year program in practical nursing from 1950 to 1952. A total of fifteen graduates were approved for the Certificate in Practical Nursing. A plan for a bachelor of science degree in nursing for those with no previous preparation in nursing was approved in December 1950. A curriculum plan for graduate nurses who wished to earn a baccalaureate degree, "The Supplemental Program for Graduate Nurses," was approved in April 1951.

Until 1956, when the University Medical Center opened, the students who entered the baccalaureate program had most of their clinical experience in schools of nursing in St. Louis. A total of thirty-nine graduated from this curriculum between 1955 and 1957. With the opening of the new University Hospital, it was possible for the students entering as freshmen in fall 1954 to remain on campus except for a period of psychiatric nursing and, for those who elected it, a period of public health nursing.

Beginning with the students admitted as freshmen in fall 1957, public health nursing was required of all students. Instruction in all nursing courses was the responsibility of School of Nursing faculty members and credit was allowed for clinical practice. This

program (the basic degree program) and the one for graduate nurses were approved for accreditation by the National League for Nursing in 1960. This approval did not include the public health component. However, it was included in the approval at the next survey in 1964.

Curriculum study continued, and a revised curriculum for students with and without previous preparation in nursing was approved and implemented in June 1965. All students were admitted to one baccalaureate program, with some receiving advanced standing.

Although opening of the Medical Center provided increased clinical facilities, offices, and classrooms, the space allocated to the School of Nursing was not nearly enough. Enrollment in the School of Nursing had increased rapidly and by 1963 it became necessary to limit the number of students admitted each year because of lack of space for teaching and faculty offices.

A graduate education program in nursing leading to the degree of master of science in nursing was approved by the Committee on Educational Policy of the Graduate School in February 1962. It was presented to, and approved by the National League for Nursing for Reasonable Assurance of Accreditation in September 1966. The first full-time graduate students were admitted in the fall of 1968 to a program with medical-surgical nursing as the major area of emphasis. Beginning in 1969, graduate students could specialize in the functional areas of psychiatric nursing of adults and of children as well. The psychiatric nursing programs used office, classroom, and clinical facilities provided by the Missouri Division of Mental Health at St. Louis State Hospital. Nonnursing courses were available at the University of Missouri-St. Louis.

The plan for the extended campus was continued until 1973, when clinical facilities became available in or near Columbia. The master's program was granted accreditation by the National League for Nursing in December 1970. Twenty-five students earned the degree of master of science in nursing between 1968 and 1973: ten in medical-surgical nursing, nine in adult psychiatric nursing, and six in child psychiatric nursing.

Major efforts in continuing education began in 1956 with the appointment of a faculty member on part salary from the University Adult Education and Extension Division.

Continuing education offerings expanded greatly. In 1967 a full-time faculty member was appointed to provide leadership. In 1970-1971 nearly 10,000 were reached by telelectures, workshops, and conferences and over 450 by participants in the Speakers' Bureau. The numbers of nurses reached by offerings on and off campus demonstrated the importance of continuing education in this period of change and advances in health care.

Follow-up studies of the graduates of the baccalaureate program indicated most worked part-time or full-time in nursing, many in Missouri. As a state, tax-supported institution, the School of Nursing had a commitment to public service. The contributions of the graduates to nursing care in the state were very important, and their achievement in advanced education programs and employment enhanced the standing of the school.

A plan to recognize outstanding alumni was inaugurated in 1966 with the School of Nursing Citation of Merit to be awarded annually or biannually. Several faculty and alumni members were also honored by the University of Missouri-Columbia Alumni Association after the Annual Faculty-Alumni Awards were initiated in 1968.

Federal funds played an important role in the development of the school after 1956. The first grant was received in 1957, from the National Institute of Mental Health, for teaching psychiatric nursing and integrating psychiatric concerns throughout the baccalaureate curriculum. Traineeship funds became available for registered nurses completing the baccalaureate program and for short courses in 1958. In 1964 federal legislation was extended to provide funds for scholarships, loans, traineeships, construction, basic support for schools of nursing, and improvements in nursing education. The School of Nursing applied for and received federal funds for many of those purposes.

By 1973, the school had become an independent academic unit with its own dean, offering baccalaureate and master's programs, both fully accredited by the National League for Nursing. The graduates of the School of Nursing continued to make valuable contributions to the nursing care of the citizens of Missouri. The numerous and varied continuing education offerings reached many nurses seeking to improve their skills and gain new knowledge needed for the health care needs of Missouri's citizens.

NOTES

1. Dr. Helen E. Dorsch, Associate Professor of Nursing, Ohio State University gave an assembly lecture on "What is Good Nursing Care?" on May 12, 1964. Dr. Esther Lucille Brown, Social Anthropologist, spoke on "Patients are Interesting People" on November 4, 1965. Mr. William McGlothlin, Vice President, University of Louisville, spoke November 2, 1966 on "The Social Obligations of the Professions." Dr. Kenneth Herrold, Director, Institute of Research and Service in Nursing Education, Columbia University, spoke on "Utilization of the Professional Nurse—Today's Challenge" on April 13, 1967. In 1968, as a part of the recognition of the centennial year of the admission of women students to the University, Lucile Petry Leone (formerly assistant surgeon general, PHS) gave the School of Nursing centennial year lecture on April 20, on "Looking Toward the 21st Century—New Goals for Nursing." Dorothy Smith, Dean, College of Nursing, University of Florida and Chief of Nursing Practice, J. Hillis Miller Health Center, Gainesville, Florida, spoke on "Nursing Reformation" on January 28, 1969. Ernestine Wiedenbach, Professor Emeritus, Yale University School of Nursing spoke on "The Meaning of Theory to Nursing Practice" on October 20, 1969. The next day she led an all-day workshop on "Teaching Clinical Nursing." Dr. Rose Marie Chioni, University of Wisconsin, Madison spoke on "Planning and Implementing Change of a Baccalaureate Curriculum" on February 22 and 23, 1971. Nancy Milio spoke October 30-31, 1972 on "National Health Legislation—A Rx for Healing America?" This assembly lecture was co-sponsored by the Medical Sociology Department and the School of Nursing.

2. In 1960-1961, Lucille Spalding completed a "Survey of Needs for Graduate Programs in Nursing at the University of Missouri." In 1961-1962 another faculty member, Bonnie C. Hofman, received USPHS funds for a one-year study devoted to an investigation of "Nursing Care and Pain Patterns Following Surgery." In 1961-1962, Vena Rae Hooks, an instructor, completed a follow-up on the employment of the graduates of the basic baccalaureate program in 1955-1960. During 1962-1963 Spalding participated in a study conducted by the American Nurses' Association Committee on Pro-

fessional Counseling and Placement Service, *A Study of the Direct Counseling and Placement Service Given to Individual Nurses 1960-1962*. In 1965-1966 Barbara Berryman, a senior nursing student, was awarded a summer research fellowship by the School of Medicine to work under the direction of Dr. Myrtle Irene Brown, associate professor of community health and medical practice and nursing. Two University Instructional Improvement Grants were received in 1968-1969. Kathleen Kaiser received support to carry out a study to determine the "Consensus Opinion between Nursing Educators and Nursing Service Employers on the Competencies Expected of Newly Graduated Nurses." The other larger grant enabled Muriel Dayhoff and Doris Sauer to complete "A Study of Home Nurse Care Needs in Boone County as a Resource for Teaching Community Health Nursing." In the summers of 1969 and 1970, Linda Aiken studied "Systematic Desensitization as a Nursing Intervention Technique with Open Heart Surgery Patients." Medical School Summer Project Funds helped support the study. In 1967-1968 the University Research Council awarded a small grant to Lenore Gerdes toward "A Study of the Effect of Group Therapy in the Attitudes of Adolescent Patients with Chronic Diseases." The study focused on patients with diabetes mellitus.

THE 1970s:
A DECADE OF CHANGE



The 1970s: A Decade of Change

Ruth Ann Kroth

The decade of the 1970s was a period marked by rapid change. Along with the search for a new dean, there was the search for a new home, the launching of a new curriculum, and the emergence into the new-found autonomy for the school. A firm foundation had been laid for this period of expansion in the years prior to 1970, especially under the leadership of Dean Ruby Potter. Dr. Potter, Associate Dean of the School of Medicine in charge of the School of Nursing, retired in August 1973. Jane Brinton, Assistant to the Dean, served as Interim Dean of the school until the position was filled in June 1976.

REORGANIZATION

In September 1972, the University of Missouri Board of Curators approved a plan for the reorganization of the medical center, which provided for the positions of Provost for Health Affairs, Dean of the School of Medicine, Dean of the School of Nursing, and Director of the University Hospital. This reorganization gave increased autonomy to the School of Nursing, increased its representation on central administration councils and campus committees, and allowed the Dean of the School of Nursing to serve on the UMC Council of Deans. Prior to the reorganization, and in anticipation of Dr. Potter's retirement, Dr. William Mayer, Dean of the School of Medicine, appointed an advisory committee to study the School of Nursing in relation to nursing practice and education in the state and nation, the interrelationships between nursing service and nursing education within the University, and the strengths and weaknesses of the school and its future needs for faculty, staff, space, and budget.¹ This advisory committee eventually became

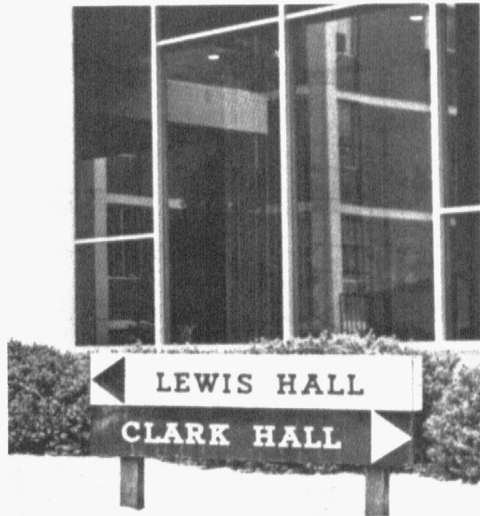
the search committee for the position of dean.

Four outside consultants were brought in to meet with this advisory committee—Dr. Luther Christman, Dean of the School of Nursing at Vanderbilt University; Dr. Myrtle Aydelotte, Director of Nursing Service at the University of Iowa Medical Center; Dr. Valencía Prock, Dean of the School of Nursing at the University of Wisconsin; and Dr. Doris Yingling, Dean of the School of Nursing at the Medical College of Virginia. This team of consultants found the strengths of the school to be a readiness for change among faculty, a high quality student body, support for the school among basic science faculty and clinical departments of the medical center, and a wide range of facilities available to faculty and students for clinical experience. Weaknesses they noted included a curriculum locked in by tradition, an authoritarian system of governance, unusually stringent budget limitations, crucial space problems, and an absence of clinical nursing research. The committee affirmed the need for strong undergraduate and graduate programs, a continuing education program, and clinical research. They also stressed the need for closer ties between nursing service and nursing education in the medical center.

In response to this report and to the curators' decision to reorganize the medical center, the faculty formed task forces to study potential changes in the School of Nursing and to develop plans for its autonomy. One result of the work of the task forces was the establishment of a School of Nursing elected Faculty Council in the spring of 1973, patterned after those already in existence in other schools on the campus.² The purpose of the council was to study and make recommendations on matters brought to it by the faculty or the dean's office, and to serve as a liaison with the councils of other schools.



The School of Nursing was based in a variety of locations in the 1970s.



Areas of concern initially were faculty relations and a closer working relationship among the teaching areas.

Another task force worked on reorganization of the committee structure and internal functioning of the School of Nursing, an assignment complicated by the uncertainty surrounding the search for a new dean. Changes in committee structure and governance were finally approved by the faculty in September 1977, with the adoption of revised School of Nursing by-laws, after several years of discussion and frustration. These by-laws were amended several times, eventually providing for an elected faculty chair to preside over the faculty assembly meetings. This change indicated a move toward greater assertiveness and autonomy assumed by the faculty.

A third task force focused on external relations of the school, and, in carrying out its charge, met with various faculty and administrators from the medical center and campus. With the creation of the new office of Provost for Health Affairs at the same time the School of Nursing became autonomous, questions of relationships and lines of communication with that office and the other provost offices on campus were particularly perplexing. The new structure called for the Dean of the School of Medicine, the Dean of the School of Nursing, and the Director of the Hospital to report to the Provost for Health Affairs. But it also provided for the Dean of the School of Nursing to serve on the Council of Deans, which afforded a voice and contacts on campus not previously enjoyed. When members of this task force on relations met with administrators and faculty across campus, they were able to interpret the goals and programs of the school so that there was better understanding of the School of Nursing and its needs.

Relations of the School of Nursing with the Graduate School and the Extension Department were also explored, and questions regarding possible expansion of the School of Nursing graduate and continuing education programs were discussed. Several moves were made to strengthen relations within the medical center and particularly between the School of Nursing and Nursing Service. The Grass Roots Committee, composed of clinical instructors, staff nurses, and students, met monthly to discuss common problems and concerns in the care of patients and education of students. Faculty of the school

served on nursing service committees, and staff nurses were involved in several committees of the School of Nursing. The Director of Nursing Service participated in faculty meetings and Interim Dean Jane Brinton served as an ex-officio member of the Executive Faculty Committee and the Executive Committee, both policymaking committees of the medical center. Various possibilities for joint appointments were explored, as well as ideas for interdisciplinary collaboration.

This period was marked by a spirit of optimism in an atmosphere of change. Jane Brinton, Interim Dean, found the optimism to be based, at least in part, on the favorable placement of the nursing degree programs in the University academic plan, the high priority of funds for planning for a new building on the University budget request for 1975-76, and the development of a variety of clinical facilities in or close to the campus.

SEARCH FOR A HOME

The shortage of space for the School of Nursing remained a crucial problem throughout the 1970s, at one point making necessary the curtailment of admissions. In the fall of 1973, when many well-qualified applicants were refused admission, a decision was made to provide interim space for the School of Nursing in Lewis Hall, with the expectation that 25 more students would be admitted to the baccalaureate program. While this in part relieved the most urgent problem, it did not provide the space needed for development of the school in any areas other than undergraduate teaching.

The amount of space in the Medical Sciences building allocated to the School of Nursing had been gradually reduced over the years. In 1974 the dean's office and space for about 20 faculty were located there. Faculty shared offices, sometimes three or four to an office. Classrooms of various sizes were available at various sites in the medical center, and one classroom in Crowder Hall was also used. The Nursing Skills Laboratory, containing one bed, was located in the nursing wing of the medical center.

With the acquisition of space in Lewis Hall, the faculty found itself divided by a distance of about four blocks. While Lewis Hall provided comfortable individual offices for faculty, fairly adequate classrooms, and

more adequate space for the multi-media self-instructional lab, there was no provision for research or for the expansion of the graduate and continuing education programs.

Throughout the early 1970s, efforts to obtain a new facility continued, and the School of Nursing's needs became more apparent to the University administrators, the Board of Curators, and the State Legislature. An application for a grant for construction of an interim facility and for remodeling existing School of Nursing space in the Medical Science Building was prepared in March 1975, but was not pursued. An application was also prepared for a federal grant to assist schools in financial distress at this time, but it was not funded.

Enrollment in the undergraduate program in the early 1970s continued to increase, which aggravated the already acute space problem. The total number of baccalaureate students enrolled in the fall of 1971 was 228; in 1972 it had increased to 368; by 1974 it was 409; and in 1975 it rose to 519. Included in these totals were 15-25 RN students.

In spite of space allocated in Lewis Hall in 1973, applications for admission to the undergraduate program continued to exceed the number that could be accommodated. The Master's program was beginning to expand as well, and the enrollment exceeded the space available for their workroom by seven or eight full-time students. This space in a "make-do" area off the fire escape could not be enlarged.

Recruitment for well-qualified faculty was made difficult by the space problem and by salaries that were low in comparison with other university schools of nursing. There were relatively few nurses graduating in this state or surrounding states with master's or doctoral level preparation, and many recent graduates chose positions that allowed time for research while maintaining clinical competence. Budget and office space allocated to the School of Nursing were such that all faculty members carried a full teaching schedule with very little time or support for research. In 1972-73 for example, 17% of all faculty members held a bachelor's degree as their highest degree, although several of these had completed some graduate study.

The budget proposal submitted by the University to the Missouri State Legislature in March of 1974 for the fiscal year of 1975-76 included \$200,000 in planning funds

for the School of Nursing building. When the prospects for passage of this request looked dim, the Nursing Student Council launched a campaign and, together with the Student Nurses Association, formed the Nursing Building Committee. This committee enlisted the support of faculty and prepared a packet of information to be sent to alumni, prenursing students and parents of nursing students. They met with Chancellor Herbert Schooling and enlisted the support of the Missouri Student Association on campus. Support was also solicited from the 7th District of the Missouri Nurses Association and other nursing and community groups. The committee wrote letters to Missouri legislators and to the head of the appropriations committee of the Missouri State House of Representatives.³ From February through April of the 1975 Legislative Session, student representatives went to Jefferson City once or twice a week to speak with legislators, who were very impressed by the group's organization and persistence.

The Capital Improvements Bill, which included the \$200,000 in planning funds for the School of Nursing building, was passed and signed by Governor Bond on July 18, 1975. That was only the beginning, however, for larger appropriations for the construction were yet to come. In the fall of 1975 alumni and friends of the University of Missouri School of Nursing formed a group called "Friends of the University of Missouri School of Nursing." They maintained the momentum already generated by the student group as they joined with them to lobby for the new building. Though some leaders of the student committee had graduated, they continued to participate through the friends group.⁴

Funds were raised through contributions and bake sales. Names of alumni were compiled and letters were sent. Many faculty also participated in the friends group. Throughout the fall of 1975 the students and the friends group continued to send letters and meet with legislators, encouraging them to appropriate the \$4 million necessary to make the building a reality. A combined effort of students, friends, and faculty finally achieved passage of the appropriations bill containing the funds for the construction.

On June 3, 1976, Governor Bond signed the second appropriations bill for the construction of the building, with students, faculty, alumni, and friends in attendance. Leg-

islators were impressed with the students' sincerity of purpose, their stamina, and their ability to lobby. The ground-breaking ceremony was held on November 20, and construction was underway. The dream project was soon to become a reality.

Faculty, staff, and students moved into the new building in the summer and fall of 1979, and the dedication was held April 1980. Attractive features of the new building included individual offices for faculty, spacious student and faculty lounges, large, well-equipped classrooms, and several conference rooms. The way was now open for the school to secure a new dean and to move forward in its program.

SEARCH FOR A NEW DEAN

The original search committee for a new dean of the School of Nursing, appointed by Dean of the School of Medicine, William Mayer, in May 1972 was unsuccessful in its efforts prior to the retirement of Dean Ruby Potter in August 1973. In September 1973, following the appointment of Dr. Joseph White as Provost for Health Affairs and the concomitant granting of autonomy for the School of Nursing, Provost White appointed a reconstituted search committee, under the leadership of Dr. Owen Koepp, Provost for Academic Affairs. This committee worked throughout the academic year, screening and interviewing numerous candidates without success. Reasons the committee gave for this failure were uncertainties related to the reorganization within the University and the Medical Center, severe space and budgetary constraints on the school, and difficulty in recruiting faculty.⁵

From early fall 1974 until June 1975, the committee was inactive, at the request of Provost White. In the early fall of 1975 there was another flurry of activity, fueled in part by the anticipated success in the drive for a new building. The committee was reactivated and worked intensively for the next several months. The search process culminated in November of 1975, with the announcement by Chancellor Herbert Schooling of the appointment of Dr. Gladys Atkins Courtney, as the new Dean of the School of Nursing, effective June 1, 1976.

Dr. Courtney came to the deanship from a position as professor and head of general

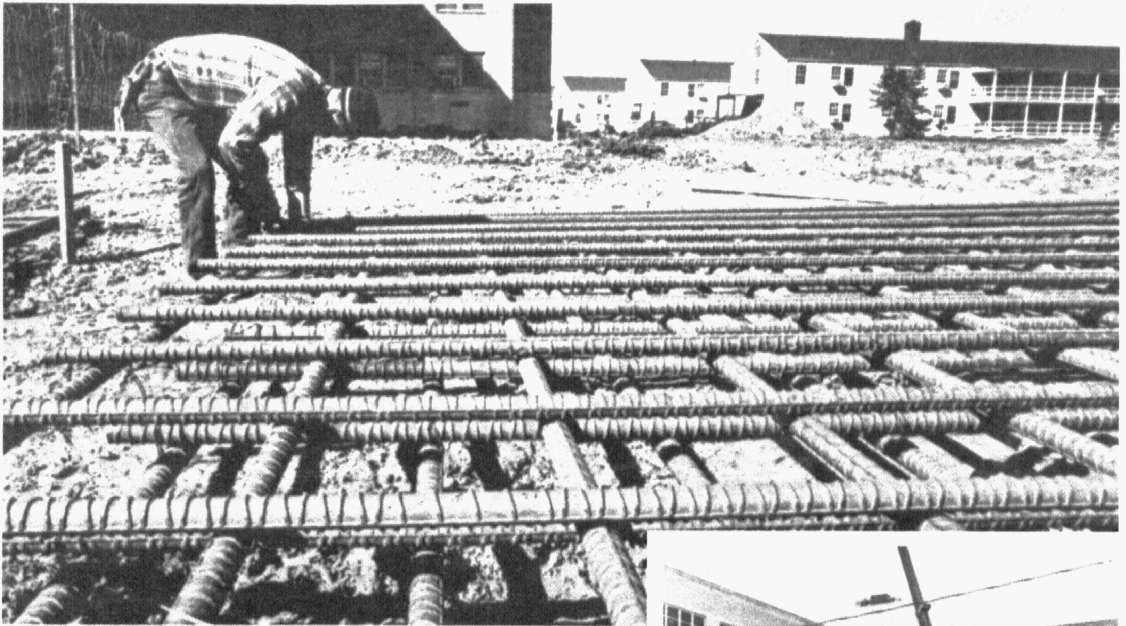
nursing at the University of Illinois College of Nursing in Chicago, and director of the college's Nurse Scientist Program. A native of Erwin, Tennessee, Dr. Courtney had received a diploma in nursing from a hospital school in Chattanooga; a bachelor's degree in biology from Louisiana College, Pineville, Louisiana; a Master's degree in physiology from Louisiana State University; and a doctorate degree in physiology from the University of Chicago. She had held teaching and nursing positions in Ohio, Louisiana, and Illinois. Dr. Courtney made several trips to campus prior to her official arrival to meet with faculty and the building committee and to participate in planning for the new building.

Soon after the arrival of Dean Courtney, two others who had much to do with future direction of the school joined the faculty. Dr. Susan Taylor arrived in October 1976 as Curriculum Coordinator. In August of that same year, Dr. Rose Squires arrived to assume leadership of the Continuing Education Program.

CURRICULUM CHANGE

Discussions among faculty members began in 1970 regarding curriculum change, and a special committee was formed to plan curriculum changes. Numerous workshops were held and several consultants were brought in to assist the faculty in this endeavor. Included among these consultants were Dr. Rose Chioni from the University of Wisconsin, in February 1971, and Dr. Marlene Kramer of the University of California, in November 1971. The report of the outside consultants gave impetus to this effort, as did the preparation of the *Progress Report for Accreditation* (1974).

A former faculty member, Alice Kuehn, was employed part-time in 1974 to chair the Planned Curriculum Change Committee. One curricular change made in 1972, in keeping with the national trend toward more independent practice, was the addition of a course in physical assessment skills to the Senior Nursing course. Eventually the teaching of these skills was incorporated into earlier courses in the curriculum. Other national trends that effected changes within the school included experimentation in baccalaureate education, requirement of continuing



Beginnings of the new building

education for relicensure, and emphasis on doctoral level study and research in nursing.

The restructuring of the curriculum was concerned with movement from the fairly discreet nursing clinical courses toward the identification of broad concepts common to all clinical nursing courses offered in one clinical year, and toward providing vertical continuity from year to year. By September 1974, when the NLN progress report was written, the committee indicated its desire to continue preparing a general nurse practitioner at the baccalaureate level, and had developed philosophical statements, with the expectation that a philosophy would continue to emerge. Curriculum objectives had also been identified and behavioral expectations for graduates of the baccalaureate program were defined as follows:

1. Make nursing diagnosis and client-oriented goals based on collected data and patient assessment, applying nursing intervention aimed at each goal and evaluation of the client's level of achievement for each goal.
2. Collaborate with other members of the health team to achieve comprehensive client-centered care; indicate professional maturity by self-confidently taking a place on the multidisciplinary team.
3. Teach, supervise, evaluate, and modify activities of nursing personnel toward optimal client care.
4. Self-evaluate current level of functioning and identify specific areas for continued education.
5. Differentiate between health and illness and, within this continuum, aid the client to reach a feasible, higher level of health.
6. Demonstrate acceptance of nursing ethics in nursing practice—for example, by recognizing the uniqueness of each client, by respecting the individual client, by holding in confidence information gained through the nurse-client relationship, unless it is information needed by the health care team, by carefully using supplies and resources in order to share with each individual those things necessary for his or her well-being.
7. Demonstrate beginning involvement in issues pertinent to nursing health care delivery—for example, through discussion with peers, nursing leaders

in the state, and members of the legislature who support the current bill that pertains to the revised nurse practice act; through attendance at legislative hearings after attending a workshop planned for nurses; through aiding clients to gain entry into the health care delivery system or a needed facility.

8. Identify community resources to meet the health care needs of a client.

The terminology and ideas in these behavioral objectives, such as the use of the word "client" instead of "patient" and of the phrases "nursing diagnosis, intervention and goals" and "collaboration with the multidisciplinary team" reflected a departure from traditional nursing. There was also considerable activity going on within the Missouri State Nurses' Association at this time to get a new nurse practice act passed by the Missouri Legislature. It had been 20 years since the previous revision. The efforts of the nurses of Missouri were successful, and a new and somewhat liberal nurse practice act was passed on January 21, 1976.

The effect of the curriculum changes on the RN student was discussed extensively. Ten-hour courses such as senior nursing were divided into smaller courses of two and three credit-hours. It was believed that the RN student could more easily challenge shorter courses, and that RN students taking classes part-time would find it easier to enroll in two or three hour courses. It was expected that eventually the separate courses for RN students would be phased out. The registered nurses were offered opportunity to take advanced standing examinations. Since nursing courses are sequential, those successful in the challenge exams would enroll in the next course. During the 1975-1976 academic year, 37 were successful, while 11 enrolled in one or more of the four nursing courses that could be challenged.

Along with the increase in the number of RN students in the 1970s, there was a sporadic increase in the number of male students, reflecting a national trend. In the years prior to 1970 there had been a total of four male graduates, but in the class of 1972-1973 three men completed the program. Each class after that had one or two men graduating until the 1980-1981 year, when there were six men in the graduating class.

The faculty of the School of Nursing decided to employ a curriculum coordinator for the 1976-1977 academic year to assist in



Dorothy Orem came to assist the faculty in implementation of the Self-Care Deficit Nursing Theory in the curriculum.

further development of the undergraduate curriculum and in response to a recommendation by the National League for Nursing Review Board. Dr. Susan Taylor joined the faculty on October 1, 1976, as curriculum coordinator, coming from the College of Nursing, University of Illinois at the Medical Center in Chicago, where she was associate professor and assistant to the associate dean for graduate study. She received her doctoral degree in higher education at the Catholic University of America in Washington, DC in 1972.

During the mid-1970s, the nursing profession was coming to recognize the inherent relationship between nursing theory and nursing practice. Faculties of various nursing schools saw the need to have a conceptual framework from which the nursing curriculum was developed and structured. In response to this need the National League for Nursing, Council of Baccalaureate and Higher Degree Programs, the accrediting organization for schools of nursing, revised the standards for accreditation. Beginning in 1976, it was expected that the nursing curriculum would have a conceptual framework, and that the philosophy and objectives of the program would be derived from the framework.

In November 1976, the faculty voted to adopt Orem's Self-Care Deficit Nursing Theory for the new curriculum (Orem, 1971). Numerous theories of nursing had been considered before this one was finally decided upon. The employment of a curriculum coordinator and the decision to adopt a theoretical framework marked a major shift and an acceleration in the changing of the curriculum.

The School of Nursing conducted its self-evaluation during the academic year 1977-78, in preparation for re-accreditation of the school in the fall of 1978. In anticipation of the NLN review, the faculty, under the leadership of Interim Dean Brinton, had already begun the process of curriculum study and change. With the arrival of Dr. Susan Taylor as curriculum coordinator and with the decision of the faculty to adopt the Self-Care Deficit Nursing Theory, (S-CDNT), the process became more focused. Development of a theory-based curriculum for the Master's program began at the same time, under the direction of Dr. Frances Seither.

Because of the need to have the conceptual framework in place and reflected in the

philosophy, objectives, and course outlines prior to the NLN accreditation review, the faculty decided to retain the structure of the existing curriculum, integrating the theory into the existing courses. The curriculum in place at that time was nine semesters in length, with the structure based on common specialty areas reflective of the organization of patient care within the acute care setting. The process of modifying the existing curriculum was seen as necessary in order to gain reaccreditation and to bring unity to the approaches used to teach nursing process and nursing diagnosis.

The faculty participated in a series of seminars and other activities to learn the conceptual structure of the theory and to develop the approaches necessary to make use of the theory in teaching and practice. Because there were few other nursing programs that had developed their curricula from Orem's S-CDNT, there were few models to assist the faculty. In the process of this curriculum development, the University of Missouri-Columbia School of Nursing gained recognition as a leader in the development of theory-based nursing.

The use of the S-CDNT as the basis for curriculum development began with the revision of the philosophy of the School of Nursing: "The faculty of the school accepts Orem's self-care concept of nursing as a valid and reliable general concept of nursing upon which to structure nursing knowledge and develop nursing curriculum and nursing practice. The use of a single concept of nursing and nursing process provides the mechanism for integrating nursing knowledge and skill while maintaining a structure based upon common areas of nursing concern."

Although the school was reaccredited by the NLN in December 1978, curriculum changes continued. During the self-evaluation process, the undergraduate faculty had identified the need for a major curriculum revision, with the structure derived from and compatible with the S-CDNT. During the 1978-79 academic year, the Undergraduate Curriculum Committee met monthly and conducted two all-faculty workshops, one in January and another in March 1979. A proposed revision of the curriculum was presented to the faculty at the March workshop. Subsequently, a revised eight-semester curriculum was developed and presented to the Faculty Assembly, at

which time it was approved for further development.

During the 1979-80 academic year, the faculty worked on further development and refinement of the proposed curriculum. The Undergraduate Curriculum Committee met frequently throughout the year and led work groups that developed the objectives and determined the placement of content and concepts within the proposed curriculum. The proposed curriculum was approved by the Missouri State Board of Nursing in January 1980. The revised curriculum was to be phased-in while the on-going program continued. The faculty realized that this process would be difficult and would require considerable flexibility, but found it preferable to closing admissions for several semesters while phasing out the existing curriculum.

The curriculum revision project was enhanced by having the theorist, Dorothea Orem, as Visiting Professor during the fall 1979 semester. Orem had been on campus the previous year as consultant. In addition to working with the Undergraduate Curriculum Committee, she conducted two graduate seminars, one on curriculum development and another on research and nursing theory. Many of the faculty participated in these seminars. Orem continued to work with the faculty in the development of the S-CDNT and the curriculum, coming to campus as consultant and workshop speaker on an annual basis.

The redesigned curriculum was based on a nursing model that focused on the client's self-care abilities. It included a strong emphasis on health maintenance and promotion while maintaining the traditional illness care component. The support courses reflected a commitment to a solid general education base for the development of the student as an individual, as well as a nurse. A course in health and health care as well as a course in home nursing was opened to all students on campus, particularly for students in home economics education.

MEDIA AND SKILLS LABORATORIES

During the period of curriculum revision, the school moved into the new building, making possible much expanded media and skills laboratories. The media and skills laboratories had been created in 1969, when

the School of Nursing received a U.S. Public Health Service Grant to produce media materials in the area of maternal and child nursing. By the time the grant expired in 1973, the school had produced numerous self-instructional materials at the baccalaureate level, and some of these were purchased by companies for commercial distribution. Although the grant for media production was not renewed, the school maintained and added to the collection materials related to other areas of nursing care. By the late 1970s, the media lab served as an important adjunct to classroom teaching in the baccalaureate, graduate, and continuing education programs. A much enlarged lab was included in the new building, with carrels for viewing self-instructional media, film corners, and viewing rooms.

In addition to the media, the lab had various models and learning kits available to students, as well as audio tape machines and projectors for loan to students and faculty. A catalog listing all acquisitions was available throughout the school and, as the lab's reputation became known on campus, requests came in from other schools for media and equipment. The staff consisted of a full-time director with a Master of Library Science degree, Miss Jeanne Gardner; a full-time assistant; and two part-time student assistants.

With the curriculum changes in 1978-79, greater emphasis was placed on media-based skills-learning with a mastery component, and the skills lab became an even more important resource. When the new School of Nursing building was completed, the skills lab moved from space in Lewis Hall and in the Medical Center to a large, nine-unit room with ample space for storage. Students were expected to practice skills and pass mastery exams on them before using them in clinical practice with patients. After viewing the media related to the skill being studied, students could practice with equipment and models in the laboratory under the guidance of the lab personnel. Mastery exams were administered by the students' clinical instructor. Both labs were open throughout the school day, during certain evening hours, and on weekends to allow students study and practice time. Use of the labs markedly increased during the late 1970s, and they became somewhat of a showplace, with people from other schools visiting them and

local news media doing stories about both labs.

CAPPING, PINNING, AND UNIFORMS

Just as the curriculum departed from tradition, so did capping, pinning, and the uniform take on a non-traditional look in the 1970s. The symbolism of the cap was called into question by some as non-academic and indicative of nursing's previous long-standing submission to medicine. At the December 1974 faculty meeting, the capping ceremony was discussed, with a proposal to make it an official school honors convocation combined with other recognitions. It was noted at that time that the majority of baccalaureate programs were moving away from capping and pinning, with an emphasis on academic commencement. When the proposal was taken to the students, they requested a continuation of capping as a joint faculty/student project, to be held on a weekend, primarily as a social celebration with family and friends. This change represented a departure from the historical symbolism of the ceremony to mark the introduction into the profession. Capping ceremonies were continued through 1977 with partial funding provided by the Nursing Student Council. The last capping recorded in the Nursing Student Council minutes was held on September 11, 1977, at the Missouri United Methodist Church, with Dr. Katherine Norris as speaker.

At the same time, it was becoming evident that caps were not being worn in the clinical unit, especially in the intensive care units, where, according to the staff nurses, they interfered with equipment present for the care of the patients. Students having clinical experience in these areas readily adopted the practice of eliminating the cap and this gradually spread to the general nursing units as well.

Over time, the student uniform also changed, from the traditional blue with white bib and apron to an all white uniform. This white uniform had already been the standard uniform for the RN students and now also became standard for the generic students. In the 1970s in the children's unit, there was an objection that the all white uniforms were frightening to the children, and a move was made in the nursing service

units to permit colored tops to be worn. This mode of dress was soon adopted also by the students and faculty in those areas. The Rusk Rehabilitation unit also expressed a desire to move to a less institutional milieu and adopted street clothes for staff, as did the psychiatric unit.

In May of 1976 new uniform guidelines for personal appearance in the clinical setting were developed. It was stressed that these were guidelines only and that flexibility was allowed, depending on the unit in which the student practiced. To quote from these guidelines, "The uniform is to be an easy to care for white fabric without excessive ornamentation such as lace or large ruffle. Appropriate undergarments. Sleeves no shorter than mid-upper arm. Uniform should be chosen to allow freedom of movement. Hemline on uniform should be no shorter than two inches above the top of the kneecap. Culottes, pantsuits and jumpsuits are appropriate. In some clinical areas where the white uniform is not worn, your clinical instructor will discuss appropriate dress with you. When on clinical assignment the University of Missouri-Columbia School of Nursing insignia is worn two inches below the shoulder seam on the left sleeve of the white uniform." The identifying arm badges were adopted in an effort to identify the students at the time the all white uniforms were introduced. The guidelines also commented on wearing a lab coat in the clinical setting, stating that attire under the lab coat should convey a professional appearance. Furthermore, it was stated that jewelry other than the professional pin was not a part of the uniform. These guidelines, stressing professional appearance and behavior, were set down at a time when dress codes in general were greatly relaxed, and compliance and consistency were almost impossible to achieve.

The pinning ceremony also came to be viewed as a non-academic traditional hang-over, and was eventually phased out in favor of the end of the semester convocation. Students continued to receive a University of Missouri-Columbia School of Nursing pin along with their diploma, but "pinning" was no longer the focus of the ceremony. Academic garb was worn, rather than white uniforms, and the procession into Jesse Hall was led by faculty in academic regalia. The first such precommencement convocation was held on May 7, 1978, with Dr. Anne



The uniform of the 1970s



Capping ceremonies

Zimmerman as speaker. The Florence Nightingale pledge, which, for many years had been recited by the graduates as a part of their pinning ceremony, was replaced by a commitment written by the students themselves.⁶

GRADUATE PROGRAM

The decade of the 1970s for the graduate program was one of expansion and stabilization. Students and faculty increased in number and diversity, making possible an expansion in the curriculum offerings, both in depth and variety. Vigorous recruitment of faculty prepared to teach graduate level nursing was undertaken during the late 1970s and thereafter. The graduate faculty grew in number, from four in 1975 to 14 in 1980. The mix of educational, research, and clinical practice skills represented, as new faculty arrived, made possible the development of more clinical course offerings in response to the interests of increasing numbers of students and planned program growth.

In the early 1970s, to provide flexibility in the program and to respond to increased enrollment, students were enrolled in general nursing courses in their first semester. At the same time, courses were being developed and added to the curricular offerings. Core courses, Advanced Nursing I and II, were offered for the first time. A Topics in Nursing (N401) course was approved in 1975 to expand students' options for various elective topics. Also, a course for development of a master's project (N450) to meet the research requirement for the Master of Science degree was approved to provide an alternative to the master's thesis (N490). All these changes added to the flexibility of options for individual students.

At the beginning of the 1970s the graduate program offered two clinical areas of specialty: Medical-Surgical Nursing on the Columbia campus and Psychiatric Nursing at an extended campus in St. Louis. In the fall of 1972, in preparation for discontinuing the extended campus in St. Louis, no new students were admitted to the programs in child and adult psychiatric nursing. There were many reasons for this change. Clinical facilities in or near Columbia became available, some of the courses outside of the nursing major were not available at the University of

Missouri-St. Louis, and the teaching facilities located in the St. Louis State Hospital grounds resulted in isolation of the students from either the St. Louis or the Columbia campus, limiting their contacts with other graduate students in the nursing major and in other fields. When the Psychiatric Nursing Program was transferred to Columbia in 1973, it became the Community Mental Health Program, with clinical facilities at Fulton State Hospital, Mid-Missouri Mental Health Center, and the Veteran's Administration Hospital.

The planned changes called for concentration on family psychiatric nursing in the first year with specialization, adult or child, in the third sequence of the psychiatric area. An application for a federal grant to develop a functional area of concentration as a "master clinician" was submitted, but not approved, due to the limitations of the current Missouri Nurse Practice Act.

A revised and expanded curriculum was implemented in fall 1975, offering students more flexibility and individualized planning. The traditional psychiatric courses were no longer offered, due to the lack of student interest. In addition to medical-surgical nursing, the offerings at this time were Family-Child Health, Community Mental Health, and Mental Health Liaison Nursing. Clinical research was an additional functional area. In 1975-76 courses were revised in the Community Mental Health area and new courses entitled Gerontological Nursing, Research in Nursing, and Nursing in Physiological processes were approved. During this same year, in addition to the expansion of the number of course offerings, courses were taught in summer school for the first time. New clinical areas, Child Health Nursing and Family Nurse Practitioner, were planned during the 1977-78 academic year. Child Health Nursing courses were developed and approved to begin in the fall of 1978.

A program that prepared registered nurse students for certification as Family Nurse Practitioners (FNP) had been initiated in the School of Medicine, with the participation of School of Nursing faculty. The need to make this an academic program meeting the requirements of the M.S. in Nursing degree was the stimulus for the development and approval of courses with academic credit for the FNP students who wished to enroll in the School of Nursing for their master's work. The program for certification only was even-

tually phased out and all students enrolled in the degree program thereafter, with the first students graduating in May 1980. In the process of the FNP master's program development, consideration was given to including options for Geriatric and Community Health Nurse Practitioner programs. These two options did not emerge until later in the program's history. The FNP option became a viable option immediately upon approval.

Stabilization of the curriculum toward the end of the decade was the result of two events: the adoption of the theoretical basis for curriculum development and the recommendation from the National League of Nursing received after the 1978 accreditation review. With the adoption of the Self-Care Deficit Nursing Theory for undergraduate program in 1976-77 academic year, attention was turned to reviewing and revising courses, based on the conceptual framework. All of the clinical, theory, and role courses were reviewed over a two-year period. This was also a time of rapid administrative change in the school and the graduate program, with four different directors of the graduate program between 1974 and 1980.⁷

The outcome of the intensive review was the identification of programmatic area elements derived from the S-CDNT. This identification clearly delineated the clinical and role content of the programmatic areas. Ultimately, a systematic, structured arrangement of courses for specific programmatic areas evolved. These programmatic areas became known as "emphasis areas," identifying the students' emphasis on specific clinical areas (adult/child health, community mental health, and FNP) and role-set choices (clinical, administration, and teaching). Consequently, students were able to follow an established course of study enabling them to set goals and to utilize their educational efforts more efficiently.

One other outcome of the review was a more concise definition of the purpose and content of core courses required of all students. Among these courses, the need for a graduate level statistics course was recognized and established as a requirement, beginning in the 1980-81 year. Previously, statistics was considered a prerequisite for admission to the program. This requirement was not found satisfactory, as faculty recognized that the rigor of the research component required a more consistent background in statistics for the students in the program.

The recommendations received from the National League for Nursing following the accreditation review included the suggestion that all the emphasis areas have similar numbers of credits required to grant the MS degree. Part of the review of courses, therefore, consisted of fine-tuning of objectives and content to make greater parity of credits among the emphasis areas. Further experience with the curriculum revealed a need to open up more elective time for support courses. The variety of backgrounds of students entering the program made more options desirable. This elective time was obtained by reducing the requirement for non-nursing courses, such as role theory and physiology.

In the mid-1970s a need to provide opportunities for teachers of nursing—especially those in community colleges in the state—to obtain their master's degree during the summer was recognized. The summer session initiated in 1976 for this group had not attracted sufficient enrollment for the school to continue to offer the courses in summer. However, interest in the summer course option continued into the 1980s.

Financial support for graduate students has always been a major factor in their ability to enroll. The professional nurse traineeship grant continued to partially support full-time students through the years. Students receiving the traineeship support were primarily in the Adult and Child Health emphasis areas. Many of these students were in the educator role courses, thus continuing to qualify the school for these traineeships monies, since criteria for receiving the professional nurse traineeships was that a significant proportion of students enrolled would prepare to be teachers of nursing.

The 1969 federal grant for the Psychiatric Nurse program expired in 1974. Additional grants were submitted to the National Institute for Mental Health. These grants were approved and funded to support seven students in a Psychiatric Nurse Therapist program (1979-81) and four students in the Community Mental Health area (1980-81). This latter area saw an increase to 10-11 students receiving support until the grant expired in 1983.

Students in the FNP area received financial support from several sources. A Kellogg Foundation Joint Practice Fellowship grant supported seven students per year from 1979 on. The goal for this support was to encour-

age collegiality among family practitioners, nurses, and physicians by supporting the training of graduate nurse practitioners and residents in family practice together. Support for one FNP student a year came as a National Health Service Corp Scholarship. Additional support for the training of FNPs came as a result of the School of Nursing's cooperation with the University of Missouri-Kansas City's School of Medicine, to assist UMKC with fulfilling an obligation they had as a result of receiving Area Health Education Center funding. This fund partially supported the training of two FNP students from the Southwest Missouri region at Springfield. The AHEC funding ended in 1982.

Student enrollment made significant increases between 1974 (20 enrolled) and 1980 (87 enrolled). The shift to a greater proportion of part-time students over full-time students occurred with the diminished federal funding. For example, 1976-77 enrollment consisted of 38 full-time and 12 part-time students. By 1983-84, however, there were 38 students enrolled full-time, compared to 56 enrolled part-time.

One concern expressed by faculty at this time was that fewer than one-half of the students enrolling were completing program requirements. Twenty-nine students graduated between 1975 and 1978. This situation was reversed as a result of the program restructuring discussed earlier and increased counseling and guidance for students from faculty advisers.

The faculty teaching in the graduate program had two visions for expansion that repeatedly appeared in the documents of this decade. One was the expectation that a doctoral program in nursing would evolve at UMC. Over the years, graduate students in nursing at UMC and elsewhere inquired about the possibility of such a program being made available to them. Faculty envisioned such a program as a needed terminal degree to fulfill its responsibility in providing a complete academic program in nursing at UMC. Yet this wish to develop a doctoral program was counter to a statement from the Campus Review Team (1979), stating that "enhancement of a quality graduate program on the Master's level" was the main concern of the School of Nursing and that the school "is not anticipating the development of a doctoral program in the near future." Further, the Coordinating Board for Higher

Education (1980) stated, "The Board finds no compelling reason to urge the development of Doctor's in Nursing Programs at this time." The faculty, however, continued to plan for the doctoral program, despite lack of support, and a committee of tenured graduate faculty was established to continue to explore the feasibility of a doctoral program in the School of Nursing.

The other vision for expansion was the delivery of the master's program to other sites in Missouri. There were repeated requests by nurses in regions of Missouri too far from the Columbia campus to permit commuting asking that arrangements be made for them to study for their advanced degree in a site closer to their homes. Requests from the Cape Girardeau area prompted the development of an outreach proposal in 1977. Communication from the Springfield area indicated a need for a master's program opportunity in that area. In 1982 a request from Dr. Shirley Martin, Dean of the School of Nursing at the University of Missouri-St. Louis campus, for the delivery of the UMC program to the St. Louis area resulted in extensive planning between the two campuses to facilitate such an offering from UMC to UMSL. The proposal was explored in depth with the offices of UMC extension, the UMC provost, the UMC Graduate School, and their counterparts at the UMSL campus. Obstacles to further pursuit of the outreach program planning and development were primarily financial problems and the residency requirements on the UMC campus. No progress in fulfilling the wishes of nurses in outstate Missouri could be claimed at the end of this decade, but the School of Nursing stood ready to continue its efforts to bring quality graduate education where it was needed.

CONTINUING EDUCATION

Two national trends in health care influenced academic health centers in the early 1970s: a belief that access to health service is an inherent right of the individual and a concern about accountability for the quality of care. From these two trends emerged three major issues in continuing education for nurses: the accreditation of continuing education programs in nursing, the continuing

education requirement for relicensure or recertification of health professionals, and the quality assurance of health care delivery.

In the early 1970s the School of Nursing Continuing Education Program was administered as a part of the Medical Center's program of continuing education for Health Professionals. Professional education was brought to staff nurses in many locations around the state, using School of Nursing faculty and members of Nursing Service. There was an emphasis on close collaboration between the School of Nursing and Nursing Service in the development and planning of these programs, as well as on interdisciplinary approach to health care. A concerted effort was made to identify the needs of nurses around the state, and to solicit information from participants in the Continuing Education Program. A study entitled "Evaluation of Inservice Education Activities in Emergency Nursing" was funded by the Missouri Regional Medical Program. In this study, questionnaires were sent to professional nurse staffs in a sample of rural Missouri hospitals. Two other proposals for continuing education programs were funded by the Missouri Regional Medical Program. One for arthritis nursing was a part of a multidisciplinary program expansion which enabled the development of specialty programs for selected professionals. The other was for training in emergency nursing for community hospitals.

Five hundred dollars was received from the Missouri Heart Association for the partial support of an advanced course in Cardiac Nursing in 1975. The Missouri Division of the American Cancer Society partially funded five nursing seminars in 1973-1974 and renewed funding for 1974-1975.

Professional nurses at this time were requesting assistance with inservice education programs within their own institutions, credit classes toward a baccalaureate degree, post-baccalaureate credit courses in specialty areas, and conferences, workshops, and materials on the expanded role of the nurse. Growth of the Continuing Education Program in Nursing is reflected in the report for 1972-73, listing a total of 1,607 students served in 23 workshops, 14 of which were held in Columbia and nine in other locations. A short course in coronary care was also offered, and 21 telelectures were presented at 36 health care facilities, with 3,580 persons in attendance.

The activities in Continuing Education for 1973-74 were carried on through 17 conferences and shortcourses and 20 telelectures for nursing personnel. Throughout this period the same shortage of space and budget curtailed the development of the Continuing Education Program that affected graduate and baccalaureate education. Furthermore, the director of the Continuing Education Program operated without knowledge of budget available and without consistent teaching faculty, making long-range planning and in-depth curriculum content development difficult. However, efforts were made to add certificate offerings in various specialties such as emergency, geriatric, and arthritis nursing, and family and school health nursing.

Two part-time faculty members for Continuing Education joined the faculty in 1974-75, financed by a special grant through the Missouri Regional Medical Program. One of these faculty functioned in northeast Missouri and one in southeast Missouri. Due to an increasingly heavy teaching load in the undergraduate and graduate programs, there was limited participation by other faculty in continuing education at this time.

In 1975-76 there was a movement away from brief workshops and conferences of 2-5 hours toward shortcourses of 20-60 hours. Greater coverage of the state through the use of mass media was also explored. During 1975-76, Continuing Education in Nursing presented 25 programs with 489 program hours and 19,650 student (contact) hours. Contributors for these courses were drawn from a wide variety of sources, including Nursing Services at Audrain Medical Center in Mexico, Missouri, and Ellis Fischel State Cancer Hospital in Columbia, as well as the Harry S Truman Veterans Administration Hospital. The Department of Dermatology and Pharmacy at the University of Missouri Medical Center and the Colleges of Education and Business and Public Administration on campus also participated in teaching courses. Capitation funds were used to continue support of two 25% faculty members in Continuing Education who were used to instruct nurses from public health, hospital, and school nursing services in the extended skills of nursing assessment.

Because of increasing pressure from the registered nurses to be admitted as part-time baccalaureate students, a meeting was held with RN's and School of Nursing representa-

tives on the Columbia campus in May 1976. The purpose of this meeting was three-fold: to give nurses the opportunity to express the degree of their interest and the deterrents to their full-time study in Columbia; to describe the baccalaureate curriculum of the school and the available opportunities for non-traditional acquisition of credit; and to emphasize the immediacy of the need for a decision regarding the school's concern and directions in regard to this population. Sixty-three nurses attended the meeting, including directors of nursing service from hospitals, nursing homes, and public health agencies, instructors in schools of nursing, staff nurses, school nurses, and graduates from two-year, three-year, and four-year curricula.

In response to requests for courses to expand both pediatric and adult nursing assessment skills, the Office of Continuing Education designed a course of study entitled Nursing 191: Pediatric Nursing Assessment Skills, which was accepted by the School of Nursing as a credit course to be included in the curriculum as an elective. This was the first opportunity Continuing Education had had to offer an elective course in nursing through extension, beginning August 1977.⁸ Such courses in assessment skills carrying continuing education credit were very expensive to deliver because of limitations of enrollment, scarcity of facilities for clinical practice, and scarcity of qualified faculty to teach. However, an effort was made to provide such continuing education opportunities, and six courses in nursing assessment skills were offered—two on the Columbia campus and the remaining ones in the St. Charles/St. Louis area in 1977.

A major thrust in 1977-78 was a response to the overwhelming demand by registered nurses for educational offerings in geographic locations closer to their place of residence, particularly in rural Missouri. Fifty-eight programs were offered in 25 locations outside the Columbia area, and the total of 1,067 in attendance represents more than 50% of the total registration for all the continuing education programs offered during 1977-78. In keeping with the concept of providing for increased accessibility to continuing education programs, an effort was made to schedule for the convenience of those working a variety of shifts. Two topics were offered once during the evening and then repeated the next morning in two of the locations. Another development that provided easier

access to continuing education offerings for registered nurses was the bulletin, 1977-78 *Continuing Education Opportunities for Registered Nurses—Two Hour Topics*. This booklet contained 130 offerings that could be delivered at a site convenient to the consumer. It was hoped that this two-hour topic bulletin would encourage health care agencies and nursing associations to identify learning deficits, afford the consumer population opportunity to select a preplanned product, provide accessibility of learning experiences to underserved areas, permit institutions to develop plans to meet standards for continuing education as set forth by the Joint Commission on Accreditation of Hospitals, and encourage the faculty of the School of Nursing and nursing clinicians in the Medical Center to share their expertise with their colleagues.

In July 1978, Dean Courtney, in a letter to Dr. Charles Cambell of the Extension Division, highlighted extension activities of the school, which included concerns for baccalaureate and graduate education in outstate Missouri. A distinction was made between programs in extension offering degree credit, and continuing education programs that do not offer credit toward a degree. Studies were conducted to determine the feasibility of extension courses from both the undergraduate and graduate programs in the areas of south central Missouri, southeast Missouri, St. Louis, and Springfield.

One result of these efforts was the establishment of a cooperative baccalaureate program between the University of Missouri-Columbia School of Nursing and the University of Missouri-St. Louis for registered nurses. This program came in partial response to the increasing demand for RN's to gain access to baccalaureate education in their own communities. The graduate faculty of the UMC School of Nursing also responded to the desire of Southeast Missouri State University for upgrading the academic qualifications of the faculty in their nursing program. An interim session was offered on the UMC campus especially designed for teachers of nursing.

A third response to requests from outstate nurses and consumers of nursing was the Rolla project, funded by a U.S. Public Health Service Grant. In May 1979 a cooperative relationship was established with the Rolla campus, whereby students could complete the freshman and sophomore years in Rolla and transfer to Columbia at the beginning of

the junior year to complete the program. A second phase of the project made it possible for last semester seniors to take their final courses in Rolla, with Phelps County Memorial Hospital as the clinical practice site. It was hypothesized that such a plan would contribute to overcoming the shortage or maldistribution of nurses in this rural area by enabling students from the area to gain most of their education locally. In 1980 there were eleven students enrolled (one full-time and ten part-time) on the Rolla campus and seven admitted to begin in the fall. Nursing courses were taught by University of Missouri-Columbia faculty who were also teaching the same content on the Columbia campus. Clinical instruction and coordination of activities in Rolla was provided by Donna Bond, a University of Missouri-Columbia faculty member and resident of Rolla.

The period of the late 1970s was marked by close collaboration between Nursing Service of the University Hospital and the School of Nursing. Frances Wurtz, an assistant clinical professor, was given a joint appointment as assistant director of staff development and part-time faculty member in Continuing Education. A clinical sabbatical for registered nurses was developed as a self-designed, self-learning field experience.

A significant change occurred in July of 1979, when the Continuing Education Program of the University of Missouri-Columbia School of Nursing was no longer under the umbrella of the Office of Continuing Education for the Health Professions. Prior to this date, the services of Extension were provided by the Office of Continuing Education for the Health Professions, under the direction of a physician who had a faculty appointment with the School of Medicine. This change conformed to the resolution of the NLN that academic units in nursing be organized so that they are autonomous, having responsibility and accountability for their own programs in nursing education. Collaborative planning and sponsorship for multidisciplinary oriented educational offerings continued, but the School of Nursing was responsible and accountable for the development, implementation, and evaluation of all continuing education offerings designed for registered nurses. This change in organization was considered a hallmark in the School of Nursing's growth toward full autonomy.

In 1974 the Missouri Nurses Association began a system of approval of continuing education programs, a move given impetus by the drive for continuing education for relicensure in nursing. The surrounding states of Kansas, Iowa, and Illinois had already passed mandatory continuing education legislation. The University of Missouri School of Nursing had MONA approval of its continuing education offerings from 1974 to 1980. In August 1980, official notification was received that the American Nurses Association National Accreditation Board had accredited the University of Missouri-Columbia School of Nursing as a provider of continuing education in nursing. This accreditation was viewed as a recognition of the quality of the program and a mandate to continue providing quality continuing education in nursing.

The expansion of the continuing education program during the decade of the 1970s took place under the leadership of directors with foresight. Associate Professor Ruth Adams was appointed Director of Continuing Education in July of 1970 and served in that position until August of 1976. Professor Adams received her BS in Nursing from Simmons College in 1947 and her MPH degree from the University of Michigan in 1950. In August 1976, Dr. Rose Squires was appointed to replace Ruth Adams, who planned to retire in 1977. Dr. Squires, a native of New York, came to Columbia from the University of Wisconsin-Eau Claire, where she was associate professor of community health nursing. She received her doctoral degree from Teachers College of Columbia University in 1972. During her tenure with the school, there was an increased emphasis on delivery of conferences and short courses to the nurses in rural Missouri. Dr. Squires resigned in the fall of 1980 and Assistant Professor Eleanor Baker was appointed interim director. Professor Baker had received her BSN from the University of Missouri and her MSN from Wayne State University. She began teaching at the University of Missouri-Columbia School of Nursing as Assistant Professor in 1960, and had provided leadership in curriculum development and as area head for the beginning nursing course.

THE END OF THE DECADE

By the end of the 1970s the School of Nursing had made considerable progress in development as an autonomous school and in strengthening its programs. Funding had improved, the new building had been completed and occupied, and the number of faculty with doctoral preparation had increased from two in 1976 to 16 by 1980.

The undergraduate program had undergone extensive changes, the most significant of which was the incorporation of the Self-Care Deficit Nursing Theory into all courses. The new curriculum was taught for the first time in the fall of 1980, while the old was gradually being phased out. Student advisement in the undergraduate program, under the direction of Irma Fleeman, was a major asset of the school, and undergraduate students performed well academically, having the highest grade point average on the campus. The attrition rate was only 6% to 8%, and the number of students who passed the state board licensure examination was greater than 98%.

Additional clinical agencies were used, most noteworthy of which were Woodhaven Learning Center, used for the child health nursing course, and the field centers in Boonville, Columbia, and Jefferson City used for the community health course. A cooperative project with the Missouri Division of Health, begun in 1975, was expanded to include eight mid-Missouri counties. Six faculty members provided services to rural Missouri and also served as teachers in the undergraduate community health course. These faculty members carried their own caseload of clients and provided continuity of care during semester breaks and through the summers.

In September 1980 the Progress Report for Continued Accreditation of Baccalaureate and Master's Programs in Nursing at the University of Missouri-Columbia was submitted to the National League for Nursing. In December the University was notified that both programs were unconditionally reaccredited until 1984.

Research development and publication became major concerns of the faculty as the 1980s opened. Dr. Harriet Werley was appointed Associate Dean in charge of research development, January 1980. She brought to the position eminent credentials, having established the first center of nursing research

in this country, within the Walter Reed Army Institute of Research in Washington, D.C.

In July 1980 the school was awarded a three-year Biomedical Research Development Grant from the National Institute of Health. Five faculty members received some project awards from this grant, which gave a substantial boost to the research efforts of the faculty. In addition, four faculty members received research awards from the Research Council of the Graduate School at the University of Missouri-Columbia. A large grant for pain research awarded to two School of Nursing faculty members and one School of Medicine faculty member continued into the 1980s.

When Dr. Courtney resigned the deanship to accept a faculty appointment in July 1980, Dr. Gerald Brouder was appointed Interim Dean. Dr. Brouder had joined the faculty in the fall of 1977 as an assistant professor. He had served as director of senior nursing and later was involved as director of the graduate programs. Dr. Brouder served as Interim Dean until November 1981.

During the interim between deans, there was another flurry of activity aimed at strengthening communications between the School of Nursing and campus administration. An ad hoc committee was formed to meet with Chancellor Barbara Uehling and Provost Ronald Bunn to discuss the status and needs of the school. Several administrative and reorganizational changes were also occurring at this time. Chancellor Uehling arrived in the summer of 1978 to fill the vacancy created by the retirement of Chancellor Herbert Schooling. When Dr. Joseph White resigned as the Provost for Health Affairs in January 1979, the position was eliminated. The medical center was renamed the Health Sciences Center and included, besides the University Hospital and Clinics, the Schools of Medicine, Nursing, and Allied Health. An important change in administrative relationships provided for the administrator of the University Hospital to report directly to the Chancellor, while the deans of the schools reported to the Provost for Academic Affairs. In July 1980, Provost Bunn assumed responsibilities for that position. An ad hoc committee of the faculty, consisting of Gail Benjamin, Beth Geden, Niels Beck, Shirley Farrah, and Ruth Ann Kroth, had three two-hour sessions with Chancellor Uehling and Provost Bunn in the fall of 1980 to discuss "the mission of the school, the

impact of practice settings on the accomplishment of the mission, and the future directions of the school." Outcomes of the meetings were difficult to measure but the faculty had the satisfaction of clarifying for campus administration the unique contribution and needs of the School of Nursing.

A search committee for the new dean for the School of Nursing was formed in December 1980, with Dr. Harriet Werley as chair.⁹ The committee worked throughout early 1981 developing selection criteria and interviewing candidates. A complicating factor in the search was the presence of two additional vacancies in the administrative leadership of the school, created by resignations of the Assistant Dean for Graduate Studies, Anna Brock, and the Assistant Dean for Continuing Education, Rose Squires, in the fall of 1980.

The search process culminated in the fall with the appointment of Dr. Phyllis Drennan as dean. Dean Drennan came to the University of Missouri from the University of Northern Colorado School of Nursing, where she had been dean for seven years. Prior to that she had served as an assistant professor of nursing at the University of Iowa, and had held a variety of nursing positions in Illinois and Colorado. Dr. Drennan had a BSN from the University of Denver, a Master's in Nursing from the University of Colorado, and a PhD from the University of Iowa.

Once again the school had survived a crisis. Through change and growth, it was moving into a new era of progress.

NOTES

1. Members of this committee were: Miss Jane Brinton, RN, MS, Assistant to the Dean of the School of Nursing; Mrs. Judith Taylor, RN, MS, Faculty of the School of Nursing; Mrs. Margaret Wallace, RN, MS, Faculty of the School of Nursing; Mrs. Jean Thompson, RN, MPH, President of the UMC Nursing Alumni Association; Mrs. Myrna Bruning, RN, BS, UMMC Nursing Service; Dr. Robert Burton, Associate Dean of the College of Education; Dr. Paul Young, MD, Associate Professor of Community Health and Medical Practice; Dr. Daniel Winship, MD, Professor of Medicine; Miss Deborah Powell, junior student of the School

of Nursing; Mrs. Jeanne Saathoff, RN, BS, graduate student of the School of Nursing; Mrs. Donna Zajonc, senior student of the School of Nursing.

2. As early as December 1968 the School of Medicine had formed a faculty advisory committee, with the membership including a representative from the School of Nursing. Other schools on campus established advisory committees or councils about this same time. The campus-wide Faculty Council on University Policy was established in January 1968 and Eleanor Baker was the School of Nursing's first elected representative, serving 1968-1970. Other School of Nursing faculty members serving on Faculty Council during the 1970s were Willa Shumaker, 1970-1972; Francis Wurtz, 1972-1975; Betty Crim, 1975-1978; Gerald Brouder, 1978-1980. Baker was elected secretary at the organizational meeting, as she said, "because I was the only woman present."

3. Student members of the Nursing Building Committee included Beth Stevens, Ron Dover, Debbie Taney, Debbie Lyons, Vicky Hartwell, Sheryl Wortman, Cara Doane, Jan Hoedel, Jean Oswald, Cindy Jackson, Jane Duggan, Dottie Schlag, Susie Tlappek, Robin Robinson, and Sheree Teter.

4. Members of Friends of the School of Nursing included James McFadin, Carol Yonkman, Donna Otto, Stan and Sue Webster, Flora Richardson, Carolyn Bartal, Irma Bendel, Jean Barr, Patricia Gaddy, Dr. Frances Seither, Eugenie Barker, Mary Jane Butler, Marian Dolliver, Sheryl Fuetz, Mary Ann Dulle, Clyde Yeager, Susan Devaney, Beth Stevens, Sharon Pierce, Jane Brinton, Mary Smith, Dorothy Beckett, Gloria Pierce, Jeanne Saathoff, Doris Sauer, Dr. Ruby Potter, and Mary Sue Hamilton.

5. Members added to the committee were Miss Ruth Adams, Director of Continuing Education, School of Nursing; Mrs. Ruth Ann Kroth and Miss Irene Powers, Assistant Professors, School of Nursing; Dr. Hammond Riggs, Assistant Professor of Microbiology; Mrs. Sharon Krumm, graduate student, School of Nursing; and Ms. Elizabeth Logue, junior student, School of Nursing.

6. The following is such a commitment:

Senior Class Commitment

We believe nursing offers a unique contribution to the wellbeing of mankind.

We value personal dignity as a human right and we will strive to reflect this value through our care.

As individuals, we have responsibility to ourselves—to incorporate our professional ideals into our personal lives, and to become fully integrated individuals.

We believe we have a responsibility to our profession—to strive for autonomy and a place of acceptance as a unique profession.

We acknowledge the need to maintain our competency through continued growth and acquisition of knowledge.

And finally, as nurses, we believe we exist for people—to listen, to care, to guide—

So that people can approach the realization of their highest level of attainment.

Let us be sensitive to their needs and creative in meeting those needs.

Written by the graduating seniors,
December 1978

7. Dr. Alice Major resigned in May 1974 to accept a position as head of the UMKC Nursing Program. Succeeding directors of the program were Dr. Frances Seither, 1974-1978; Dr. Gerald Brouder, 1978-1979 (Interim); and Dr. Anna Brock, 1979-1980.

8. An announcement of the course in the *Journal of School Health* stimulated inquiries from Illinois, Wisconsin, New Hampshire, Ohio, Virginia, Oklahoma, Pennsylvania, and Tennessee, as well as a request for the course outline from the University of New Mexico School of Medicine.

9. Members of this committee were Robert Acuff, graduate student in the School of Nursing; Gail Benjamin, Instructor in the School of Nursing; Doris England, Director of Patient Care, St. Luke Children's Hospital, St. Louis; Shirley Farrah, Instructor in the School of Nursing; Dr. Beth Geden, Assistant Professor in the School of Nursing; Carter Jarrell, Director of Nursing Service, UMC Hospital; Ruth Ann Kroth, Assistant Professor in the School of Nursing; Elizabeth O'Connell, Instructor in the School of Nursing; Sandra Ray, student in the School of Nursing; Verna Rhodes, Assistant Professor in the School of Nursing; Dr. Hazel Scott, Assistant Dean of the Medical School; Dr. Susan Taylor, Associate Professor in the School of Nursing; Dr. Harriet Werley, Asso-

ciate Dean of the School of Nursing; and Dr. Daniel Winship, Veterans Administration Hospital.

THE 1980s:
A DECADE OF PROGRESS



The new building was dedicated in 1980.

The 1980s: A Decade of Progress

Phyllis D. Drennan

THE RECENT PAST

An anonymous Greek philosopher has been quoted as saying “One never steps in the same river twice.” The history of Mizzou Nursing from 1902-1980 documents that the river has been ever flowing, ebbing, and changing channels: sometimes thwarted, but always guided by persons who were committed to the success of Mizzou nursing—the deans, directors, faculty, staff, students, alumni, and friends. As we near the end of the decade of the 1980s, we look back to see that the School has been an autonomous division on the University campus and within the University of Missouri System for only sixteen years.

This last chapter was written not from the point of view of a historian but from the perspective of an active participant with the faculty, students, staff, and alumni of the school. Therefore, the writer apologizes for the biased opinions inevitably interwoven with the factual data.

THE GOVERNING BOARD AND CENTRAL CAMPUS ADMINISTRATORS

Autonomy as a division increased our interactions with campus and central administrators and heightened our interest in Board policies and decisions. There were several changes within the University Board of Curators¹ and the UM System and Columbia administration² during this decade. Changes in administrative style and organizational and educational philosophies affected the campuses and divisions of the University in general, and the School of Nursing in particular. The most important challenge for everyone in academia during the 1980s was that

of inadequate state funding, which ultimately affected the quality of the tripartite mission—teaching, research, and service—and the long-range plans of the UM System, campuses, and the schools and colleges. The Board of Curator members, the University System officers, campus administrators, and faculty pursued increased state fiscal resources in a multitude of ways. Throughout the years there were various proposals for realignment of academic programs—deleting some, combining others, and reallocating resources within and among the divisions, the campuses, and the UM System.

In April 1982, the Provost discussed with Dean Phyllis Drennan the possibility of reducing the School’s budget by \$500,000. This was disquieting to a dean who had been in the position for only five months and shocking to the faculty who had so valiantly struggled to become full partners in the academy. Chancellor Uehling and Provost Bunn appointed a faculty committee to hear rebuttals from the schools and colleges targeted for the budget reductions. Because of the publicity and reactions to the planned reductions, the Board of Curators placed this initiative on hold and mandated a 10-year long-range plan for the University System entitled “Toward Excellence.”

INTERNAL REVIEWS AND SELF-STUDIES 1984-1985

Seven reviews and/or self-studies were written in one academic year, while the faculty also taught, continued to make incremental changes in the curricula, increased research and publications, and maintained contributions to service activities.

1. *Academic Program Review—June*. These program reviews were requested by the Board of Curators and the Long-Range Planning Committee and presented to the Office of the Provost and the Program Review Advisory Committee. All programs of the University System were reviewed by the same criteria.³

Along with the program review document, the deans on the Columbia campus submitted a report on their division's academic program. Each dean presented testimony to the Faculty Review Committee to justify his or her recommendations for enhancement, maintenance, reduction, or elimination. Phyllis Drennan, Dean of the School of Nursing requested that the undergraduate and continuing education programs be maintained and the graduate program enhanced. The School was placed in the reduction category, resulting in a \$100,000 reduction in budget over the next three years. In the 1984-85 Annual Report to the Provost, Dean Drennan commented on the Program Review Report for UMC, December 1984, explaining that the School was not considered "nationally distinguished" only because it did not have a doctoral program, arguing that the lack of a doctoral program limited the ability of the school to contribute to the research and advanced training mission of the campus, and noting that there was still a shortage of master's and doctorally prepared nurses.

2. *Duplicative Program Review, University of Missouri System—July*. The forty-one professional and doctoral programs targeted for this review were academic programs duplicated within the University System. All three of the nursing programs—Kansas City, St. Louis, and Columbia—were reviewed. The duplicated program review process, conducted by central administrators, was based on the criteria recommended by the Academic Affairs Council—(1) need for the program; (2) strengths and weaknesses of the program, including faculty, curriculum, students, physical facilities, and resources (financial and library); (3) distinctive attributes; (4) possibilities for cooperation among programs and/or complementarity of programs; and (5) comparative and locational advantages. Another review document was prepared and presented to the Provost, the Vice President for Academic Affairs, and the three outside nursing consultants—Dean Billye Brown, School of Nursing, University of

Texas-Austin; Jean Kelly, Assistant Dean of the Graduate Program, School of Nursing, University of Alabama-Birmingham; and Professor Christine Tanner, Director of Office of Research Development and Utilization, School of Nursing, Oregon Health Services University.

The site visitors' report for the School (August 1984) listed strengths to be the School's location in a comprehensive University campus and its long existence, the faculty's perception of the School as "a very exciting research environment," the number of faculty who held earned doctoral degrees ("significantly above the national average"), student's perceptions of faculty as "both competent clinicians and superb teachers," the numbers of faculty who were "attaining national prominence for their research," the recognition for the work in the Self-Care Deficit Nursing Theory, faculty participation in comprehensive and ongoing systematic evaluations of curricula, the School's energetic positive reputation among employing agencies for producing highly qualified nurses, and the exceptional computer access within the School. Weaknesses they noted were the need for expanded options in the graduate program, the need for a doctoral program in nursing (while also acknowledging campus constraints—the 100 already existing PhD programs and the limited resources available), and the need for a collaborative UMC and UMSL master's program and an enhanced environment for planning a doctoral program. They concluded that UMC is the logical site for extensive graduate programs in nursing—"by wedding the rich resources of the three campuses (UMC, UMSL, UMKC), UMC School of Nursing could plan and implement a unique, even pioneering, systemwide doctoral program in nursing that would be attractive to external agencies for a demonstration project"—and praised the excellent students and excellent physical facilities of the school.⁴ The external reviewers urged continuation of duplicated programs for all programs reviewed.

3. *North Central Association Self-Study—July*. The School submitted its divisional report for the campus self-study for regional continued accreditation. Continuing accreditation was granted in 1985.

4. *American Nurses Association Continuing Education Self-Study—August*. A self-study was prepared for reaccreditation for the continuing education program and the site visit

was conducted in September. The site visitors cited fifteen areas of strength and gave only two recommendations. Reaccreditation was granted for four years.

5. *National League for Nursing Council of Baccalaureate and Higher Degree Programs (NLN-CBHDP) Self-Study—August.* A comprehensive self-study report for continuing accreditation was submitted to the Board of Review in August and the site visit was conducted in October. The process of writing the Self-Study Report began in the winter semester of 1983, utilizing the CBHDP 1983 criteria. The Administrative Council provided the leadership, coordination, and review/evaluation functions during the process. All faculty, via committee membership, were involved in writing the self-study as well as many students. The site visitors cited seven strengths and three areas of concern in their report of the visit for accreditation:

Strengths—(1) Continued commitment and actions of the dean and the faculty to maintain program integrity of the School of Nursing; (2) Ability to work toward long-range planning in the midst of critical program reviews from multiple sources; (3) Growth in flexibility of program offerings to increase options for part-time students; (4) Continued refinement of undergraduate program conceptual framework; (5) Growth in collaborative relationships with nurse administrators of cooperating clinical agencies; (6) Faculty development programs including fiscal support for research; and (7) Student/faculty communications and relationships.

Areas of Concern—(1) Need for fiscal stability for School of Nursing, with options for rational development; (2) Faculty-student ratios for these direction and research responsibilities of graduate faculty; (3) Continuation of recruitment of doctorally prepared persons in nursing and related fields, other than education, from other institutions.

In March 1985, the Board of Review voted to grant continuing accreditation to the baccalaureate and master's degree programs in nursing. This reaccreditation was the first time that the School received the maximum number of years of accreditation without required interim progress reports. There were, however, five recommendations for the baccalaureate and master's programs.

6. *Missouri State Board of Nursing—Five-year Report and Annual Report for the Baccalaureate Program—September.* Both reports were submitted utilizing the 1981 Minimum Stan-

dards for Programs of Professional Nursing. The site visit was conducted in November by Board members Carolyn Brye and Bonnie Greer. The site visit report was approved by the Board with one recommendation for a reference to the Nurse Practice Act in the student handbook.

7. *Coordinating Board of Higher Education—Review of Health Related Programs—November.* The divisional report was submitted to the office of the Assistant Provost, Dr. Gerald Brouder, where it was combined with all other Columbia divisional reports, and then to the office of the University Director of Institutional Research, Dr. J. Soupe, where it was combined with the two other (Kansas City and St. Louis) divisional campus reports. The design and criteria for this review were comprehensive and culminated in a Part III Summary of Self-Analysis for each division, each campus, and the UM System. The criteria for the CBHE review was inherent in the institutional summary (UM System) submitted for the UMC School of Nursing. The Institutional Recommendation for Action report noted multiple strengths and a few weaknesses in the faculty, students, curricula, environment and resources, research and scholarly activities, and continuing education of the school.⁵ The UM System report concluded that it would be premature to recommend enhancement or reduction in any program, noting that a reduction for the School of Nursing would put constraints on the baccalaureate and master's programs and would postpone aspirations for the PhD program.⁶

The School submitted to the Provost's office a critique of the May 1986 CBHE review/report pertaining to the School of Nursing and their recommendations for action, noting that the review dealt with 82 programs in a single report and used 1979-1980 nursing data, pointing out that the shortage of nurses with doctorates is restricted to higher education institutions, and explaining that a doctorate in nursing had not been sufficiently justified because their data collection instrument did not request this data. In September 1986, each institution had the opportunity to respond at a CBHE Academic Affairs Committee meeting and a public hearing. Associate Provost Brouder, UMC, responded on behalf of the UM System. The response regarding the nursing program was to challenge the maintenance of the status quo and to request the possibility

of exploring the need for a doctoral program in nursing.

These seven reviews showed the school to be committed and dedicated to the missions of the University. Internal as well as external reports praised many strengths and noted few concerns for the School. The Chancellor and the Provost assured the School that the placement in the reduction category, as a result of the Academic Program Review in June 1984, did not reflect the quality of the program.

THE FACULTY: PAST AND PRESENT

The principle resource of any university is its faculty. Current faculty include full- and part-time faculty, emeriti, adjunct, and joint appointees. Twenty-nine practicing nurses serve as adjunct faculty members, and the seven joint-appointed faculty are members of the University Hospital and Clinics Division of Nursing. Adjunct and joint-appointed faculty serve without compensation from the School and the appointments are reviewed annually.

One faculty position is a part-time joint appointment with salary. We have had this joint appointment with the College of Arts and Science's Math Science Department since 1981. Dr. John Hewett, Professor of Statistics, served from January 1977 to August 1983 and Dr. Richard Madsen, Professor of Statistics, has served since September 1983. Both professors have assisted us immeasurably with our research mission. Donna Otto, Associate Hospital Director, Nursing Services, was recognized with a joint appointment as Assistant Dean in the School of Nursing in September 1985. We are also proud of the contributions of all our adjunct faculty. Six adjunct faculty have been recognized for their years of service.⁷

Emeritus faculty designation is one of distinction. The Faculty Assembly, Appointment, Reappointment, Promotion, and Tenure (ARPT) Committee members make the initial recommendations to the Dean, Chancellor, and President and the emeritus title is bestowed by the Board of Curators. There are twelve emeriti faculty; eight were appointed in this decade.⁸

In June 1981 Assistant Professor Emeritus Benson was recognized via a resolution from the 81st General Assembly of the Missouri

State Senate, citing her 20 years of service, dedication to nursing and future nurses in the State of Missouri, leadership as a faculty counselor for both the Student Nurse Association and Sigma Theta Tau, and dedication to quality education for all students. Assistant Professor Emeritus Benson donated the original citation to our School and it hangs in the second floor corridor. We are grateful for her gift for generations of students to view as an example of leadership. Associate Professor Emeritus Crim was recognized in April 1988 by former students (alumni), faculty, friends, and relatives through contributions to the Betty Crim Endowed Scholarship. Dean Emeritus Potter and Professor Emeritus Brinton were honored in June 1989, when an endowed professorship was named the Potter-Brinton Distinguished Professorship in Nursing, in recognition of their combined 90 years of dedicated service to our School.

CURRENT FACULTY

Appointment to the Graduate School faculty depicts the progress made toward scholarly activities and the full participation in University academic affairs. The first faculty were appointed to the doctoral faculty in 1982. In 1989 five faculty hold doctoral faculty appointments.⁹ Prior to 1980, five faculty had graduate faculty appointment; in 1989 there were 16.¹⁰ The faculty have rich academic and diverse professional experience. There are 37 full-time ranked and unranked faculty, four full-time graduate assistants, and four full-time administrators, with one position vacant (see appendix for listing). Twenty of the twenty-one persons holding ranks of assistant professor and above have earned doctorates; their doctorates represent eleven institutions. There are fourteen persons with master's degrees from eight institutions.

The School has made significant progress in appointing doctorally prepared persons to its faculty. Doctorally prepared faculty have traditionally taught only in the graduate program. However, in 1989, eleven of the twenty-two faculty teaching in the undergraduate program were doctorally prepared. The majority of the doctoral faculty were teaching in both programs. The faculty have achieved national visibility and recognition through their scholarly activities. Current

research interests of the faculty are varied, with projects in the elderly, pain, women's health, self-care, and stress management.¹¹ From 1981 through 1984, 60 faculty manuscripts were published. In 1987-1988 alone, faculty had 54 publications with 37 nursing faculty cited as first authors. At the close of the 1988-1989 academic year, there were 27 manuscripts published, 18 manuscripts in press, and 15 manuscripts "under review," for a total of 60. From 1981 through 1984, faculty gave presentations at 57 local, regional, and national conferences. In 1987-1988 and 1988-1989 there were 47 presentations each year.

Approximately 90% of the faculty have provided service to local and state agencies. The faculty are well represented in district, state, regional, and national professional organizations, such as the National League for Nursing (NLN) Board of Review and Appeal Panel, the Midwest Alliance in Nursing (MAIN), the Missouri Nurses' Association, Sigma Theta Tau International, and the American Nurses' Association (ANA).

The academic programs are the most critical functions in the School because without them all else ceases to exist. It is difficult, at times, to keep this perspective in mind with the pressure for research and scholarly activities. Survival in the midst of data base criteria such as credit hours produced, costs per student, faculty/student ratios, and ratios of full-time equivalent faculty and administrators to full-time equivalent students requires a minimization of research and partial elimination of service and practice activities.

FORMER FACULTY

All persons appointed to the faculty over time have contributed to the success of the School, its missions, students, alumni, and full partnership in the academy. (See list of former faculty in appendix.) Seven past faculty were recognized by the Distinguished Faculty Award, the AMOCO Award, the American Nurses Foundation award for Distinguished Contribution to Nursing Science, and the first Open Door Award.¹²

FACULTY RECOGNITION.

Our current faculty have received many awards and honors, and have served on several editorial boards and review committees. An example of a current faculty award was Maureen Brown's receipt of the Alumnae Anniversary Faculty Award for Outstanding Contribution to Education of Women at Mizou in 1988. The faculty have achieved national and international recognition through print and radio media coverage on a variety of topics.

AN INDIVIDUAL RECOGNITION

Dorothea Orem, while not a faculty member, past or present, deserves special recognition for her influence and contributions to our School, and more specifically, to our curricula and continuing education program. She served as a visiting professor the fall of 1979 and many times as a consultant for the Self-Care Deficit Nursing Theory. She was principal faculty for 13 continuing education conferences and/or institutes from 1982-1988. We are grateful for her legacy.

STUDENTS: PAST AND PRESENT

Between 1940 and 1946 there were 18 graduates with a GN designation and 39 graduates with Baccalaureate degrees. As of May 1989, the combined three- and four-year Bachelor of Science in Nursing program graduates totaled 2,572. There were 333 graduates from the Master of Science program from 1970-1989. From 1970 through 1989, 110 nurses earned both the bachelor's and master's degrees.

BACCALAUREATE PROGRAM

The undergraduate program had a high of 97 and a low of 62 graduates in the 1970s as compared to a high of 172 and a low of 83 graduates in the 1980s (excluding 12/89) per semester.¹³ For five years (1982-83, 1983-84, 1984-85, 1985-86, and 1987-88) there were over 100 graduates in the fall and winter semesters. The highs and lows in enrollment

from 1977-1987 can be explained by three changes in the admission policy. The fall 1977 semester was the final semester for enrollment of freshman students; the fall 1980 semester was the final semester for enrollment of second semester sophomores; and in the fall 1987 semester, the first semester for enrollment in the clinical nursing major was the junior year. In fall 1989, the freshman and sophomore students will enroll directly into the School of Nursing with the designation of nursing majors. The enrollment as a clinical nursing major remains at the junior level. During the transition from a six- to a five-semester program in 1982-83, the School admitted a class for the six-semester and a class for the five-semester programs. Both classes graduated in May 1983, creating a disproportionately large number of graduates and establishing an artificial base for enrollment comparisons. During this same time (1981-83) the School had a Biomedical Research Development Grant, which placed emphasis on research activities. At the same time, faculty were teaching in the six-semester program, while preparing the syllabi for and teaching in the five-semester program. In the winter of 1987, the School did not admit an undergraduate class because of the changes to a four-semester clinical major approved by the faculty in the fall of 1985. The first class was admitted to the four-semester major in the fall of 1987 and graduated in May 1989.

The undergraduate applicant pool sharply declined in the fall of 1986. Enrollment for the fall semester was approximately 50 and for the winter semester approximately 40 students. An external consultant was employed in the fall of 1987 to assist the Recruitment Committee, under the leadership of Interim Assistant Dean Irma Fleeman. The recommendation from freshman and sophomore students, the upper division students, and the consultant was to admit students to the School as freshmen.

The admission and progression criteria have remained relatively constant throughout the 1980s. The students were admitted by a blind review of high school grade point averages and college/university graded hours. In the fall 1989 semester, when the students will be admitted directly into the School of Nursing, the criteria will be:

Freshman—1st semester (1-15 hours)
2.0 GPA

Freshman—2nd semester (16-30 hours)
2.2 GPA

Sophomore—3rd semester (31-45 hours)
2.5 GPA

Sophomore—4th semester (46-60 hours)
2.5 GPA

In addition to the above requirements, nursing majors must earn a grade of C or better in pre-requisite courses to the major in chemistry, zoology, anatomy, physiology, biology, microbiology, and pharmacology. Clinical nursing majors must earn a grade of C or better in all nursing courses.

The School was successful in appointing Barbra Horrell as recruiter in the fall of 1988 with the School of Medicine and School of Veterinary Medicine, focusing on minority students. Most of the students continue to come from Missouri; the number of male students averages nine; and the number of minority students averages approximately eight. Approximately 10% of all students enrolled in the winter of 1989 held bachelor degrees in other disciplines such as agriculture, education, history, art, political science, biology, and religion. The School has tried to increase the enrollment of registered nurse students pursuing a bachelor's degree. In 1983, there were 14 enrolled; by the winter of 1989, 22 were enrolled.

Graduates of our baccalaureate program have attained an excellent pass rate on the State Board Licensing Examination/National Council Licensing Exam-RN (NCLEX).¹⁴ Graduates were appointed to or selected positions in a wide range of hospital patient area/units for their first professional practice experiences, such as pediatrics units, general surgical and medical units, maternity units, and a variety of intensive care units. Longitudinal follow-up studies of our baccalaureate alumni show that graduates are satisfied with the program. Many report they wanted more clinical practice time and questioned the value of several general education and pre-requisite courses, such as philosophy, but the graduates praise the quality of nursing instruction. The graduates list strengths of the program to be the emphasis on the holistic approach to nursing, challenging and difficult classes, the integration of the S-CDNT in clinical practice, a progressive attitude toward nursing, a well-rounded curriculum, good assessment skills, high standards of implementation, a broad theory base, professionalism, and assertiveness. Employers surveyed report a higher level of professional

practice than the graduates reported themselves.

MASTER'S PROGRAM

The graduate program had a high of 19 and a low of 5 graduates (per semester) in the 1970s as compared to a high of 35 and a low of 30 graduates (per semester) in the 1980s (excluding 12/89).¹⁵ Graduate admission peaked in 1987-88, with 74 students. The enrolled head count in the fall of 1983 was 95, with 40 full-time and 55 part-time students. Graduate student enrollment in the fall of 1988 showed 138 students, with 38 full-time and 73 part-time students.¹⁶

Graduate students select a functional area in addition to the primary area of study. There were 53 students in clinical specialty, 38 in administration, and 41 in the educational area in the fall of 1988. A profile of our graduate students relates that the average age is 34, the average G.P.A. is 3.38, and the average Graduate Record Exam score is 1461.

The Adult and Family Nurse Practitioner areas of study continue, with the highest enrollment of the six areas. The Rural Community Health and the Administration areas are relatively recent options for study; therefore, the enrollment is lower. The Child Bearing/Child Rearing areas of study emerged from the Child Health area of study. An eighteen-year (1970-88) summary related graduates from the various areas of study were: Adult, 111; Community Mental Health, 70; Child Bearing/Child Rearing, 59 (formerly Child Health); Family Nurse Practitioner, 53; and Rural Community Health, 3. The Administrative area of study began in the fall of 1988. Therefore, there were no graduates as of the time of the summary.

Our graduate students have secured positions commensurate with their advanced preparation. Enrolled graduate students have been active participants in all annual Research Days, both in planning and in making presentations. In 1987, a survey of seventy-one alumni of the master's program (1984-86) showed that the majority of graduates practiced in nursing education programs, acute care, or community based facilities. Employer's estimations of the nurses' preparation were overwhelmingly positive.

DIVISIONAL CONVOCATION CEREMONIES

The graduation ceremonies since 1977 have had a variety of titles; since 1982 a Divisional Convocation has been held two times a year, in December and May. The students graduating in May and August have the opportunity to attend the campus commencement ceremony attended by all divisional graduating students (graduate and undergraduate). In December, the Graduate School holds a commencement ceremony for graduate students only.

In May of 1989, the Chancellor requested all divisions suspend distributing diplomas at their convocations—so that all 2,762 students received them at a special Sesquicentennial Commencement. In lieu of the divisional convocation, the School of Nursing held a Recognition Ceremony so that students were individually recognized and divisional awards were presented. Plans continue for divisional convocations in December, but the decision about May divisional convocations and/or a University commencement have not been made.

NURSING ALUMNI ORGANIZATION

The Nursing Alumni Association begun in 1920 continued to be strong in the 1980s. In 1982-83 Dean Drennan did a brief study of other divisional alumni organizations and their relationships with their respective schools and colleges. As a result of this study, the nursing alumni organization's interactions and contacts were centered in the Dean's office. The bylaws established that the dean serves as an ex-officio board member and that all faculty may obtain affiliate membership upon payment of dues. Dean Drennan attended all board and annual meetings, usually held twice a year. School contacts were maintained throughout the year through the president and the alumni relations representatives.¹⁷ Reports of the School's activities were presented annually at the spring board meeting. Members who did not renew their memberships were contacted by the president and the dean and urged to renew their memberships, because the organization is formula-funded (based on the number of members) by the University Alumni Association.



**Nursing Alumni
Organization**
September 1985

The first bit of
Nursing CI-

PRESIDENT'S LETTER

Nursing Alumni

UNIVERSITY OF MISSOURI-COLUMBIA

SPRING 1986

Dean's Letter

On behalf of the faculty, staff, students and myself, it is once again time to wish each and everyone of you a magnificent year and the hope that 1986 will be an exemplary year for you. With this wish is sent a "Thank You All Very Much" for your support of our School of Nursing; with all of us working toward we can predict a very successful year. Another



Spring 1989

University of Missouri-Columbia

Mizzou Nursing

Class of '29, back row, from left: Ruby Potter, Dorcas Beery, Helen Hapke, Mary Ross. Bottom row: Una Rice, Eulah Hagan, Florence Bulthfer, Betty Poulter. See page 2 for 1959 and 1989 class photographs



Inside...

School selects Sullivan	3
February sesquicentennial activities	4
Nursing honorary celebrates silver anniversary	6
Endowed scholarships	7
Research day	11

The alumni newsletter was redesigned during the 1980s.

Potter recounts school's growth

by Phyllis Drennan, dean

Appropriately, as the school prepares to celebrate its 70th anniversary in 1990, an historical account of its development is scheduled for publication this summer. *A Portrait of Success*, written by **Dean Emeritus Ruby Potter**, reviews the struggles and exemplary leadership of the school and its early directors, namely, Nancy Taylor 1920-26; Pearl Flowers, 1926-35; Helen Nahm, 1935-42; and Potter 1941-46.

Our roots began with the Parker Memorial Hospital Training School for Nurses. Between 1901 and 1920, twenty-five students earned training school certificates and 19 students earned graduate nurse designations. The official founding date of the University School of Nursing is 1920. Through a combined program of nursing and arts and science courses, 103 students earned graduate nurse designations and 85 students earned three-year baccalaureate degrees. During the next 32 years, 188 students graduated, representing 6 percent of the total graduates.

The Board of Curators in 1950 approved a four-year bachelor's in nursing program. Our first students graduated from this program in 1954. The master's degree program was initiated in 1968. The first year students graduated with MS degrees was 1970. Through 1973, 872 students had received bachelor's degrees and 25 had received master's degrees.

For 53 years (1920-73), the school was affiliated with the School of Medicine. During this time 36 percent of our total graduates, 1,085, completed their degrees. In 1973, the school became an autonomous division. From September 1973 to May 1989, 1,910 students graduated for 64 percent of the total. This figure represents 1,613 receiving bachelor's degrees and 297 obtaining master's degrees. The total number of degrees awarded from September 1920 to May 1989 is 2,995 (2,884 received one degree and 111 received two degrees).

Dean Potter's book will be available for sale before September, when we celebrate our 70th birthday and the grand alumni reunion. Our alumni are the legacy to the future of the school and to academic nursing. Almost two-thirds of our students have graduated in the past 16 years, giving us a young alumni group. Since 1923, 41 alumni have died. The school is looking ahead to the year 2020, when nearly 3,000 additional alumni will join in celebrating the School of Nursing's centennial anniversary.

From the president

by Mary Berhorst, president, Nursing Alumni Organization

The School of Nursing alumni directory was mailed in early January. I am confident that those of you who ordered a copy are pleased to have a reference to classmates and friends from your days at MU. Additional copies of the directory can be ordered through G & F Publishing, P.O. Box 6906, Columbia, MO 65205; or call (314) 449-4805.

Dean Emeritus Ruby Potter, with assistance from Ruth Ann Kroth and Dean Phyllis Drennan, has written a history of the School of Nursing, which will be available for sale this summer as we prepare to celebrate the school's 70th birthday Sept. 29 and 30. Sept. 30 has been set aside for a grand alumni reunion luncheon. I look forward to meeting as many of you as I can when you return to campus not only for this event, but also for MU's Sesquicentennial celebration.

For many years the alumni sponsored new graduates for membership through payment of their first year's dues. However, over time, the sponsorships were abandoned for a variety of reasons. The number of alumni with memberships in the Nursing Alumni Organization in 1989 is 523. This number represents 18% of the alumni of the School.

The first nursing telefund was conducted in November 1981 with two faculty and 28 nursing student callers. A total of \$1,917 was raised from 119 alumni. The telefunds continued sporadically throughout the 1980s. In the summer of 1986, a mail/phonathon for the distinguished professorship fund yielded \$84,515 from 511 pledges.

Class agents, those alumni who were voluntary representatives, continued serving the school until the late 1980s. They assisted the organization by scheduling reunions, writing class notes for newsletters, locating classmate's addresses and promoting class membership. Efforts were made to establish alumni support groups in Kansas City and St. Louis. Meetings and receptions were held five times with the assistance of Joyce Lake, Dean Drennan, and the president. The School discovered that, for the support groups to be successful, an alumni in each city needs to provide the leadership. The School has supported class reunions if either the president or the alumni relations representative or the dean's office knew about the plans. Sometimes the reunions were held in other cities as well. Class members are urged to send pictures and news about the reunions for publication in the alumni newsletter.

The alumni organization has sponsored the Citation of Merit Award since 1966. The citation of merit, the highest recognition awarded, has been presented to 15 distinguished alumni.¹⁸ Three alumnae received the Distinguished Alumni Award from the MU Alumni Association—Ruby Potter (1974), Doris England (1981), and Dee Troester (1983). The alumni organization initiated an Honorary Alumni Award in 1987 for the recognition of nurses who are not graduates of the Mizzou Nursing programs. Two persons have received this distinction—Jane Brinton (1987) and Margaret Woods Allen (1989).

In 1979, the Nursing Alumni Association Board of Directors began to study the possibility of an endowed professorship for the School of Nursing. In 1986, after several years of planning and organization by the

Distinguished Professorship Committee,¹⁹ contributions from donors, alumni, faculty, administrators, and friends endowed the professorship. In June 1989 the professorship was named the Potter-Brinton Distinguished Professorship in Nursing in recognition of the service of Ruby Potter and Jane Brinton to the School of Nursing. The Distinguished Professorship endowment will not be used until the annual interest earned is enough to augment the salary of a tenured professor, to provide research support for a tenured professor, or to appoint a visiting professor for a short term. A number of donors who pledged to the Distinguished Professorship fund have made additional contributions to this endowment. In July 1989, the balance in this account was approximately \$273,000. The School of Nursing is proud to join the six other divisions on campus with named chairs and/or professorships.

Early issues of the School of Nursing alumni newsletter were written by the president and then by the secretary of the alumni organization with assistance from the alumni relations representative and printed by the UMC Alumni Association. In the spring of 1986, the School, through the dean's office, accepted more responsibility for the newsletter and the newsletter was graphically redesigned. In 1987 the School assumed 60% of the publishing costs. The School and the Alumni Organization continue as partners, with a 65%/ 35% split of the costs.

The Nursing Alumni Organization has presented junior and senior awards since the early 1980s. The awardees are selected for their academic standing, attitude and commitment to the nursing profession. The junior student awards are presented at the spring alumni luncheon; the senior awards are presented during the convocation each December and May.²⁰

OUR PROUD HERITAGE

A showcase placed in the foyer of the School of Nursing in 1985 depicts the history of the School of Nursing. Included are a historical narrative; five nursing pins, representing 1910, 1920-63, 1940-42, 1963-84, and 1984-present; pictures of Parker Memorial Hospital (1900), Noyes Hospital (1924), the Nursing Residence 1956, Health



Science Center 1980-81, the new School of Nursing building dedicated in 1980; and photographs of the School's administrators since 1920.

A showcase honoring Helen Nahm, GN '24, was placed in the foyer of the School of Nursing in 1986. On display are Dr. Nahm's five honorary degrees and four hoods, many national awards, and a brief history of her distinguished career as a national leader in nursing.²¹

A logo designed by alumnus, Debra Vilmer (BSN '85 and MS '87), commemorates our 70th anniversary. The design depicts the outline of our School pin, with the academic mortarboard representing the academic status of our programs. The logo has been used in our divisional publications and a multitude of memorabilia.

In the summer of 1988, a survey of alumni (with 42% responding) showed that alumni served in all 50 states and that 84 of the respondents held faculty positions, with 39 (46%) teaching in Missouri. Eight alumni served in administrative education positions, with three of those eight in Missouri. A great number—206—served in administrative positions in health care institutions, with 130 (63%) working in Missouri. Of those responding, 45 worked as consultants, practitioners, and specialists, with 22 in Missouri. The greatest number of those in the survey (479) reported that they worked as staff nurses. Sixty-one percent (292) of those worked in Missouri. Sixteen of the participants in the survey had gone on for further degrees—MD, DO, and JD. Twenty-five had gone into sales-related positions; nineteen were business owners, and 214 were homemakers. Overall, 56% of the respondents were practicing in Missouri. Over the past four years (1985-1989), 74% of the graduates of the baccalaureate program began their professional careers in Missouri, and 69% of the master's graduates continue their careers in Missouri.

FACULTY GOVERNANCE

The School of Nursing faculty have been represented on the UMC Faculty Council since 1968. Our representative serves a three-year term. Six persons have served as representatives during the past twenty-one years.²² Associate Professor Betty Crim

holds the distinction of serving for the longest time—nine years. Susan Taylor was elected by the Faculty Council to serve on the Intercampus Faculty Council for a three-year term (1987-90).

The School's faculty are also well represented on the more than sixty Faculty Council, campus, administrative, and faculty standing committees. Many of the faculty serve as chairs of the respective committees and, without exception, all faculty receive commendations for their service to these campus-level committees. One faculty member is elected for a three-year term by our faculty to serve on the Graduate Faculty Senate.²³

Since 1981 the school has been represented on the Institutional Review Board (IRB), Health Science section.²⁴ The Vice Provost/Graduate School Dean, upon recommendation from the appropriate Dean, appoints faculty to the IRB for a three-year term.

The faculty have participated in 25 to 30 committees of the University Hospital and Clinics, and/or the Nursing Service Division. Some faculty have also served on School of Medicine Committees, such as the Health Care and Human Values Committee, the Quality Assurance Committee, and the Multiple Arthritis Advisory Committee.

DIVISIONAL GOVERNANCE

The UMC's Faculty By-Laws state that divisional faculties may establish their own organization and develop policies that meet their specific needs. The Faculty Assembly, established in the 1970s, is the School of Nursing's divisional organization.

In 1979, there were nine standing committees of the Faculty Assembly. From 1981 through March of 1988 there were seven amendments to the Faculty Assembly by-laws—primarily related to committee structure and functions, such as elimination of the nominating committee, combination of undergraduate admission and progression activities, and changed functions of the Faculty Affairs and Appointment, Promotion and Tenure Committees. Amendments passed in February 1981 changed the presiding officer of the organization from the Dean to an elected full-time faculty member with the rank of Assistant Professor or above.²⁵ The

Dean was afforded Ex-officio status on all standing committees except the Promotion and Tenure Committee. It was also decided that the chairpersons for all Faculty Assembly committees were to be elected by members of the respective committees,²⁶ except for the Undergraduate Curriculum Committee, which would be chaired by the coordinator for Undergraduate Curriculum.

A major redesign of the by-laws occurred in 1987-88 and these new by-laws were adopted by the Faculty Assembly in March 1988. The Chair of the Faculty Assembly, Chairperson of standing committees and faculty representatives to the Faculty Council and Graduate Faculty Senate constituted a Steering Committee. The number and scope of the standing committees changed in the course of the 1980s. In 1988 the standing committees were: (1) Faculty Affairs/Policy, (2) Student Admission and Progression, (3) Curriculum, and (4) Appointment, Reappointment, Promotion, and Tenure. The chairs of the first three standing committees must be ranked Assistant Professor or above and elected by faculty. The chair of the Appointment, Reappointment, Promotion, and Tenure Committee must be a ranked, tenured, Associate Professor or Professor, elected by faculty. Members of the standing committees are appointed by the Steering Committee. A provision was made for the Steering Committee to meet with the Executive Committee, composed of the Dean, the Associate and Assistant Deans, the Director of Continuing Education, and two members of the administrative staff.

All the faculty have the opportunity to share in the governance of the School by electing the chair of the Faculty Assembly and the chairs of the standing committees, and by membership on the four standing committees. Through the Faculty Assembly, the faculty of the School of Nursing have gained the autonomy it has sought since establishment of the Faculty Council in 1973.

ADMINISTRATION AND ORGANIZATION

There were several changes in the administration of the School of Nursing during the 1980s—among the deans, assistant and associate deans, and directors of programs in the School.²⁷ The challenge for the school ad-

ministrators was to design a matrix model of organization that supported and facilitated the faculty governance structure, the Faculty Assembly, and to provide, at the same time, the infrastructure to manage the multiple activities required on a daily and annual basis. Multiple models were implemented and aborted.

In 1981, there were area coordinators for the undergraduate program; in 1982 the positions were changed to semester coordinators; in 1984 they became level coordinators; and in 1986 the positions were dissolved. Dean Drennan appointed the first level coordinators—Kay Libbus and Rose Porter. It was planned that the level coordinators were to be elected by the undergraduate faculty, but the plan failed to materialize for a variety of reasons. The Assistant Dean assumed the responsibility for the coordinating activities in 1986.

From 1981 to 1983, the administrators conducted part of the administrative-management activities at the Faculty Assembly meetings under reports on the agenda and through a Deans' Advisory Committee. This arrangement proved unsatisfactory and a council structure was implemented in 1983-84. The purpose of the council structure was to provide the mechanism for the faculty/administration/staff interactions needed to carry out the programs in the School of Nursing. The councils were (a) Undergraduate Faculty, (b) Graduate Faculty, (c) Research, (d) Administrative, and (d) Support Staff. Each council was chaired by the appropriate administrator. The councils functioned in a manner similar to departmental meetings in other divisions. More specifically, the council structure afforded the opportunity to discuss, share, debate, deliberate, recommend, and synthesize ideas and concerns.

The Administrative Council membership included the chairs of the eight Faculty Assembly standing committees, all persons with an administrative assignment, and student officers of the three organizations. The plan for student officers to attend the Administrative Council meetings was abandoned because of conflict between class schedules and meeting times. The council structure was abolished in 1986 for a variety of reasons. It was perceived to divide the faculty, members complained of too many meetings to attend, and some felt that the council agenda items infringed on the faculty prerogatives.

During 1986-87, Deans' Forums were initiated to afford the administrators a mechanism to discuss and report issues relating to the division, campus, and University system; they continued through August 1989. In addition to the Deans' Forums, Executive, Research Development, and Staff Development Committees were implemented and chaired by Dean Drennan; Dr. Ann Rose-now, Associate Dean for Research; and Betty Layer, Administrative Associate II, respectively. The Executive Committee served as the link between the two groups (Faculty Assembly officers and committee chairs and administrators). This committee was similar to the provision made in the 1988 Faculty Assembly By-Laws for the Steering Committee to meet with the administrators and selected staff.

During 1987-88 faculty forums were held to discuss a departmental structure. Three structures from other schools and colleges were studied as potential models, but plans for a departmental structure were abandoned by a faculty vote in May 1988. The Deans of the School are recognized for their flexibility, their willingness to try out various administrative models, and commitment to faculty governance.

During the winter semester of 1988 the Associate Deans' position descriptions were redesigned to better fit with the four committee structure of the Faculty Assembly. The directors of the graduate and undergraduate programs were maintained for the coordination of the curricula and the reports to the campus administrators.

FISCAL AFFAIRS

Fiscal resources continued to be a major problem for the School in the 1980s. When the School moved into the new building in 1979, the University central administration provided funds for furnishing the offices, for purchasing equipment for the technology, media, and research labs, and for expanding the faculty and staff of the School. The agreement between the state legislators, campus administrators, and faculty was that the School should work to increase student enrollment. The expectation was for a time of prosperity. Little did anyone expect that the School would be targeted for budget reductions.

Student enrollment did increase, but doctorally prepared faculty continued to be difficult to recruit. Despite the award of a Biomedical Research Development Grant in 1981, which provided for 50% funding of research faculty salaries, research faculty also remained difficult to recruit. As a result, funds for development were not used as much as had been expected. Difficulty in recruiting faculty led to difficulty in accumulating financial resources. In 1984, the School was requested to reduce the budget \$100,000 over the following three years (1985-88). The School had a no-growth general operating budget for eight years (1981-1989).²⁸ During these eight years, the accumulated budget increase was 6%, but inflation exceeded 6% at this time. The effective reduction in resources reduced the budget available for full-time equivalent positions by 28% (21.3 FTE positions).

Each division was mandated to generate additional revenue to augment state monies and student fee income to support their missions. While the focus of the School in the 1970s had been on problems with limited space, concern for the relation of the School with the Health Sciences Center and the University campus, and curricular changes, the focus in the 1980s shifted to the goal of creating a climate conducive for research.

Research grants accomplished the goal of generating additional revenue for the School. From 1979-1980 through 1983-1984, research grants brought in \$708,004, while training grants generated \$1,732,028—for a total of \$2,440,032. From 1984 through January 1989, research grants garnered \$335,836, while training grants earned \$971,974, for a total of \$1,307,810. Grants pending approval in July 1989 total \$8,667,947. In addition to external funding, an additional \$76,000 was awarded through inter-campus competition.

The climate for research in the School changed substantially during the 1980s, thanks to the leadership of Dr. Harriet Werley and the award of the Biomedical Research Development Grant. Faculty members have become more knowledgeable about research methods and more sophisticated in competition for grant monies. They have responded to requests for proposals, developed research protocols, and designed a support system for each other throughout the process. The annual Research Day symbol-



Harriet Werley started the Research Resource Center in the 1980s.



Beth Geden is one of many outstanding researchers in the School of Nursing today, serving as Interim Associate Dean for Research.

izes the importance of research to the faculty of the 1980s.

Each division is expected to generate additional revenue through development gifts. Donor's gifts are critical to the School's ability to attract outstanding faculty and students, and it was critical that the School gain alumni support before requesting support from industry, businesses, corporations, and philanthropic organizations.

SCHOLARSHIPS

The School has had a measure of success in scholarships. Our first "Honor Roll of Donors" was published in the fall of 1988 and the second was published in August 1989. In less than a year, we have had an increase of 239 donors. The average gift was \$35. In accordance with University policy, 75% of net income is available for scholarships and 25% is added to corpus annually.

In 1980-81 there were five endowed scholarships with an approximate value of \$80,000. At that time 10 scholarships were awarded for approximately \$300 each. In the winter semester of 1989, there were 12 endowed scholarships with a value of \$310,000.²⁹ Twenty-five students received scholarships for Fall 1989 averaging \$664 each. Fees for one semester (16 semester hours) for an undergraduate student were \$931. Fees for graduate students the same year for one semester (12 semester credit hours) were \$846.

Scholarships from the School of Nursing Development Fund, the unrestricted gift (non-designated by donor) account, averaged approximately \$4,000 to \$5,000 annually and were dependent upon the total dollars available. The unrestricted gift account has been targeted for increase in gifts; this account is the only one that affords the School flexibility to spend on scholarships or to purchase educational or research equipment, media, or supplies.

Annually funded scholarships are donor dependent each year; usually there are two scholarships and one fellowship.³⁰ There is one monetary award presented to a December or May graduate at the May convocation.³¹ The amount of this cash gift is interest dependent; it averages \$600.

The School has had an increased emphasis on securing estate gifts. As of July 1989,

the School had been mentioned in eight wills or trusts by alumni or their relatives or friends of the School.

The alumni are acknowledged and recognized for their commitment to annual giving in addition to their responses for a special project such as the Distinguished Professorship endowment. There were only 2,932 graduates (including Parker Memorial Hospital Training School graduates) as of May 1989. Of those, 1,910 or 64% of the alumni graduated since 1973; thus the School has a high percent of young alumni. Despite this, the School is near the top of the list of divisions within the University in relation to the percent of alumni contributing.

STUDENT ORGANIZATIONS

Students of the University, whether undergraduate or graduate professional, have a number of opportunities to participate in social, cultural, educational, recreational, and leadership activities through involvement in student organizations on campus.

Membership in the Missouri Students Association (MSA) is open to all currently enrolled undergraduate students. This organization provides students with a structure for involvement in the University governance for furthering academic, social, and extracurricular campus issues of concern to students. The association facilitates open communication between students and faculty and administrators. For students, it encourages greater involvement in the decision-making process for various policies governing student life, along with concomitant responsibilities. There are three governmental branches in MSA—executive, legislative, and judicial.

The Undergraduate Nursing Association (UNA) is the divisional student association, first recognized by the University in 1971. Full membership is afforded to all enrolled undergraduate students and associate memberships are afforded the faculty advisors. The UNA's executive power is vested in the Nursing Student Council (NSC).³² The elected officers and class representatives constitute the Council members. The NSC has presented a recognition award at each divisional convocation since 1983. The award is presented to a senior graduating student based on service to the Association and the School of Nursing. Other major annual ac-

tivities include hypertensive screening clinics, health fairs, and career day.

The Graduate Professional Council (GPC) for all graduate and professional students serves as the counterpart to the undergraduate MSA. The GPC emphasizes the interests, needs, goals, and perspectives of graduate and professional students. It serves as a vehicle to represent their interests to the University administration and to facilitate their academic achievement among a community of scholars. GPC coordinates graduate student representation on UMC's 23 student/faculty committees. All graduate students may petition for membership on any of the committees.

The Graduate Nurses' Association (GNA) is an organization for graduate students enrolled in the School of Nursing.³³ It was first officially recognized by the University Committee on Student Organizations, Governments, and Activities in 1976. All enrolled graduate students are automatically members of the GNA. However, voting members are only those who pay dues. A representative is elected annually by the voting members to serve on the GPC. Since 1986, GNA has raised money for graduate student scholarships by selling poinsettias at Christmas. Other major activities include orientation for all new students in September and January, luncheon meetings focused on research, and participation in the annual Research Day.

The UMC Student Nurse Association (UMC-SNA) was first recognized by the University in 1953.³⁴ The UMC-SNA is a constituent of the Missouri Student Nurses' Association (MoSNA) and the National Student Nurses' Association (NSNA). Students eligible for membership must be enrolled in the clinical nursing major, and, as of 1989, must have junior standing. The fund raisers of the UMC-SNA include T-shirts and night shirts sales and a concession stand at Faurot Field for football games. A project entitled "Nursemates" helps new clinical nursing majors. The UMC-SNA has provided leadership in the MoSNA over the years. For example, in 1986, the organization received a plaque for outstanding achievement by a constituent chapter for ideas and efforts for the March of Dimes-Walk America, winning first place for overall state participation. They also were awarded first place for medium-sized states for a state publication. In 1985, Dean Drennan received an honorary mem-

bership in the MoSNA for exemplary performance as a leader and for outstanding service to the association.

PROFESSIONAL AND SUPPORT STAFF AND ACADEMIC ADVISORS

The professional and support staff are the critical persons undergirding all of the activities necessary to support the missions of the School. They are a unique group of individuals who have typed all materials for courses, examinations, evaluations, correspondence, reports, agendas and minutes of meetings, manuscripts, bulk mailings, grant proposals, research studies, and newsletters, and at the same time were our staunch supporters. They listened to our frustrations and enjoyed our successes. The turn-around time for data submitted to them has been the best on campus—one to three working days; the turn-around time for telephone dictation service is eight hours and, if a priority, four hours. As of July 1989, home telephone dictation service is available to all School of Nursing faculty. Since 1982, all Faculty Assembly committees have been assigned a staff person to prepare agendas and take and type minutes of all meetings. All members of the staff have specialized preparation: several have college degrees and all have word processing skills and many years of experience.³⁵ Four of the staff have served as media technicians to service equipment in the classrooms.

The academic advisors focus on the School's most important clients—its students. They provide basic student academic advising, such as information on prerequisite and requisite courses and graduation requirements.³⁶ Other activities in their offices include preparing faculty and thesis advisor lists, providing secretarial functions for the Faculty Assembly Student Admission and Progress Committee, tracking all students, corresponding with prospective students, and assisting with preparation of publications, such as student handbooks and brochures. Guidance and supervision has been provided by the Associate Dean for Students.

A part-time media staff position was created in 1986 to assist the School in gaining local, regional, national, and international visibility through print, radio, and television media. This venture has been very successful

through the efforts of Patty Volz (1986-1987) and Kenneth Brodgon (1987 to present). A part-time staff development position was also created in 1986 in conjunction with the University Hospital and Clinics and the School of Medicine. The time commitment required for the School of Medicine almost negated time committed to the School of Nursing and subsequently the position was assigned to the School of Medicine. Efforts have continued with the Alumni Development Office to appoint a part-time development officer for the School of Nursing.

Mary Ellen Metzzen has served as the Executive Staff Assistant in the Dean's office since 1982. Responsibilities of the position include work with alumni affairs, serving as associate editor of *Mizzou Nursing*, drafting reports, corresponding with donors, processing faculty appointments, keeping faculty files, working with search committees, and two Faculty Assembly committees, and various other secretarial functions. Lanelle Baskett has served in the Continuing Education Program since 1981, assuming the responsibilities of Continuing Education Coordinator in 1987. Responsibilities of the position include arranging for publicity; making all arrangements for facilities, equipment, and food for participants; making travel arrangements, and preparing budgets and post-conference data.

The two Administrative Associate II personnel have special and overriding responsibilities for faculty and staff. For the past 10 years, Betty Layer has been responsible for overall coordination and supervision of the support staff, office and educational supplies and equipment, the central file (all records), room scheduling, publication monitoring, and maintenance and security of the building. Mr. Jim Lay joined our staff in 1984, having served at the system and campus levels since 1964. Mr. Lay has been responsible for all fiscal affairs, budget preparation for grants and payroll, and all budget records, including scholarships, endowments, and gifts. Both Administrative Associates represent the School on various campus and hospital committees. In 1988, Mr. Lay was nominated by faculty and staff for the Chancellor's recognition award. Nineteen staff have received service awards for five, ten, fifteen, twenty and twenty-five years of uninterrupted service to the University.³⁷

CURRICULA

BACCALAUREATE

A new curriculum was designed in the late 1970s and implemented with the class admitted in the winter semester of 1981. This first class graduated with the new five-semester program in May 1983. The transition from the six-semester design to the new five-semester curricular design provided many challenges for faculty and administrators. For example, 174 nursing majors were enrolled in two different curricula in 1982-83; in addition, 73 students were enrolled in two different mental health courses in the fall semester of 1982. During this same year federal funding expired for the UMC-UMR Cooperative Program for some of the undergraduate courses offered on the Rolla campus. This cooperative program was phased out because of the low student enrollment and lack of resources.

The baccalaureate nursing program was designed to include generic/basic and RN students. The structure followed the pattern recommended for other University baccalaureate programs, characterized by a liberal educational base consisting of foundation courses primarily from the scientific and humanistic disciplines and the major in nursing concentrated at the upper division level.

Baccalaureate education in the School of Nursing is viewed as the development of professional nurses through learning experiences that provide theoretical knowledge, the opportunity to apply appropriate knowledge in a variety of settings, and synthesis of learning experiences in personal and professional development; preparation of professional nurses as generalists; and provision of a base for graduate study and life-long professional enhancement by participation in continuing education. The terminal objectives for the Undergraduate Program were derived from the School's philosophy and purpose. The objectives were approved by faculty in 1977, revised in 1979, and remained the same throughout the 1980s.³⁸

The curriculum was developed within the conceptual framework of Orem's Self-Care Deficit Nursing Theory (S-CDNT). The foundation of this theory is the understanding that individuals are responsible for their own health care. The object of nursing



School of Nursing staff (1987): Front Row: Iris Rumbaugh, Betty Layer, Mary Ellen Metzen, Muriel Leach, Susan Daniel, Anita Vest; second row: Lanelle Baskett, Jana Meyer, Wanda Gaines, Sharon Henson, Laura O'Kelley, Dottie Slaughter; back row: Jim Lay, Corrine McCormack, Charlotte Hellebusch, JoAnn Prenger, Juanita Black.

is to provide or manage therapeutic self-care practices for persons who are unable to provide this care for themselves. Nursing systems—wholly compensatory, partially compensatory, and supportive—define the type of care delivery (methods of assisting) required for a given client or group of clients. Nurses have an opportunity to assist clients to institute and/or develop self-care practices that promote integrity of the individual and facilitate maintenance of health. Professional nursing uses deliberative and creative action in assessing, diagnosing, planning, implementing, and evaluating care that will promote self-care practices.

The curriculum was an eight-semester sequence, with three semesters completed prior to enrolling in the School of Nursing. A minimum of 120 semester hours was requisite for a Bachelor of Science in Nursing. There were 17 courses: 31 credits didactic and 23 credits in practicum (clinical and mastery [tech lab]) for a total of 54 semester credit hours.³⁹ The total practicum hours for each student was 1,035.

The registered nurse (RN) students were required to complete the same curriculum requirements as the generic/basic students. The RN student had the opportunity to challenge 32 of 54 semester credit hours in nursing theory and clinical practice. In addition, there were two bridge courses offered the first summer session in the major—N90: Nursing Process, Theory and Assessment and N91: Socialization and Professional Nursing.

In 1986, faculty made incremental curriculum changes, moving to a four-semester curriculum implemented in the fall semester of 1987.⁴⁰ Changes included decreases in the number of prerequisite hours as well as elimination of nursing courses that duplicated information and moving courses to different times within the program. No students were admitted in the winter semester of 1987 to avoid the problems that had been encountered when the School changed from a six- to a five-semester program. Total credits remained relatively constant—123, with 56 in the major.

The four semester curricular design has 15 courses, clinical practice and laboratory—999 hours and 544 didactic hours, for a total of 1,543 hours. The first class from the four-semester pattern graduated in May 1989. A combined course of study, RN/BSN/MS, for the registered nurse (RN) was developed by a

three-year Health and Human Services Division of Nursing grant. The combined course of study is for the RN (diploma or associate degree) who has identified the Master of Science in Nursing as an educational career goal. The combined course of study prepares RN's for the advanced practice of nursing. The students enroll in graduate courses their senior year in the baccalaureate program and complete the program in a shorter period of time.

MASTER'S

The Graduate Program leads to a Master of Science Degree. Areas of study include Adult Nursing, Childbearing and/or Childrearing Family Nursing, Community Mental Health Nursing, Family and/or Gerontological Nurse Practitioner, Rural Community Health Nursing, and Nursing Administration. The Adult Nursing, Childbearing and/or Childrearing Family Nursing, Community Mental Health Nursing, and Rural Community Health Nursing areas of study also have administrative, clinical, and educator options. The practitioner area of study offers role development in primary care; a graduate of this program is eligible to write the ANA certification examination. A student may enroll on either a full-time or a part-time basis. The Graduate Program policy requires that a student complete the degree within five consecutive years.

The graduate curriculum uses the S-CDNT and a professional education model as its framework. Consistent with the professional model, each program of study includes content and experiences that are foundational, discipline-specific, and applied. The terminal objectives for the Graduate Program approved by faculty in 1979 remained the same throughout the 1980s.⁴¹

The faculty maintain that graduate education fosters the responsibility, creativity, and self-direction that characterizes professional commitment and enhances a continuing desire to learn. The graduate student is viewed as a partner in the teacher/learner dyad who receives stimulation and support for scholarly pursuits and who is given the freedom to conceptualize and experiment with new ideas through the application of knowledge and development of new skills. The opportunity to articulate beliefs, ideas, and formulations

is provided through interaction with other members of the academic and professional communities.

The faculty also attest that education within a professional discipline has three essential components hierarchically related to one another: the foundational component—knowledge and skills outside the discipline; the discipline-specific component—knowledge and skills particularized within the field; and the applied component—application of the discipline-specific component to particular settings. Finally, the faculty believe that there is content that is common to all graduate education in nursing and content that is unique to particular sets of clients, settings, and roles within those settings.

Nurses today must not only know nursing, but also be adept at negotiating with all health care delivery systems in order to bring about improved quality of service. The graduate program prepares nurses to assume leadership responsibilities and to deal with larger and more complex groups. Other learning experiences include critical review of literature and interaction with all health care providers. Students develop and validate data collection tools, develop conceptual frameworks, and learn to apply them.

The curriculum includes 18 hours of core courses required of all graduate students. The balance of the student's program of study includes courses supporting the area of study. There is an essential core of advanced nursing knowledge derived from the Self-Care Deficit Nursing Theory that is common to all clinical areas and roles. The identification of this knowledge and its placement in courses required of all graduate students prevents duplication of content across areas while providing a common base of knowledge. Core courses, required in all areas of study, include Self-Care Deficit Nursing Theory (310), Nursing Issues: Theoretical Correlates (311), Statistical Methods in the Health Sciences (Statistics 302), and Research Methods (390).

The Graduate Program in Nursing reinforces the content necessary for utilization of the research process and encourages an atmosphere that supports research efforts. Courses throughout the curriculum utilize research findings that assist students to identify further researchable questions. All students take two research courses during the course of graduate study. The various projects within these courses require the student to critique

existing research, identify nursing problems, define variables, develop hypotheses, collect and analyze data, draw conclusions, and interpret findings. The research core courses are: Stat 302: Statistical Methods in Health Sciences and Nursing 390: Research Methods in Nursing. All students are also required to research and write a master's paper in the form of a thesis (490), project (450), or practicum (470) that is defended orally for six hours of credit.

The total semester credit hours in each area of study range from 42 to 45. Full-time graduate enrollment is 9-12 credits per semester. The distribution of credits in the Graduate Program allows a student to complete the program requirements within two years. The ratio for clinical nursing courses is one credit hour to three clock hours. However, consistent with the Graduate Program philosophy tenet that places responsibility and self-direction on the student, this ratio is used as a guide. The student has the responsibility of meeting the course objectives even if that requires differential time commitments.

The graduate curriculum has made incremental changes in courses, areas of study, and evaluation methodologies throughout the 1980s. The titles of the clinical focus for study have changed without a major redesign of the program.

During 1982-83, the Faculty Assembly Graduate Curriculum Committee surveyed the recent graduates to assess their views of factors that facilitated or inhibited completion of their theses. Changes were made in the research course and advising to facilitate the process. A Summers Only Option was planned in 1983, but temporarily closed in the summer semester of 1984 because of insufficient enrollment. The Summers Only Option was re-established in 1986 for the Adult Nursing area of study.

A postgraduate Nurse Practitioner area of study was offered for three years in conjunction with a Nurse Training Grant from the Health and Human Services Division of Nursing. This post-masters study was targeted for those nurses with a masters degree without the primary care emphasis. The curriculum was designed for one calendar year, with 25-28 hours of credit. The courses were designed to include health appraisal of individuals and families with long- and short-term health deviations, and primary care of aging or childbearing families, with a

preceptorship and a research requirement in primary care nursing. Graduates of this post-master's study were eligible to write the ANA certification examination.

The faculty and administrators of the School spent five years planning to offer the master's program at the University of Missouri-St. Louis. Problems over differences in philosophy about research programs and resources, among other issues, prevented this plan from ever being implemented.

The School remains proud of its graduate program, with its theoretical and research base, six areas of study, functional role options, three research options, and clinical practice courses required in each area. Many graduate students publish their research findings and give presentations at regional, national, and international conferences.

CLINICAL PARTNERS

Our clinical partners, the clinical agencies, continue to be critical to implementing our program objectives. The faculty work closely with the practitioners in each agency to assure that the philosophy and objectives of their patient/client care systems are met. During 1989, the school held agreements with 66 agencies. Twenty-five agencies served continuously for the School's primary clinical practice sites. As the curricular objectives placed more emphasis on the promotion of health, care of the elderly, primary care, health care at day care centers and schools (K-12), and nursing care at skilled, intermediate, residential, and adult boarding facilities, clinics and physicians offices were added.

Close interaction with the clinical agencies was afforded by Dean Drennan's membership in the Area Nursing Directors' group, which met once a month and discussed the issues of nursing education and service partnerships. Assistant Professor Porter and Dean Drennan were members of the Missouri Organization of Nurse Executives (MONE), an affiliate of the Missouri Hospital Association. This membership also afforded close ties with nursing service administrators and knowledge of current issues in the practice of hospital nursing.

The School has been a full partner in the Annual Nursing Administration Invitational Seminars the past seven years. Dean Drennan and Carter Jarrell, the University Hospital

Nursing Division Director, initiated the seminars in 1983 to recognize and acknowledge the contributions of head nurses, patient care managers, and administrators in the nursing practice division of area hospitals. By 1989, there were nine partners sharing the cost of the seminars—Boone Hospital Center, Charter Hillside Hospital, Columbia Regional Hospital, Ellis Fischel State Cancer Center, Fulton State Hospital, Harry S Truman Veterans Hospital, Mid-Missouri Mental Health Center, University Hospital and Clinics, and UMC School of Nursing.

CONTINUING EDUCATION PROGRAM

During 1980-81, two short courses were offered for registered nurses who had assumed greater responsibility for the delivery of health care to the critically ill patient. In response to the overwhelming demand by registered nurses that educational offerings be provided in geographic locations close to their place of employment, particularly in rural Missouri, 86 programs were offered in 32 different locations outside of the Columbia area.

During 1981-82 increased cooperative relationships between the Continuing Education Program (CE) faculty and nurses throughout the state were established. Area Continuing Education Specialists in UM Extension regions around the state served as conveners for groups of nurses to discuss problems and identify needs for continuing education in their specific institutions or agencies. The impact of continuing education programs for nurses in Missouri was reflected by the increased number of participants (3,800) as well as in the increased number of requests for offerings (88).

In 1982-83, three short courses were offered to meet the special needs of infection control practitioners identified in a 1981 survey. Nursing Child Assessment Satellite Training, (NCAST), a short course for nurses and other health professionals working with families with small children, began in 1982 and continued until 1988. The first two-day Self-Care Deficit Nursing Theory (S-CDNT) Conference was offered in 1982 and continues as an annual activity.

One hallmark of quality continuing nursing education for adult learners is the ability

to quickly respond to new developments that affect nurses' practice. On February 24, 1983, a program was presented entitled "Court Ruling: Implications for Health Care and Nursing Practice." The program responded to a court ruling issued November 15, 1982 that found activities of two nurse practitioners constituted the practice of medicine. Two hundred thirty-four practitioners rallied at the conference, which focused on issues surrounding the court decision and methods to be used to support an appeal to a higher court. On November 22, 1983, the appeal was successful when the Missouri Supreme Court reversed the 1982 decision.

Of the 114 continuing education offerings in 1983-84, 48% were offered in out-state Missouri and 3% were requested by out-of-state organizations. Thirty-one of the 114 offerings were presented by 16 School of Nursing faculty. In 1983-84, the School was recognized for its expertise in S-CDNT programming efforts. The First Annual Summer Self-Care Institute (an intensive week-long offering) brought nurses from throughout the United States, Canada, and Western Europe. Twenty-four faculty members presented continuing education offerings on a wide variety of topics, including clinical content, new technologies, socio-legal-political-economic issues, and nursing research. The number of advanced offerings (post-baccalaureate/masters level) continued to increase. Breakfast seminars at various Columbia hotels were instituted, as were "Lunch and Learn Seminars" for the faculty.

During the 1984-85 year seven Constituent Advisory Councils around the state (Mid-Missouri, Sedalia, Springfield, Flat River, Poplar Bluff, Chillicothe, and St. Joseph) were either formulated or reactivated. The idea for Constituent Advisory Councils was Dean Drennan's and the Councils have proved to be a major asset to our program. Elective courses for nursing and non-nursing majors were offered with the option of either academic credit or contact hours/continuing education units (CEU); 19 learners enrolled. The number of customized in-house offerings to health care facilities increased to nine. The scholarship of the continuing education faculty increased, as shown by research paper presentations in four states. In addition to the regular continuing education programming, several new topics reflecting current issues in nursing and health care were offered, including computer applications, publishing, cost-

containment, discharge planning, and gerontology.

A \$238,713 three-year grant from the Department of Health and Human Services Division of Nursing, entitled "Continuing Education in Gerontological Nursing" was awarded in September 1985. By the end of the three year period (1985-1988), over 500 nurses attended various grant-related activities, including an eight-day course for CEU or academic credit and a Certification Preparation Course in Gerontological Nursing, offered twice in Columbia and once in seven other sites throughout Missouri. An Advanced Skills Course in Gerontological Nursing was offered on the Columbia campus twice. These endeavors brought wide-spread visibility to both the School and University Extension through radio, television, and print media coverage.

A second grant was awarded by the Department of Elementary and Secondary Education (DESE) for the School Nurse Achievement Program (SNAP). This grant was an outcome of several years of collaborative planning between the program faculty and the DESE that began under Dr. Rose Squires' administration. This grant continued through August 1989, during which time the SNAP was presented nine times, with the on-going support of DESE and the State School Nurse Consultant. During the three years, 167 school nurses attended the SNAP offering at one of the five sites throughout the state. The School continued programming for both gerontology and school nurses after termination of the respective grant funding.

A third grant of \$3,000 was received in 1985-86 from the Northern Chapter of the Missouri March of Dimes to provide scholarships for nurses to attend the neonatal intensive care Clinical Sabbaticals cosponsored by the CE Program and the Division of Nursing Services, University Hospital and Clinics. Fifteen nurses from Brookfield, Mexico, Springfield, Rolla, and Sedalia participated in the Clinical Sabbatical Program to improve the nursing prenatal care of high-risk teenage mothers and low birth-weight babies.

Strong programming in S-CDNT continued in 1985-86 and, in addition to the two regularly offered annual theory conferences (Fall Self-Care and Summer Self-Care Institutes), the annual School of Nursing Research Day focused on Self-Care and attracted researchers from eight states and

Canada. For the first time, Independent Study Modules were offered. Also in 1985-86, in conjunction with the University Hospital Department of Infection Control and the Continuing Medical Education Program, the CE Program offered a 2½ day statewide infection control program in five sites throughout the state. Two more sites were added in 1986-87.

Other collaboratively sponsored activities were offered with the Missouri Board of Nursing Home Administrators; the Division of Aging; the Department of Health, the Bureau of Community Health Nursing; the Missouri Lung Association; the School Nurse Association; the Missouri Perinatal Association; the Missouri Heart Association; the Missouri League for Geriatric Nursing; the Oncology Nurses' Society; the Association of Operating Room Nurses; the Association for Occupational Health Nurses; and Emergency Nurses. For the second year, an Annual Staff Nurse Conference specially designed by staff nurses for staff nurses, was implemented to acknowledge the importance of the bedside nurse in the health care delivery system.

The next academic year, 1986-87, was the busiest year for clinical sabbaticals, with 33 participants from eight Missouri hospitals, the majority coming for neonatal intensive care nursing experience. This was the first year that the program provided a conference for a statewide nursing organization—Occupational Health Nurses. The Fourth Annual Summer Self-Care Institute hit a high of 46 registrants from the United States, Canada, and Japan and had published and tape-recorded proceedings. For the second consecutive year, the annual School of Nursing Research Day focused on Self-Care Theory. This was the fifth year for the annual fall Self-Care Conference in St. Louis.

In 1986-87, a series of early morning offerings for night nurses was begun, which continues today. The first series met with overwhelming success with a total enrollment of 243. An all-time high of 18 learners enrolled for academic credit in nursing electives through extension, many of them in the grant-related gerontology course.

A major activity of the continuing education program during 1987-88 was the preparation of an extensive self-study report for another four years of ANA accreditation as a provider of continuing education. The site visit took place in August 1988 and the

Continuing Education Program passed with flying colors.

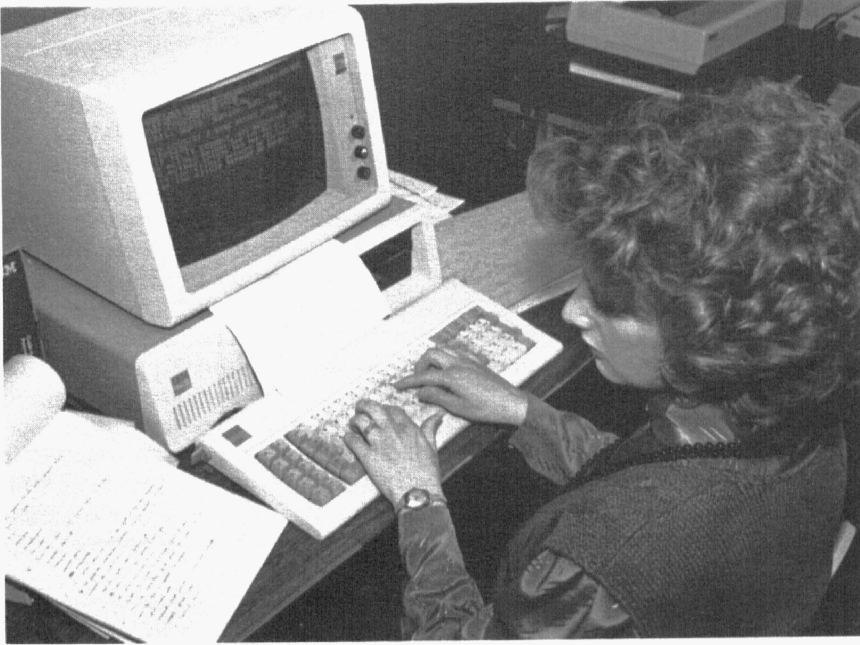
The Mid-Missouri Constituent Advisory Council continued to be the most active of the seven Councils, with over twenty nurse leaders meeting twice yearly to advise the program faculty regarding the continuing education needs of the nurses in their constituencies.

In 1988 the first in a series of six offerings to prepare a pool of potential nurse managers was sponsored in cooperation with the University Hospital and Clinics Division of Nursing Services. Due to significant Canadian attendance at the annual Summer Self-Care Institutes, the 1988 conference (the fifth annual) was held in Vancouver, British Columbia with participants from the United States and Switzerland. The founding theorist, Dorothea Orem, attended this conference as she had many of the other S-CDNT conferences. For the third consecutive year, the annual School of Nursing Research Conference focused on self-care.

Over 500 participants evaluated the gerontology program as excellent during the three year funding. The number of ANA certified gerontology nurses in the state increased from 34 before the grant to 59 by the end of 1987, and during 1988-89 at least 5 more nurses who attended the course have been certified, almost doubling the original 34. As an outcome of the eight-day course, selected portions of presentations were audio and videotaped, and, along with a 600-page Personal Resource Manual, marketed to long-term care facilities and practitioners.

Shirley Farrah, the Director of the Continuing Education Program, represented the School of Nursing on the Missouri Geriatric Education Center (MGEC) grant from 1986-88. The MGEC was a collaborative project between the academic health professions at the University of Missouri-Kansas City and the University of Missouri-Columbia. During this period, the Continuing Education Program served as a full partner in the MGEC and was involved in 25 additional gerontology offerings besides those from the Division of Nursing Gerontology Grant.

The 1988-89 year brought the termination of some projects (the Gerontology Grant and SNAP) and the beginning of others. The CE program downlinked four national video conferences on the topics of Grief, Home Transfusion Therapy, Infants at Risk, and



Advanced technology makes teaching and research easier today.

Functional Assessment of the Older Adult. There are now eleven annual conferences in the program. Two new annual conferences were added in 1988-89—Pediatric Nursing and Chemical Dependency—and another will be implemented in 1989-90—the First Annual Statewide School Nurse Conference.

The 1988-89 enrollments for the 23 Independent Study modules exceeds 500, including nurses from Missouri, 13 other states, and three foreign countries. Offerings and enrollments have remained steadily strong.

The scholarship of the CE faculty continued during the last five years with a total of eleven presentations at state, regional, and national conferences and four publications. The program received three national awards from NUCEA in 1989—for faculty service, research endeavors, and creative programming. Susan Taylor received the outstanding Faculty Service Award from the National University Continuing Education Association, Division of Conferences and Institutes for 1989. Dr. Taylor was cited for her work in Orem's Self-Care Deficit Nursing Theory. Shirley Farrah received the NUCEA, Division of Conferences and Institutes Research Award for her leadership in an evaluation study of the gerontological nursing courses. The study investigated the nurse participants perceptions of changes over time in self-knowledge, competence levels, and attitudes after completing the course. Mary Margaret Bayer received the Creative Programming Award, Division of Women's Education, for increasing skills for nursing assessment.

Throughout the 1980s, the Continuing Education Program has remained an integral function within the School of Nursing. In the early years most of the teaching was carried out by faculty who volunteered their services after their regular work day. Today, the CE Program operates as a unit within the School of Nursing with personnel, operating budget, work and office space, and state-of-the-art equipment. Faculty are not assigned teaching responsibility within the program, but are committed and supportive, and volunteer to participate. The program has grown from a somewhat loosely structured program in 1956 to a sophisticated program today that provides approximately 180 offerings annually with over 9,000 participants.⁴²

THE PHYSICAL FACILITIES

The School of Nursing building was opened in 1979 with modern facilities for teaching. It now has state-of-the-art computing equipment, printers, copiers, and dictation and telephone systems that make it possible to produce quality work in research as well as in instruction. Two auditoriums, four classrooms, and five large conference rooms are located on the main floor; a technology laboratory, research lab and resource center, observation rooms, and computer lab are on the third floor. Faculty and staff have private offices on each of the three floors, with small conference rooms throughout the building.

The building is used not only for classes, but also for student meetings, professional organizational meetings, and conferences. Priority usage for the building is nursing education; however, when nursing faculty and student needs are met, space is shared with other disciplines to increase the building utilization and to meet the needs of other divisions.

Classrooms are equipped with the latest audio and video technology. The media and technology laboratories, important components of the instructional programs, provide resources for valuable learning experiences. Assistant Professor Kathleen Kaiser served as the technology and media labs coordinator from 1981 through 1987. Robert Danner served in the media lab until it was moved to the Health Sciences Library in 1985. The media lab was designed for individualized self-paced learning that uses multi audiovisual and computer programs. The technology lab was designed as the practice area for the media-based instruction. Associate Professor Betty Crim was the coordinator from 1987-88 and Sheila Scott, Instructor, assumed the responsibility in Fall 1988. Reference materials are available at the adjacent J. Otto Lottes Health Sciences Library.

The Research Resource Center (RRC) is located on the third floor along with a physiological research lab. The RRC is a developing entity; it began in 1981 with the Biomedical Research Development Grant (BRDG) funding. Equipment includes computers for word processing and on-line literature searches from the National Library of Medicine and a copy machine. Services offered include statistical and research design consultation, research assistants, grant appli-



Faculty and student lounges are used for receptions, as well as more informal meetings

cation processing and evaluation, and manuscript processing. An in-house *Nursing Research Bulletin* is published monthly to share faculty's success in publications, presentations, grants submitted and awarded, and calls for abstracts. A limited print resource section specifically related to research references and funding sources is also available. Files for research papers, work, and conference space add to the effectiveness of the Research Resource Center.

Office space is also allocated for professor emeriti, Nursing Student Council, Student Nurses' Association, and Graduate Nurses' Association. A student lounge is adjacent to the Technology Lab and a locker room provides security for books and other materials during clinical practicum hours. A faculty lounge on the fourth floor is used for faculty meetings and receptions.

PLANS, FRUSTRATION, AND PROGRESS: THE PHD PROGRAM IN NURSING

Planning for a doctoral program in nursing began in the late 1970s when Dean Courtney was appointed and the space problems had been resolved. The initial step in the planning process was the application for the Biomedical Research Development Grant, which was subsequently funded for three years. Dr. Harriet Werley was appointed the Project Director, established the Research Resource Center, and mentored faculty.

At this time, there were concerted efforts to appoint senior faculty with established research programs and provide opportunities for junior faculty to establish research programs. Financial limitations slowed the progress of the plans, however. Undoubtedly, the most severe blow was placement of the School in the reduction category in 1984, as a result of the Academic Program Review process. The most significant effect of this reduction was the postponement of the School's aspiration for a PhD program.

During the efforts to keep the plan for a PhD program in nursing viable in the system, all national reports projected the need for doctorally prepared nurses. *The Third Report to Congress 1982* projected the need for 13,490 doctorally prepared nurses by 1990; Palmer's *National Survey* reported that only

25% of the total budgeted faculty positions in baccalaureate and higher degree nursing programs were filled with doctorally prepared nurses. The Institute of Medicine's 1983 report also attested to the need for significantly more doctorally prepared nurses.

In 1986, the three schools of nursing in the UM System sought consultation from Dr. C. Lindeman, University of Oregon, regarding a systemwide doctoral program. Representative faculty and administrators from the three campuses met with Dr. Lindeman in Columbia. Nurses in Missouri kept the pressure on the School for a doctoral program in nursing. The School consistently received inquiries regarding doctoral study, and many nurses were pursuing doctoral study in other divisions on campus, such as the College of Education.

In 1987-88, after the \$100,000 reduction in the budget had been accommodated, planning efforts became intensified, this time with the Graduate School Dean, Provost, and Chancellor. No longer in the reduction category, the School requested that its status be changed in the Long-Range plans. In 1988, CBHE staff conducted a needs assessment for graduate nursing education in Missouri. In their November 1988 report, they noted that there was a demand for doctorally educated nurses in hospitals and postsecondary education. However, they recommended contracting arrangements with other states and institutions as a cost-effective means of providing doctoral education for Missouri's nurses.

In December 1988, Drs. Geden, Taylor, Rosenow, and Drennan met with the Chancellor and Provost to discuss definite plans for the doctoral program in nursing on the Columbia campus. Dr. Taylor drafted a position paper that included the philosophy and conceptual framework, program objectives, curriculum, blue-print for post-baccalaureate students, course content briefs, and analysis for a doctoral program. The doctoral program was included as a priority for new program development in 5-year priorities for budget planning beginning in 1990-1991. The program received approval from a special committee of the Faculty Senate's Biological Sector in August 1989. By the end of the summer of 1989, the campus and system officers were intricately involved in the planning process for a nursing doctoral program. A consultant was appointed to discern where



Ruby Potter and Phyllis Drennan, May 1988 commencement

a doctoral program should be located in the UM system. A decision has not yet been made on whether the University should develop a doctoral program in nursing, and where such a program should be located. Faculty of the School of Nursing remain steadfast in their commitment to plans for a doctoral program in nursing, giving students the same opportunity as other disciplines in the University.

SUMMARY

The 1980s was undeniably a decade of progress for the School of Nursing. Major achievements and changes in the decade include:

- Faculty, students, and administrators fully integrated into the UMC campus and UM System structure and governance.
- In view of the faculty size and the teaching and clinical practice responsibilities, the absolute and relative growth in research/scholarship was exemplary.
- Appointments to the Graduate School—16 faculty with 5 to the doctoral faculty.
- Significant progress in appointing doctorally prepared faculty.
- Faculty have earned national visibility and recognition for their research projects.
- Nationally recognized for our theory development in Self-Care Deficit Nursing Theory.
- Faculty autonomy via the Faculty Assembly.
- Increased research/scholarly activity assigned time for tenured and tenure track faculty.
- Annual Research Conference established.
- Generated over \$1,000,000 in research grants and over \$2,000,000 in training grants.
- Maintained the quality of programs.
- Continuing accreditation of the Baccalaureate, Master's, and Continuing Education programs by national review boards.
- Incremental re-designs in curricula implemented.
- A systematic evaluation plan for all variables of the School in place and utilized in making decisions.

- Potter-Brinton Distinguished Professorship in Nursing endowed.
- Increased endowed scholarships and estate gifts.
- Established the Ewing M. and Muriel I. Kauffman Foundation Fellowship in Nursing for graduate students.
- Continuing Education Program offered throughout Missouri.
- Increased attendance in our Continuing Education Program from 3,800 in 1981-82 to 9,408 in 1988-89.
- Constituent Advisory Committees for Continuing Education Program established.
- Continuing Education Annual Self-Care Conference established.
- Continuing Education Program and faculty received national awards.
- Baccalaureate students' success rate on NCLEX.
- Increased enrollment in the Master's program.
- Longitudinal studies of our alumni report our graduates are successful and hold leadership positions.
- 1,243 degrees awarded (BSN and MS) from 1980 to 1989
- Successful nomination of Ewing F. Kauffman for an MU honorary doctorate.
- The UMC Student Nurse Association earned national visibility.
- Alpha Iota Chapter (MU sponsored) Sigma Theta Tau International, Inc. celebrated a 25th Anniversary.
- In one Fiscal Year wrote seven self-studies and hosted 10 consultants/site visitors with positive results.
- Persevered with plans for a doctoral program in nursing.

As Charles Schultz once said, "there is no greater burden than a great potential."

NOTES

1. Curators who have served during the last decade:

<u>Name</u>	<u>Hometown</u>	<u>Commission</u>
C. R. Johnston	Springfield	04/17/75 - 03/16/82
Wallace R. Stacey	Independence	04/17/75 - 03/16/82
Rex Z. Williams	Rolla	06/11/75 - 04/26/82
William T. Doak	Vandalia	05/04/77 - 01/16/83
Robert A. Dempster	Sikeston	05/11/77 - 01/16/83
Marian O. Oldham	St. Louis	05/18/77 - 04/16/85
Daniel L. Brenner	Kansas City	05/18/77 - 01/16/83
David W. Lewis	St. Joseph	10/11/78 - 04/09/85
William G. Cocos, Jr.	St. Louis	03/21/79 - 11/30/85
Larry L. Robinson	Springfield	03/17/82 - 07/08/83 (resigned)
Doug Russell	Lebanon	03/17/82 - 06/09/87
Tom K. Smith, Jr.	Ladue	04/27/82 - 06/09/87
Kenneth Heath	East Prairie	01/17/83 - 07/18/83 (deceased 07/18/83)
W. H. "Bert" Bates	Kansas City	01/17/83 - 01/02/89
Jeanne V. Epple	Columbia	01/17/83 - 01/02/89
James S. Anderson	Springfield	07/08/83 - 06/06/87
Charles E. Kruse	Dexter	11/08/83 - 04/09/85 (resigned)
John P. Lichtenegger	Jackson	04/10/85 -
Edwin S. Turner	Chillicothe	04/10/85 -
Eva Louise Frazer	St. Louis	04/17/85 -
Peter H. Raven	St. Louis	12/01/85 -
Fred S. Kummer	Huntleigh Village	06/10/87 -
James C. Sterling	Bolivar	06/10/87 -
Sam B. Cook	Jefferson City	06/10/87 -
Carrie Francke	Columbia	01/03/89 - 05/22/89 (deceased)
Webb R. Gilmore	Kansas City	01/03/89 -

2. UM System changes in the last decade:

President—Dr. James Olson resigned July 1984 and Dr. C. Peter McGrath was appointed January 1985
 Vice President for Academic Affairs—Dr. Melvin George resigned March 1985; Dr. Jay Barton was appointed March 1985 and resigned January 1989; Dr. Richard Wallace was appointed March 1989
 Vice President for Administrative Affairs—Mr. James Buchholz resigned September 1985 and Dr. James McGill was appointed April 1986

Columbia Campus changes were:

Chancellor—Dr. Barbara Uehling resigned September 1986 and Dr. Haskell Monroe was appointed July 1987
 Vice Chancellor for Students, Personnel and Auxiliary Services—Dr. Norman Moore resigned December 1988 and Dr. James Irvin was appointed January 1989
 Vice Chancellor for Administrative Services—Dr. Duane Stucky resigned March 1987 and Mr. Kee Groshong was appointed October 1988
 Vice Chancellor for Development, University and Alumni Relations—Mr. Guy Entsminger resigned June 1984 and Mr. Roger Gafke was appointed February 1985

Provost—Dr. Ronald Bunn resigned January 1986 and Dr. Lois DeFleur was appointed July 1986

3. Criteria for Academic Program Review

- I. The quality of the program: (A) Faculty, (B) Students, (C) Library and other support services, (D) Facilities and equipment, (E) Curriculum, and (F) Staff
 - II. Contribution of the program to campus and University missions: (A) Importance of the program for achievement of campus and UM System missions, (B) Importance of the program for other programs on the campus and in the UM System, (C) Ability of the program to increase access to the University while maintaining quality.
 - III. Need for the program: (A) Student demand; (B) Anticipated societal needs, including employment and other opportunities for graduates; (C) Significance to society of research and scholarly activity produced within the program; (D) Extent to which program makes a positive contribution to the University's affirmative action goals; and (E) Extent to which there are unique conditions suggesting that a program should be offered on a particular campus.
 - IV. Financial considerations: (A) Cost, (B) Revenue, (C) Efficiency, (D) Other.
 - V. Comparative advantage: (A) Extent to which the program is available at other institutions in the state and the region, and (B) Extent to which the University has unique advantages in offering the program.
4. A. Need for Program: Opportunities for Graduates, Importance for Other Units. Although there has been some decline in the demand for nurses in recent years, the job market for nurses with baccalaureate degrees has remained relatively constant. Moreover, there continues to be a strong market for nurses with graduate degrees.
- B. Strengths and Weaknesses: Faculty, Curriculum, Students, Physical Facilities, Resources. The nursing program at Columbia is the oldest and most established. It is able to attract highly qualified students from the entire state. The Kansas City and St. Louis programs are newer and draw older, primarily local students. The Kansas City school provides the only RN completion program at a public institution in western Missouri. All programs have strong, energetic faculties; the Columbia and St. Louis campuses have good physical facilities. A strength of all programs is their flexibility in providing for the needs of part-time nursing students. The Kansas City school requires additional space, particularly for clinical practice laboratories. All campuses need to place a greater emphasis on faculty research and scholarly activity.
- C. Distinctive Attributes, Possible Cooperation. There is currently no graduate nursing program at a public institution in St. Louis. All reviewers indicated that a cooperative, intercampus master's degree program for St. Louis and Columbia would be possible and highly desirable. The feasibility of a future cooperative University-wide doctoral program in nursing also merits consideration.
5. A. Major institutional findings regarding the program in this unit:
1. Relationship to institutional mission: Our mission was congruent with, and faculty committed to, the University missions of teaching, research, and service.

-
2. Strengths
 - a. Faculty—All faculty are prepared at the master's level with 37 percent doctorally prepared. Faculty represent five clinical areas (psych-mental health, adult health, child health, maternal-infant, and community health), and all faculty are teaching in their area of specialization. The School contributes to professional and community service missions, has high quality of teaching (students regard the faculty highly and consistently attest to their commitment to them as individuals), is committed to scholarly activities and research, and has excellent collaborative relationships with clinical agencies for student and faculty practice experiences.
 - b. Students (both programs)—Highly qualified, sustained commitment to the rigor and demands of the curricula; low attrition rates; success in the employment sector; and undergraduate success rates on State Board Exams.
 - c. Curricula—Recently redesigned undergraduate curriculum with a blend of liberal and professional learning experiences; four areas of clinical concentration in the graduate program with a choice of functional roles in clinical practice, teaching, and administration; the flexibility of the graduate curriculum including options to complete master's program in summers only; fully-accredited programs in consonance with NLN and ANA characteristics and standards for the first and second professional degree and continuing education.
 - d. Environmental/Resources—Access to excellent library holdings; variety and accessibility of clinical agencies; University support services and faculty development opportunities; within School of Nursing building—availability of computers, dictation, and word processors to facilitate the research and teaching missions; nursing program located within a health science complex and a major research university setting.
 - e. Research/Scholarly Activities—Importance and significance of the scholarly activities; increase in number of publications, research studies, funded projects, and the annual research conference; the evaluation efforts toward improving patient/client care and our networking in relation to Self-Care Deficit; our graduate student publication success rate.
 - f. Continuing Education—Excellent quality of program; flexible location and time scheduling of program offerings; offering non-credit, continuing education units, and credit programs.
 3. Weaknesses
 - a. Faculty—Majority of faculty in lower ranks, e.g., assistant professors and instructors, faculty workload that limits time for scholarly activities and minimal minority faculty.
 - b. Student—Lack of diversity and minorities and involvement in campus student governance.
 - c. Curricula—Increase in electives, more flexible design for part-time undergraduate students.
 - d. Environmental/Resources—Non-existent funds to develop areas of study in gerontology, administration, community health, and maternal infant.
 - e. Research/Scholarly Activities—Revenue generation low in relation to efforts.
 - f. Continuing Education—Deliver continuing education offerings on a cost-effective basis.
 4. Current Issues Facing the Unit—To recruit senior faculty, increase salaries and resources for research.
-

-
5. Unmet Needs and Opportunities—Increase minority representation among faculty and students, develop cooperative master's program with University of Missouri-St. Louis and develop a PhD program.
 6. Institutional (UM System) Recommendations for Action—All programs and activities of the University of Missouri-Columbia are being reviewed for purposes of recommending to the University of Missouri's Board of Curators which of them should be enhanced, maintained, and reduced. In light of the pending actions by the Board of Curators, it now is premature to be recommending definitively the action that should be taken in the case of any specific program. The Chancellor's recent recommendation to the University President and Board of Curators is to place the School of Nursing in the reduction category. The reduction expected of the School could constrain slightly the School in the numbers of students it accepts for admission to both its baccalaureate and master's degree programs, but the most significant effect is to postpone the School's aspiration for a PhD program.
 7. Nancy Bartmess - 05 yrs.
Christine Brandel - 05 yrs.
C. Jane Dey - 13 yrs.
Linda Hancik - 07 yrs.
Sharon Krumm - 12 yrs.
Carrie Pike - 09 yrs.
 8.

Lucille Spalding	Professor Emeritus	11/67
Ruby Potter	Dean Emeritus	9/73
Jane Brinton	Professor Emeritus	9/76
Martha Nahikian	Associate Professor Emeritus	9/78
Ruth Benson	Assistant Professor Emeritus	9/81
Eleanor Baker	Assistant Professor Emeritus	9/83
Ruth Ann Kroth	Assistant Professor Emeritus	9/85
Virginia Hagemann	Professor Emeritus	9/87
Kathleen Kaiser	Assistant Professor Emeritus	9/87
Betty Crim	Associate Professor Emeritus	9/88
Irma Fleeman	Assistant Professor Emeritus	9/88
Phyllis Drennan	Professor and Dean Emeritus	9/89
 9. Drs. Virginia Bzdek, Lawrence Ganong, Elizabeth Geden, Mary Manderino, and Susan Taylor.
 10. Drs. Gelene Adkins, Virginia Aukamp, Barbara Biehler, Gerald Brouder, Virginia Bzdek, Phyllis Drennan, Lawrence Ganong, Elizabeth Geden, Eileen Hubsby, Karna Kruckenberg, Mary Manderino, Sherry Mustapha, Rosemary Porter, Ann Rosenow, Barbara Shelton, and Susan Taylor.
 11. Current research interests of the faculty are depicted in titles of their research projects:
 - Attributing Symptoms and Chronic Disease to Aging
 - Effects of a Foot Care Program for the Elderly
 - Medication Adherence Among Elderly
 - Self-Management of Complex Medication Regimens by Elderly Persons
 - Aging: Physiological Aspects and Clinical Implications Concerns:
 - Knowledge is Power
 - Memory Performances of the Elderly: A Longitudinal Study
 - Elderly Self-Care of Colds and Flu
 - Knowledge Deficit as a Nursing Dx in the Third Trimester of Pregnancy
 - Preparation for Labor: A Nursing Research Program
 - Effects of Cognitive Strategies on Recovery from Cesarean Delivery
-

Identification of Self-Care Activities Engaged in by Pregnant Women
Effects of Relaxation Training on Pregnancy Induced Hypertension
Effects of Patient Family Structure on the Nursing Care System
Effects of Remarriage Education on Stepfamilies
Family Stress and Coping in Families with a Learning Disabled Child
Correlates of Health Status in Remarried Families
Consequences of Early Childbearing
Correlates of Perimenopausal Distress in Women Aged 45-55 Years
Men's Knowledge and Attitudes Toward Menopause
Relationship Between Physiological Symptoms and Depressive Symptomatology in Women Age 45-55
Effects of Self-Tanning Preparation on Reducing Sun Exposure Time in Women
Self-Care Practices and Health Perceptions of Rural vs Urban Women
Estrogen Replacement Therapy and Sense of Well-Being in Perimenopausal Women
Health Promotion and Self-Care Activities of Men
Ascending Dose, Safety, and Efficacy Study of Clebopride in the Treatment of Cisplatin Induced Emesis
Cognitive Restructuring: An Intervention for Cancer Chemotherapy Patients
Patterns of Postoperative Nausea and Vomiting
Self-Talk of Chemotherapy Patients
Self-Care Interventions for Postchemotherapy Patients
Self-Assessment and Self-Care
Effects of Control of Daily Activities in Quadriplegics
Fatigue in Multiple Sclerosis: A Three-Phase Study
Effects of Type of Follow-up Strategy on Compliance
Image of Nursing
Introduction of Therapeutic Milieu to Nursing Staff
Moderation of Stress Among Critical Care Nurses
Evaluation of Faculty Clinical Practice
Organizational Structure and Climates in Schools of Nursing
Theory Development
Research: A Concept Analysis of Uncertainty

12. The following faculty were recognized with Distinguished Service Awards:
1968 - Kathleen Kaiser
1970 - Martha E. Nahikian
1972 - Eleanor V. Baker
1975 - Jane Brinton

Other awards include:

- 1978 Carolyn Jarvis received the AMOCO Award in recognition of outstanding teaching of undergraduate students.
1980 Harriet Werley, Associate Dean was presented the first award for Distinguished Contribution to Nursing Science by the American Nurses Foundation
1984 Irma Fleeman received the first Open Door Award given by the MSA Senate's Academic Affairs Committee for Excellence in Academic Advising.

13. Data from Institutional Research and Planning depicted the following eight year data regarding fall head count enrollment, degrees awarded, and annual credit-hour produced.

Fall Headcount enrollment

	F/81	F/82	F/83	F/84	F/85	F/86	F/87	F/88	% change
Undergraduate	363	375	288	279	290	249	207	168	-53.7
Graduate	85	75	95	107	105	108	131	142	67.1
Total	448	450	383	386	395	357	338	310	-30.8

Degrees Awarded

	80-81	81-82	82-83	83-84	84-85	85-86	86-87	87-88	88-89	% change
Bachelor	92	91	172	126	111	110	99	111	83	-9.8
Master	20	31	21	23	20	30	28	26	35	75.0
Total	112	122	193	149	131	140	127	137	118	5.4

Annual Credit Hours

	83-84	84-85	85-86	86-87	87-88	% change
Undergraduate	6,878	6,055	6,990	5,398	4,933	-28.3
Graduate	1,308	1,402	1,454	1,357	1,468	12.2
Total	8,186	7,457	7,444	6,755	6,401	-21.8

14. The following data depict seven years of NCLEX pass rates with the number of graduates writing and the percent and number of semesters in their academic program. Not all graduates write in Missouri; some write in other states. Those writing the NCLEX in other states were not reported in the data.

Class	Write Date	N/%	Sem(s) Major
May/83	7/83	83-95	06 & 05
Dec/83	2/84	46-100	05
May/84	7/84	75-95	05
Dec/84	2/85	54-100	05
May/85	7/85	50-94	05
Dec/85	2/86	45-98	05
May/86	7/86	46-93	05
Dec/86	2/87	41-95	05
May/87	7/87	46-93	05
Dec/87	2/88	24-100	05
May/88	7/88	73-90	05
Dec/88	2/89	26-96	05
May/89	7/89	43-98	04

15. See note 13 above.

16. Fall 1988:

	FT	PT	Thesis Only	Summers Only
Community Mental Health	04	13	05	
Child Rearing and Child Bearing	05	11	00	
Rural Community Health	03	03	00	
Adult Health	14	30	11	07
Family and Gerontological Nurse Practitioner	11	10	04	
Administration	01	06	00	
	38	73	20	07 = 138

-
17. Valerie Goodin 1981-1983
 Dee Tuttle 1983-1985
 Tom Guy 1985-1986
 Joyce Lake 1986-present
18. 1966 Helen Nahm, '24
 1967 Marjorie Elmore, '43
 1968 Melba Dean Cowles, '47
 1969 Katherine Metcalf Mason '41 (deceased)
 1970 Ruby Potter, '29 (deceased)
 1971 Frances Gilbert, '30
 1973 Una Rice Thomas, '29
 1975 Sister Mary Charitas, S.S.M., '31
 (Madeline Iffrig)
 1976 Jean Thompson, '63
 1977 Doris Asselmeier England, '60
 1980 Anna M. Shannon, '55
 1982 Mackey Torbett, '60 (deceased)
 1984 D. Caroline Davis, '65
 1986 Beverly S. Lindsey, '62
 1988 Shirley J. Farrah, '66

19. Doris England, Sherry Mustapha, Jean Kesterson, Ruby Potter, and Jane Brinton.

20. Nursing Alumni Awards

<u>Sophomore</u>	<u>Junior</u>	<u>Senior</u>
<u>1982</u>	<u>1982</u>	<u>1982</u>
Mary Ann Cope	Karen E. Kellerhals	Mary Christman
	Karen Johnson	Janis L. Holzhauser
	<u>1983</u>	<u>1983</u>
	Lisa L. Finck	Lisa Triplett
	Kathleen Dickenson	Karen Johnson
	<u>1984</u>	<u>1984</u>
	Kay Connell	Elisa Sims
	Joetta Wortman	
	<u>1985</u>	<u>1985</u>
	Lois Ann Hathaway	Janice Hopkins
	Jane Ann Anders	Deidre D'Amour Wipke
	Judealyne Percy Menzies	
	<u>1986</u>	<u>1986</u>
	Sandra Ann Stokes	Janice Hopkins
	<u>1987</u>	<u>1987</u>
	Donna L. Werder	Tracy I. Cox
	Annette M. Lazarz	Ruth M. Campbell
	<u>1988</u>	<u>1988</u>
	Kimberly S. Moore	Trina L. Schalk
	Angela Augustine	Susan Bailey
	<u>1989</u>	<u>1989</u>
	Christy Lanigan	Terri Garton

21. Her sister, Dr. Laura Nahm, helped to provide materials for the collection, provided a vita, and wrote a narrative of Dr. Nahm's accomplishments.

-
22. 1968-1970 Eleanor Baker
 1970-1972 Willa Schumaker
 1972-1975 Frances Wurtz
 1975-1978 Betty Crim
 1978-1980 Gerald Brouder
 1980-1981 Susan Taylor
 1981-1987 Betty Crim
 1987-1990 Susan Taylor
23. Our Graduate Faculty Senate divisional representatives since 1974 have been
 1974-1976 Betty Crim
 1976-1978 Frances Seither
 1978-1982 Elizabeth Geden
 1982-1985 Barbara Shelton
 1985-1988 Virginia Bzdek and
 Mary Manderino
 1988-1989 Virginia Bzdek
24. 1981-84 Elizabeth Geden (Vice-Chair 1983-84)
 1981-82 Harriet Werley
 1981-83 Lee Sennott-Miller
 1983-84 Virginia Hagemann
 1984-87 Mandy Manderino
 1984 Susan Taylor (first half of 1984)
 1984-86 Ann Rosenow (last half of 1984 to 1986)
 1986-87 Susan Taylor
 1987-90 Gerri Goosen (resigned 1/89)
 1989-90 Vicki Conn
 1987-90 Susan Taylor
25. The Faculty Assembly Chairs since 1979 and Vice Chairs since 1983 were as follows:

Chairs of Faculty Assembly

1979-80 Dean Gladys Courtney
 1980-81 Interim Dean Gerald Brouder
 1981-82 Elizabeth Geden
 1982-85 Ruth Ann Kroth
 1985-89 Elizabeth Geden
 1987-88 Rose Porter
 1988-89 Elizabeth Geden
 1989- Virginia Bzdek

Vice Chairs

1983-84 Lee Sennott
 1984-86 Betty Crim
 1986-87 Mary Manderino
 1987-88 Betty Crim
 1988-89 Virginia Bzdek
 1989- Alice Kuehn

26. Chair(s): Nomination

1982-84 Rose Mary Langland
 1984-85 Gail Hille
 1985-87 Susan Taylor

Faculty Affairs

1981-82 Martha McClelland
 1982-85 Mary Margaret Bayer

Continuing Education

1982-85 Maureen Brown
 1985-86 Susan Egizii
 1986-87 Gail Hille
 1987-88 Eileen Hubsy

Faculty Affairs/Policy

1988-89 Virginia Bzdek
 1989- Alice Kuehn

Undergraduate Admission and Progression

1981-82 Shirley Farrah (Admissions)
Barbara Shelton (Progression)
1982-84 Shirley Farrah
1984-85 Chris Kunz
1985-86 Chris Kunz and Steve Cochran
1986-87 Greg Lind
1987-88 Vicki Conn

Graduate Admission and Progression

1981-84 Mary Manderino
1984-85 Mary Manderino and Virginia Bzdek
1985-87 Virginia Bzdek
1987-88 Larry Ganong

Student Admission and Progression

1988-89 Mary Manderino
1989- Gelene Adkins

Undergraduate Curriculum

1981-82 Susan Taylor
1982-83 Phyllis Watson and Jeannie Chambers
1983-84 Jeannie Chambers
1984-85 Jeannie Chambers and Linda Workman
1985-86 Eileen Hubsby and Rose Porter
1986-88 Betty Crim

Graduate Curriculum

1982-84 Beth Geden
1984-85 Beth Geden and Virginia Hagemann
1985-86 Virginia Hagemann
1986-87 Gerri Goosen
1987-88 Gerri Goosen F/sem.
Rotating Chair W/sem.

Curriculum Committee

1988-90 Virginia Aukamp

Appointment, Promotion, and Tenure

1981-82 Betty Crim
1982-84 Susan Taylor
1984-85 Betty Crim

Appointment, Reappointment, Promotion, and Tenure

1985-86 Betty Crim
1986-88 Barbara Shelton
1988-89 Larry Ganong
1989- Verna Rhodes

27. Deans: 1980-81 - Dr. Gerald Brouder, Interim Dean and Associate Professor
1981-89 - Dr. Phyllis Drennan, Dean and Professor
1989- Dr. Toni J. Sullivan, Dean and Professor

Assistant/Associate Deans/Directors:

1974-84 Ms. Irma Fleeman, Assistant Dean for Student Affairs (1974-81).
Assistant Dean - Undergraduate Program (1982-84), and Assistant Professor.
1980-83 Dr. Harriet Werley, Associate Dean - Research and Professor
Ms. Eleanor Baker, Acting Continuing Education Director and Assistant Professor
1983-84 Mrs. Mary Margaret Bayer, Interim Continuing Education Director and Instructor
1980-84 Dr. Virginia Hagemann, Interim Director, Graduate Program and Professor
1984-89 Dr. Ann Rosenow, Associate Dean for Research and Director of Graduate Studies and Professor
1984- Ms. Shirley Farrah, Continuing Education Director and Clinical Instructor
1984-86 Dr. Shirley Dooling, Assistant Dean and Director of Undergraduate Program, and Associate Professor

- 1987-88 Ms. Irma Fleeman, Interim Associate Dean of Students and Director of Undergraduate Program, and Assistant Professor
- 1988-89 Deans Rosenow and Drennan shared the responsibilities of the Office of Associate Dean of Students and Director of Undergraduate Program
- 1989- Dr. Rosemary Porter, Interim Associate Dean for Students and Director of Undergraduate Program, and Assistant Professor
- 1989- Dr. Elizabeth Geden, Interim Associate Dean for Research and Director of Graduate Program, and Professor

28. YEAR	TOTAL	PERCENT OF CHANGE
1980-81	\$1,572,282	-
1981-82	1,572,282	0
1982-83	1,535,457	-2.3
1983-84	1,478,363	-3.7
1984-85	1,578,184	6.7
1985-86	1,605,822	1.7
1986-87	1,639,622	2.1
1987-88	1,664,179	1.5
1988-89	1,668,893	0.3

29. Endowed Scholarships

- 1968 Eitzen Scholarship fund. Donor, Hertha Eitzen Merwill
- 1969 Myrtle Longenbach Memorial. Donor, Myrtle Longenbach Estate
- 1979 John Sullivan Waggoner Memorial Nursing Scholarship. Donor, Estate Harry K. Waggoner
- 1981 R.E. and Cedelle H. Gillette Scholarship in Nursing. Donor, R.E. Gillette Trust Fund
- 1981 Merle Dozier Strange Scholarship Fund. Donor, Thomas T. Strange Unitrust (1978)
- 1981 Funk Fund for Nursing. Donor, Flo Dickey Funk estate.
- 1981 Dorothy Gillette Meyer Memorial Scholarship. Donor, B. Frank and Ora Dale Gillette.
- 1982 Mr. and Mrs. Richard C. Boyd Endowment Fund. Donor, Mr. and Mrs. Richard C. Boyd.
- 1987 Mary Berhorst Scholarship. Donor, Mary Berhorst. Available in the year 2003 from an insurance trust.
- 1988 Betty Crim Endowed Nursing Scholarship. Donors, alumni, friends, family, and Betty Crim, Associate Professor Emeritus, Nursing.
- 1988 Virginia Hagemann Endowed Nursing Scholarship. Donor, Dr. Virginia Hagemann, Professor Emeritus Nursing.
- 1989 Service League Auxiliary Endowment Fund. Donor, UM Hospital Service League.
- 1989 Marie L. Vorbeck Nursing Scholarship Endowment. Donor, Dr. Arlene Martin, Professor of Pathology, UMC School of Medicine.
- 1989 Mary Butler Woods Nursing Scholarship. Donor, Margaret Woods Allen.
- 1989 Phyllis Drennan Endowed Scholarship in Nursing. Donors, alumni, friends, and family.

30. Annually Funded Scholarships and Fellowship

- 1955 Nurses' Scholarships. Donor, Women's Auxiliary to the Boone County Medical Society.
- 1958 Alice Holliday Scholarship in Mental Health Nursing. Donor, Missouri Federation of Women's Clubs.
- 1986 The Ewing M. and Muriel I. Kauffman Foundation Nursing Fellowship. Donor, Ewing M. Kauffman.

31. Awards

1979 Janet Joy Thompson Award. Donor, Mr. Thomas Thompson.

32. NSC officers from 1981* through 1989:

<u>1981-82</u>		<u>1986-87</u>	
President	James Carroll	President	Lisa Henry
Vice President	Karen Kellerhals	Vice President	Michelle Black
Secretary	Lisa Osborn	Secretary	Shelli Johnson
Treasurer	Lisa Triplett	Treasurer	Kelly Brown
<u>1982-83</u>		<u>1987-88</u>	
President	Not Available	President	Annette Lazarz
Vice President		Vice President	Shelli Johnson
Secretary		Secretary	Trina Schalk
Treasurer		Treasurer	Pam Wiggins
		Faculty Advisor	Rita Patton
<u>1983-84</u>		<u>1988-89</u>	
President	Elisa Sims	President	Becky Coburn
Vice President	Julie Schade	Vice President	Dana Wisdom
Secretary	Lisa Finck	Secretary	Kimberly Moore
Treasurer	JoAnne Stockmann	Treasurer	Amy Scharf
Faculty Advisor	Becky Christian	Faculty Advisor	Rita Patton
<u>1984-85</u>		<u>1989-90</u>	
President	Leah Daniels	President	Sharilyn Unterseher
Vice President	Bill Bales	Vice President	Mary Beth Whittington
Secretary	Joetta Wortman	Secretary	Maria Lee
Treasurer	Bonnie Cates	Treasurer	Stephanie Kussman
		Faculty Advisor	Rita Patton
<u>1985-86</u>			
President	Tim Thompson		
Vice President	Joetta Wortman		
Secretary	Kristi Kenner		
Treasurer	Gretchen Kussman		

* Names of officers prior to 1981 were not available.

33. Graduate Nurses' Association Officers and Faculty Advisor 1975-89 were:

<u>1975-78</u>		<u>1982-83</u>	
President	Miriam Wiederaenders	President	Ann Royal
Vice President	Dorothy Block	Vice President	Bonnie Alsbury
Secretary	Norma Giger	Secretary	Barbara Hauck
Treasurer	Ester Mendoza	Treasurer	Barbara Loffler
Advisor	Frances Seither	Advisors	Virginia Bzdek Lawrence Ganong
<u>1976-77</u>		<u>1983-84</u>	
President	Julie Carter	President	Carol Neirling
Vice President	Chris Pangano	Vice President	Paula Smith
Secretary	Jamie Stratton	Secretary	Priscilla Ross
Treasurer	Meg Easterday	Treasurer	Yvette Thomas
Advisor	Frances Seither	Advisors	Virginia Bzdek Lawrence Ganong

<u>1977-78</u>		<u>1984-85</u>	
President	Debra Norris	President	Paula Smith
Vice President	Becky Christian	Vice President	Deborah Wallace
Secretary	Barbara Mullins	Secretary	Yvette Thomas
Treasurer	Linda Cooper	Treasurer	Corrine Fesseden
Advisor	Elizabeth Geden	Advisor	Maureen Brown

<u>1978-79</u>		<u>1985-86</u>	
President	Pat Cutler	President	Tina Krieger
Vice President	Shirley Peterson	Vice President	James Swegle
Secretary	Nancy Thompson	Secretary	Kathy Darnell
Treasurer	Maxine Mueller	Treasurer	Corrine Fesseden
Advisor	Elizabeth Geden	Advisor	Maureen Brown

<u>1979-80</u>		<u>1986-87</u>	
President	Shirley Peterson	President	Kathy F. Darnell
Vice President	Robert Acuff	Vice President	Marion Maloney
Secretary	Brenda Mudd	Secretary	Lygia Holcomb
Treasurer	Jean Ann Britt	Treasurer	James Swegle
Advisor	Gerald Brouder	Advisor	Maureen Brown

<u>1980-81</u>		<u>1987-88</u>	
President	Robert Acuff	President	Rhonda Brown
Vice President	David Briant	Vice President	Redonda Quiring
Secretary	Jean Ann Britt	Secretary	Vacant
Treasurer	Wanda Jones	Treasurer	Kathy Murphy
Advisor	Virginia Hagemann	Advisor	Maureen Brown

<u>1981-82</u>		<u>1988-89</u>	
President	Carol Vanderford	President	Faye Fairchild
Vice President	Ann Royal	Vice President	Mae Seifert
Secretary	Mary Mercer	Secretary	Sylvie Shapley
Treasurer	Robin Power	Treasurer	Theresa Boley
Advisor	Mary Manderino	Advisors	Gelene Adkins Linda Workman

		<u>1989-90</u>	
President	Wanda Marvel	Recorder	Patty Gazewood
Vice President	Cathy Crews	Newsletter	Mac Seifert
Treasurer	Theresa Boley	Advisor	Gelene Adkins

34. The UMC-SNA officers and their faculty advisers were recognized for their outstanding leadership:

<u>1980-81</u>		<u>1985-86</u>	
President	Delores Deckard	President	Jill Roman
1st V-Pres.	Sherry Trimmer	Vice President	Dawn R. Brown
2nd V-Pres.	Marilyn Krueger	Secretary	Deb Kuntz
Secretary	Laura Clarke	Treasurer	Jill DeBourge
Treasurer	Debbie Miller		

<u>1981-82</u>		<u>1986-87</u>	
President	Sherry Roam	President	Lisa Schelker
1st V-Pres.	Lynne Krystopa	Vice President	Debbie Viereg
2nd V-Pres.	Sara Lybarger	Secretary	Lea Ann Judy
Secretary	Lisa Triplett	Treasurer	Traci I. Cox
Treasurer	Candy Brown		

<u>1982-83</u>		<u>1987-88</u>	
President	Not Available	President	Joy Roberts
Vice President		Vice President	Karina Kessler
Secretary		Secretary	Lea Ann Judy
Treasurer		Treasurer	Vicki Haworth
		Advisor	Kathy Blair
<u>1983-84</u>		<u>1988-89</u>	
President	Cindy Ems	President	Traci Reichen
Vice President		Vice President	Rachel Winn
Secretary		Secretary	Robert Hudson
Treasurer		Treasurer	Scott Childers
		Advisor	Kathy Blair
<u>1984-85</u>		<u>1989-90</u>	
President	JoAnne Stockman	President	Dianne S. Miller
Vice President	Wendy Syberg	Vice President	Ann E. Houser
Secretary	Sherri Kagay	Secretary	Dena Maria McMichael
Treasurer	Joetta Wortman	Treasurer	Kerry Ann Saums
		Faculty Advisor	Kathy Blair

35. The administrative assistants and senior secretaries in 1989 were:

Juanita Black-Morris—1982-
 Leta Davis—1981-
 Evelyn Harned—1988-
 Anita M. Heidbrink—1986-
 Charlotte Hellebusch—1987-
 Sharon Henson—1987-
 Linda Hudson—1988-
 Nancy Johnson—1988-
 Corrine McCormack—1981-
 Josephine Prenger—1986-

36. The academic advisors were:

<u>Undergraduate</u>	<u>Graduate</u>
Gloria Dowdy - 1978-1984	Muriel Leach - 1968-1988
Mary Hartigan - 1984-1987	Linda Hudson - 1988-
Susan Daniel - 1987-	

Muriel Leach was recognized by a retirement reception in January 1988 for her 20 years of dedicated service.

37. Many of our support staff have transferred into the School of Nursing from other divisions. All those who have served longer than 6 months are included in a list of past employees in the appendix.

1982:	Jeanie Calvin	5 years
1983:	Gloria Dowdy	5 years
	Irene L. Wolf	5 years
	Muriel Leach	15 years
	Gladys Wulff	15 years
1984:	Juanita Black	5 years
1985:	Karen Budak	5 years
	Betty Layer	5 years
	Anita Ruga	5 years
	Theresa Terry	5 years
	Robert Danner	10 years

	Joyce Davee	10 years
1986:	Leta Davis	5 years
1987:	Mary E. Metzen	5 years
	Carla Robinson	5 years
	Corrine McCormack	10 years
1988:	Jana Meyer	5 years
1989:	Evelyn Harned	5 years
	Muriel Leach	20 years
	Juanita Black	10 years
	Betty Layer	10 years
	James Lay	25 years

38. The graduate will have demonstrated the ability to:

1. Utilize a general concept of nursing that includes the major variables of self-care agency, therapeutic self-care demand, and nursing agency.
2. Utilize a scholarly approach to the acquisition, analysis, and application of knowledge.
3. Utilize the nursing process with attention to:
 - (assess) a. Collection of data regarding state of health, self-care agency, and therapeutic self-care demand.
 - (plan) b. Relationship of the parameters of client agency to nursing agency.
 - (implement) c. Use of technologies and techniques to regulate or control the nursing variables.
 - (evaluate) d. Establishment of standards, and comparison of outcomes with standards and goals sought.
4. Design, implement, and evaluate nursing systems for individuals and small groups, which include:
 - (technological) a. The dynamics of conceptualizing the relationship between self-care agency, therapeutic self-care demand, and nursing agency.
 - (interpersonal) b. Initiation and management of interpersonal and person-group relationships necessary for (a) above.
 - (social) c. Initiation and management of a legitimate contractual relationship of nurse to client.
5. Read research critically to determine its value in practice.
6. Participate with other nursing and health professionals in the design, implementation, and evaluation of complex nursing systems.
7. Deliver professional nursing to sets of clients.
8. Assume responsibility for the role of professional nurse, including:
 - a. Accepting responsibility for development of one's nurse agency.
 - b. Participating in professional activities.
 - c. Effecting change in specific nursing situations.
9. Participate in community activities as a citizen and a professional person.
10. Develop her/his role characteristics in terms of individual uniqueness and humanness.

39. The curriculum pattern for the eight semester:

Pre-admission requisite courses:

Science

Chemistry	5
Zoology	5
Anatomy	5
Microbiology	4

Social Science and Humanities

General Psychology	3
History or Political Science	3-5
English	3
Logic	3
Gen. Sociology or Anthropology	3
Literature	4-6
Advanced Behavioral Soc. Science	
Algebra or Statistics	<u>3</u>
	44-48

Post-admission-requisite courses-
Science

Physiology	5
Pharmacology	3
Nutrition	3

Social Science and Humanities

Growth and Development	3
Philosophy and Human Nature	3
Advanced Behavioral Soc. Science	3
Ethics	<u>3</u>
	23

Nursing Courses

<u>Sem.</u>		<u>Course Number and Title</u>	<u>Credit hours</u>
I.	N 71	Concepts of Nursing	2
	N 72	Concepts of Health & Health Care	3
II.	N 73	Nursing and The Healthy Individual	4
III.	N102	Nursing in the Multiperson Units	2
	N103	Nursing in the Expanding Family: Childbearing	4
	N141	Pathology and Therapeutics I	3
	N142	Methods of Assisting I	3
	N152	Restorative Dimension of Psychosocial Nursing	4
IV.	N143	Pathology and Therapeutics II	2
	N144	Methods of Assisting II	2
	N150	Nursing in Child Health Deviations	5
	N151	Nursing in Adult Physiologic Health Deviations	5
	N153	Gerontological Nursing	2
V.	N170	Community Health Nursing	5
	N180	Leadership and Management/ Nursing	2
	N181	Professional Nursing Practicum	4
	N182	Professional Perspectives	<u>2</u>
			54 hours

40. The changes described previously for the four-semester pattern are by semester I through IV (junior and senior years):

I.	N100	Nursing and Universal Requisites	6
	N141	Pathology and Therapeutics I	3
	N142	Methods of Assisting I	3
	P204	Pharmacology	3
II.	N103	Nursing in the Expanding Family: Childbearing	5
	N131	Intro. to Nursing Research	2

	N143	Pathology and Therapeutics II	3
	N152	Restorative Dimensions of Psychosocial Nursing	5
III.	N144	Methods of Assisting II	3
	N150	Nursing in Child Health Deviations	5
	N151	Nursing in Adult Physiologic Health Deviations	5
	Elective		5
IV.	N153	Gerontological Nursing	2
	N170	Community Health Nursing	5
	N180	Leadership and Management/ Nursing	2
	N181	Professional Nursing Practicum	5
	N182	Professional Perspectives	2
			6 hours co-requisite and 56 hours nursing

41. Upon completion of the master's program in nursing, the student will be able to:
1. examine the fields of nursing knowledge with an emphasis on nursing science;
 2. use the professional process in the definition and solution of problems within nursing (professional, clinical, organizational);
 3. apply self-care deficit theory to the design, implementation, and evaluation of nursing systems, using an advanced theory base relevant to the particular clinical area;
 4. exercise nursing agency, within a defined clinical area, in situations where:
 - (a) application of theory is not well developed,
 - (b) required technology is not developed or is extremely complex, or
 - (c) where predictability of outcomes is low;
 5. design, implement, and evaluate studies that are derived from self-care deficit theory;
 6. develop agency to perform a selected role within the nursing profession and interprofessionally.
42. Summary of continuing education offerings for the past five years shows the number of offerings, number in attendance, and the student full-time equivalence. Noted also are Level I (entry level offerings) and Level II (graduate offerings).

	<u>offerings</u>	<u>attendance</u>	<u>S/FTE</u>
1984-85	120 (113 Level I, 7 Level II)	6,190	200
1985-86	160 (148 Level I, 12 Level II)	8,255	270
1986-87	179 (158 Level I, 22 Level II)	9,225	312
1987-88	179 (164 Level I, 15 Level II)	9,357	305
1988-89	154 (141 Level I, 13 Level II)	9,408	276

APPENDIX

Former Deans & Directors of the School of Nursing



Nance Taylor



Pearl Flowers



Helen Nahm



Lela Belden



Katherine Mason



Virginia Hall Harrison



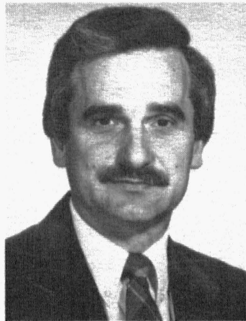
Ruby Potter



Jane Brinton



Gladys Courtney



Gerald Brouder



Phyllis Drennan

Emeriti Faculty



Eleanor Baker



Ruth Benson



Jane Brinton



Betty Crim



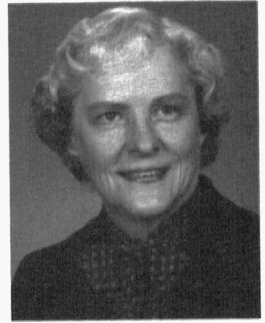
Phyllis Drennan



Virginia Hagemann



Kathleen Kaiser



Ruth Ann Kroth



Martha Nahikian

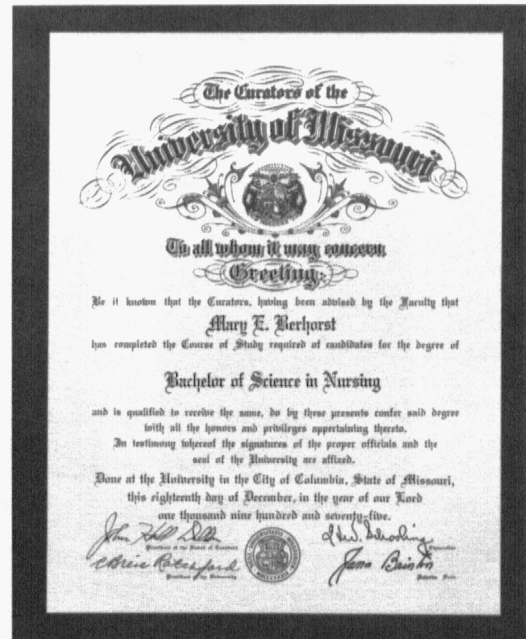
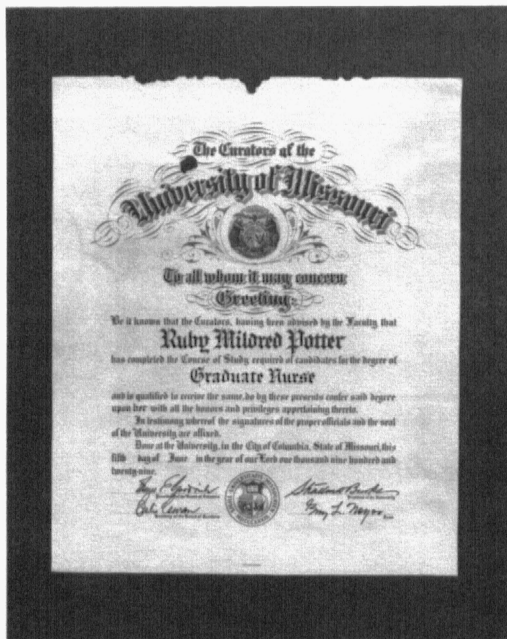
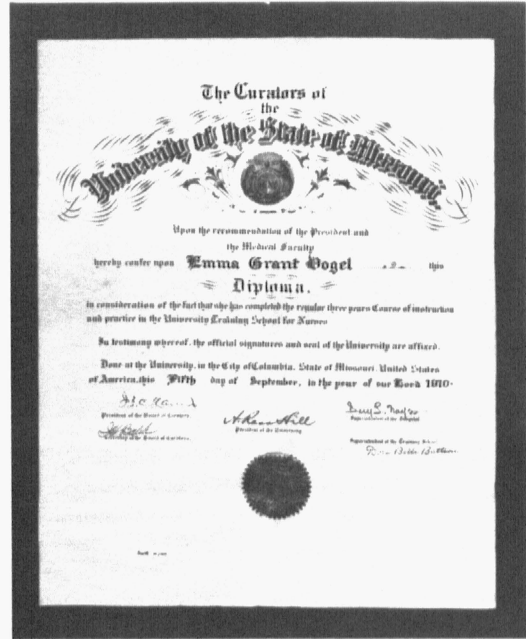
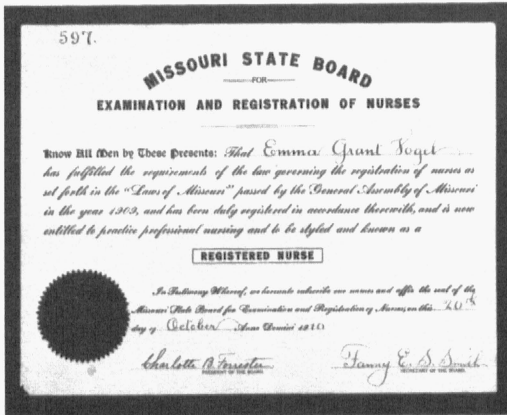


Ruby Potter



Lucille Spalding

Diplomas & Certificates



APPENDIX

FACULTY AND ADMINISTRATORS 1989

ADMINISTRATION

Phyllis D. Drennan, dean, professor,
PhD, University of Iowa, 8/89

Toni J. Sullivan, dean, professor, EdD,
Teachers College, Columbia University,
9/89-

Ann Rosenow, professor, associate
dean for research and director of
the graduate program, PhD, Uni-
versity of Chicago, 8/89

Elizabeth Geden, professor, interim associ-
ate dean for research and director of the
graduate program, PhD, University of
Missouri-Columbia, 7/89-

Shirley Farrah, director of continuing
education program, MSN, Uni-
versity of Illinois, 7/84-

Rosemary Porter, assistant professor and
interim dean for students and director of
the undergraduate program, PhD, Uni-
versity of Missouri-Columbia, 7/89-

FACULTY

Willa Adelstein, joint clinical instructor, MSN, University of California-Los Angeles

A. Gelene Adkins, assistant professor, PhD, University of Missouri-Columbia

Virginia Aukamp, assistant professor, PhD, University of Texas-Austin

Carole Ann Bach, assistant professor, PhD, University of Texas-Austin

Eleanor Baker, assistant professor, emeritus, MSN, Wayne State University

Nancy Bartmess, adjunct clinical associate, MSN, University of Missouri-Columbia

Cheryl Bausler, clinical instructor, MSN, University of Arizona

Mary Margaret Bayer, instructor, MEd, University of Missouri-Columbia

Jettiva Belton, adjunct clinical associate, MSN, University of South Carolina-Columbia

Maxine Benson, adjunct clinical instructor, MSN, St. Louis University

Ruth Benson, assistant professor emeritus, MS, University of Washington

Barbara Biehler, assistant professor, EdD, Illinois State University

Katherine Blair, clinical instructor, MSN, University of Colorado

Christine Brandel, adjunct clinical associate, diploma, Swedish Hospital, Minneapolis,
Minnesota

Jane Brinton, professor emeritus, MS Ed, University of Pennsylvania

Gerald Brouder, deputy chancellor, associate professor, PhD, University of Texas-Austin

Maureen Brown, instructor, MS, University of Missouri-Columbia

Virginia Bzdek, associate professor, PhD, University of Oregon

Jane Cochran, clinical instructor, MS, University of Missouri-Columbia

Vicki Conn, assistant professor, PhD, University of Missouri-Columbia

Ted R. Cox, adjunct clinical instructor, MSPH, University of Missouri-Columbia

Betty J. Crim, associate professor emeritus, MEd, University of Missouri-Columbia

Kathryn Daane, adjunct clinical instructor, MSN, Texas Women's University

Stephanie Dallam, clinical instructor, MS, University of Missouri-Columbia

Shirley Dauzvardis, clinical instructor, MS, University of Missouri-Columbia

Kay Davis, joint clinical assistant professor, PhD, Teachers College, Columbia University

C. Jane Dey, adjunct clinical associate, MPS, University of Missouri-Kansas City

Phyllis D. Drennan, Professor and Dean Emeritus, PhD

Peggy Emery, Teaching Associate

Wendy Evans, adjunct clinical instructor, MS, University of Missouri-Columbia
Sheryl Feutz-Harter, clinical lecturer, JD, Loyola Law School
Irma Fleeman, assistant professor emeritus, MEd, University of Missouri-Columbia
Lawrence H. Ganong, associate professor, PhD, University of Missouri-Columbia
Debra M. Gayer, joint clinical instructor, MS, University of Missouri-Columbia
Elizabeth Geden, professor, PhD, University of Missouri-Columbia
Mary Lou Gillilan, adjunct clinical associate, MS, University of Missouri-Columbia
Dayna Glanz, clinical instructor, MS, University of Missouri-Columbia
Virginia Hagemann, professor emeritus, PhD, University of Pittsburgh
Linda Hancik, adjunct clinical instructor, MSPH, University of Missouri-Columbia
Brenda Hanson, clinical instructor, MS, University of Missouri-Columbia
Judith Hasselblad, clinical instructor, MSN, University of Washington
Anne Heine, clinical instructor, MS, University of Missouri-Columbia
Melba Hoepfer, joint clinical instructor, MS, University of Wisconsin-Madison
Lygia Holcomb, clinical instructor, MS, University of Missouri-Columbia
Eileen Hubsy, assistant professor, EdD, University of Kansas
Darlene Huff, adjunct clinical instructor, MS, University of Missouri-Columbia
Mary Johnson, joint clinical instructor, MS, University of Missouri-Columbia
Kathleen Kaiser, assistant professor emeritus, MS, University of Maryland
Helen Kelly, clinical instructor, MS, University of Missouri-Columbia
Margaret Korth, adjunct clinical associate, MSN, University of Wisconsin-Oshkosh
Ruth Ann Kroth, assistant professor emeritus, MS, University of Missouri-Columbia
Kathryn Kucera-Bozarth, adjunct clinical instructor, MS, University of Missouri-Columbia
Alice Kuehn, assistant professor, PhD, University of Missouri-Columbia
Christine Kunz, adjunct clinical instructor, MS, University of Missouri-Columbia
Jo LaFoy, adjunct clinical instructor, MS, University of Missouri-Columbia
Martha Kay Libbus, clinical instructor, MSPH, University of Missouri-Columbia
David Mackie, adjunct clinical associate, MN, University of Mississippi
Mary Manderino, associate professor, PhD, University of Arizona
Roxanne McDaniel, assistant professor, PhD, University of Texas-Austin
Brenda McSherry, joint clinical instructor, MS, University of Missouri-Columbia
Diana Carter Meyers, adjunct clinical associate, BA, University of Missouri-Columbia
Lee Miller, adjunct clinical instructor, MS, University of Missouri-Columbia
Sherry Mustapha, assistant professor, EdD, University of Kansas
Martha Nahikian, associate professor emeritus, MA, Washington University
Anita Ness, clinical instructor, MSN, Wichita State University
Donna Otto, joint assistant dean and clinical instructor, MS, University of Missouri-Columbia
Kari Pachan, Teaching Associate, BA, Jamestown College
Carol Pastoret, adjunct clinical instructor, MSPH, University of Missouri-Columbia
Rita Patton, clinical instructor, MSN, University of Utah
Janet Pelley, adjunct clinical instructor, MS, University of Missouri-Columbia
Carrie Pike, adjunct clinical instructor, MSN, University of California-San Francisco
Rosemary Porter, Assistant Professor, PhD, University of Missouri-Columbia
Ruby Potter, dean emeritus, EdD, University of Colorado (deceased 7/89)
Verna Rhodes, associate professor, EdS, University of Missouri-Columbia
Vicki Robinson, adjunct clinical instructor, MS, University of Missouri-Columbia
Jeanne Saathoff, adjunct clinical instructor, EdS, University of Missouri-Columbia
Karna K. Schofer, joint assistant professor, PhD, University of Missouri-Columbia
Sheila Scott, clinical instructor, MSN, Indiana University
Kathy Sevedge, adjunct clinical instructor, MA, Teachers College, Columbia University
Barbara Shelton, associate professor, PhD, St. Louis University
Lucille S. Spalding, professor emeritus, MSN, Case Western Reserve University
(deceased 12/89)
Phyllis Spene, adjunct clinical instructor, MS, University of Missouri-Columbia
Ann Stapleton, adjunct clinical instructor, MS, University of Missouri-Columbia

Rita Tadych, instructor, MS, University of Missouri-Columbia
Susan G. Taylor, associate professor, PhD, Catholic University of America
Ila Wilson, adjunct clinical associate, MS, Boston University
Carol A. Yonkman, instructor, MS, University of Missouri-Columbia

FORMER FACULTY

Mathilda Acuff, Instructor. 9/79-8/80
Ruth Adams, Director of Continuing Education and Associate Professor. 7/70-★
Cynthia D. Allen, Assistant Instructor. 9/78-8/80
Linda J. Anthony, Assistant Instructor. 9/76-8/79
Janet Sue Anderson, Clinical Instructor. 8/80-5/86
Frances M. Armstrong, Instructor. 9/76-5/82
Eleanor Baker, Assistant Professor. 2/60-8/83
Barbara Barnes, Instructor. 9/62-★
Nancy Baum, Assistant Instructor. 9/66-★
Sally Beattie, Instructor. 9/87-5/88
Mary Beck, Instructor. 9/75-8/84
Dorothy Beckett, Assistant Instructor. 9/60-2/62 and 9/70-8/73
Barbara Belshe, Instructor. 9/82-8/83
Irma Bendel, Instructor. 2/64-8/82
Gail Benjamin, Instructor. 9/79-5/83
Ruth Benson, Assistant Professor. 8/63-9/81
Betty Black, Instructor. 1/63-★
Patricia A. Blanchard, Assistant Instructor. 8/76-8/77
Laura Blanche. 8/77-★
Mary Ann Bode, Instructor. 8/77-8/78 and 9/80-5/83
Barbara Boedeker, Assistant Instructor. 8/78-8/79
Martha Bohlken, Instructor. 9/65-★
Donna Kay Bond, Instructor. 9/79-8/81
Linda Bowe, Instructor. 1/72-★
Jane Brinton, Assistant to the Dean and Professor and Interim Dean, 10/59-9/76
Anna M. Brock, Assistant Dean and Director of Graduate Studies. 7/79-9/80
Areta Brown, Instructor. 8/73-★
Nancy Brown, Instructor. 9/61-★
Jill Burk, Instructor. 9/75-8/78
Mary Jane Butler, Instructor. 8/73-★
Carole Carr, Instructor. 9/66-★
Karna Castleberry, Instructor. 9/76-9/79
JoAnne Chamberline, Instructor. 8/74-★
Jeannie B. Roemer Chambers, Instructor. 9/79-5/84
Maxine Chambers, Instructor. 9/74-5/82
Mary Ann Dulle Chaney, Instructor. 9/70-8/72, 1/73-8/73, and 9/74-8/78
Becky Christian, Instructor. 8/79-5/84
Linda Clark, Instructor. 3/66-★
Laura Clarke, Clinical Instructor. 8/84-5/85
Steven B. Cochran, Instructor. 9/79-5/86
Susan E. Egizii Cochran, Instructor. 9/79-5/86
Mary Cole, Assistant Instructor. 9/57-★
Gladys A. Courtney, Dean and Professor. 6/76-8/80
Ronald J. Cozean, Assistant Instructor. 9/77-8/78
Betty Crim, Assistant Professor. 1/54-8/88
Janis Dally, Clinical Instructor. 9/78-8/81
Rene Davis, Instructor. 8/74-★
Amy Dawson, Assistant Instructor. 8/76- 6/79

Muriel Dayhoff, Associate Professor. 2/61-5/75
Mary O. Dempsey, Instructor. 9/80-5/81
Ruth N. Denton, Instructor. 9/79-5/81
Wendy Dirksen, Assistant Instructor. 9/75-8/77
Shirley L. Dooling, Assistant Dean and Associate Professor, 7/84-7/87
(Mary) Elaine Doyle, Assistant Professor. 9/69-5/84 plus grants 9/84-5/85
Phyllis D. Drennan, Dean and Professor. 11/81-9/89
Christine L. Kunz Edgar, Instructor. 9/79-12/85
Mary L. Edwards, Instructor. 9/85-7/88
Evelyn Eng, Assistant Professor. 9/60-★
Faye Fairchild, Teaching Associate. ★
Sheryl Feutz-Harter, Assistant Professor. 1/85-5/85
Jean Fields, Clinical Instructor. 9/86-5/87
Cynthia A. Finesilver, Instructor. 8/78-3/82
Ruth Fjeld, Instructor. 9/59-★
Laura Flahart, Instructor. 8/73-★
Irma L. Fleeman, Assistant Dean and Assistant Professor. 9/69-8/88
Ellen Freeman, Instructor. 1/87-5/88
Carol R. Frevert, Assistant Instructor. 7/75-7/76
Elizabeth Gates, Assistant Professor. 9/66-★
Francisca Gayo, Instructor. 8/63-★
Lenore Gerdes, Instructor. 9/65-★
Geraldine Goosen, Assistant Professor. 1/83-1/89
Avis Graham, Instructor. 8/76-10/78
Norma Grand, Instructor. 7/63-★
Sandra Gray, Instructor and Assistant Project Director. 9/71-8/79
Marilyn Griffin, Assistant Instructor. 9/63-★
Bernadette Griggy, Assistant Professor. 1/79-8/79
Karen Grigsby, Assistant Professor. 9/88-9/89
Billy Gunn, Instructor. 9/56-★
Dorthea Gwinnup, Instructor. 10/56-★
(Marvelle) Gean Hagan, Assistant Professor. 1/77-5/86
Virginia P. Hagemann, Associate Dean for Research and Director of Graduate Studies and
Professor. 8/78-5/87
Ann Hamory, Clinical Instructor. 8/80-5/83
Linda Hancik, Instructor. 8/76-8/79
Frances Hargis, Assistant Instructor. 2/79-8/79
Margaret Hart, Assistant Instructor. 9/58-★
Evelyn C. Hartman, Instructor, Rolla Project. 7/80-8/81
Elizabeth A. Harwood, Instructor. 9/83-5/84
Donna Hathaway, Instructor. 1/84-5/84
Martha Henage, Clinical Specialist. 5/83-6/83
Mary Helen Higgins, Assistant Instructor. 2/63-★
Gail Hille, Instructor. 8/81-6/88
Carolyn Hiller, Assistant Instructor. 8/77-6/79
Marian P. Dolliver Hjelmfelt, Instructor. 8/77-12/80
Bonnie Hoffman, Instructor. 6/59-★
Mary Jo Hofteizer, Assistant Instructor. 8/78-5/80
Jeannette Hollrath, Assistant Instructor. 9/66-★
Vena Rae Hooks, Assistant Instructor. 6/56-★
Mary Huber, Assistant Instructor. 9/65-★
Virginia Humphrey, Instructor. 9/66-★
Delores J. Husted, Instructor. 7/77 and 9/81-1/83
Linda K. Huxall, Instructor. 8/77-8/79
Eileen Jackson, Clinical Instructor. 11/84-12/88
Carolyn M. Jarvis, Instructor. 8/74-9/78
Barbara Johnson, Instructor. 8/76-6/78

Mary Johnson, Clinical Instructor. 9/85-6/86
Wanda Johnson.*
Wanda Jones.*
Kathleen Kaiser, Assistant Professor. 2/64-5/87
Audrey J. Kalafatich, Professor. 2/77-8/80
Catherine J. Kasulke, Instructor. 9/79-5/81
Kathy Kautsch, Assistant Instructor. 1/81-4/81
Carol Kealey, Instructor. 1/58-*
Diane Ketter, PT, Clinical Instructor. 9/84-12/87
Gerrie Kilburn, Instructor. 8/73-*
Carolyn Kornegay, Assistant Professor. 9/87-9/88
Ruth Ann Kroth, Assistant Professor. 2/59-11/61 and 9/62-5/85
Rose Mary Langland, Clinical Instructor. 9/80-5/85 and 7/87-12/88
Blance Lauer, Assistant Instructor. 8/77-3/79
Mary Lederle, Assistant Instructor. 8/78-8/80
Cynthia Lewis, Instructor. 9/80-5/83
Jewell Lichius, Instructor. 8/58-*
Gregory A. Lind, Instructor and Assistant Professor, FT & PT. 8/84-8/87
Ruth Linville, Instructor. 6/56-*
Fe V Loo, Assistant Professor. 1/67-*
Joan Love. Instructor, PT—9/70-8/73; Assistant Professor, FT—9/73-8/78; Instructor,
FT&PT—9/83-5/85
Mary S. Lower, Clinical Instructor. 9/86-5/87
Debra Lueck, Instructor. 8/81-5/85
Liny E. Lyss, Professor. 9/78-7/82
Cheryl F MacLaughlin. 7/79-*
Doris Magruder, Assistant Instructor. 9/58-*
Iris Malmstedt, Assistant Professor. 2/63-*
Joan Marshall, Assistant Professor. 9/67-*
Nina Martin, Instructor. 9/58-*
Katherine Mason, Assistant Director and Associate Professor. 1/50-*
Martha A. McClelland, Instructor. 12/77-6/82
Betty Jo McCracken, Assistant Professor. 7/61-*
Brenda McSherry, Instructor. 8/81-8/82
Grace Meeks, Instructor. 2/62-*
(Janet) Susan Meers, Instructor. 9/84-5/85
Joan Meisner, Assistant Professor. FT—9/70-8/74; PT—9/82-8/88
Ester R. Mendoza, Instructor. 8/76-8/78
Jerry L. Miller, Research Associate Professor. 1/83-5/83
Lee Miller, Instructor. 8/77-8/80
Donna Mohl, Clinical Instructor. 1/87-5/87
Laura G. Freeman Moreland, Assistant Instructor. 8/80-12/80
Ruth F Mueller. 8/80-*
Martha Nahikian, Associate Professor. 7/58-9/78
Geraldine Naylor, Instructor. 7/79-1/81
Deborah L. Newquist, Assistant Instructor. 9/76-8/77
Catherine Norris, Visiting Professor. 1/77-12/78
Mary R. Oblinger, Clinical Instructor. 9/85-10/86
Elizabeth A. O'Connell, Instructor. 8/78-5/85
Irene O'Connor, Teaching Associate*
Karen S. Oldham, Assistant Instructor. 8/76-12/77
Reeda Owens, Instructor. 9/64-*
Carol L. Panicucci, Assistant Professor. 8/76-8/81
Carol Pastoret, Instructor. 4/81-1/84
Evelyn Peck, Associate Dean and Assistant Professor. 9/78-7/79
Brenda S. Penner, Instructor. 1/74-5/74
Diane F Perkins. 8/79-*

Marilyn M. Pesto, Instructor. 9/77-2/79
Gloria Pierce, Assistant Professor. 8/76-8/78
Carrie A. Pike, Instructor. 7/78-8/81
Shawn Pohlman, Clinical Instructor. 9/86-12/87
Ruby Potter, Associate Dean, School of Medicine in Charge of the School of Nursing.
8/56-8/73 (On faculty prior to this date.)
Eleanor Poundstone, Assistant Professor. 2/64-★
Peggy L. Primm, Assistant Professor. 8/80-7/82
Joan Reesman, Assistant Professor. 9/63-★
Helen Riza, Instructor. 8/63-★
Roselyn Robbins, Instructor. 8/78-★
Kay E. Robertson, Assistant Instructor. 5/80-7/81
Ann Rosenow, Associate Dean and Professor. 8/84-8/89
Mari B. Rude, Clinical Instructor. 9/82-12/82
Annette Sanders, Instructor. 9/76-2/80
Judith Sanders, Assistant Professor. 8/74-8/78
Doris Sauer, Assistant Professor. 8/63-2/73
Nancy J. Schlapper. 8/78-★
Karna Kruckenbergs Schofer. 9/83-8/86
Judith M. Schultz, Assistant Instructor. 8/81-8/82
Willa Schumacher, Assistant Professor. 9/67-7/78
Frances Seither, Associate Dean for Graduate Studies and Associate Professor. 9/74-5/79
(Linda) Lee Sennott-Miller, Assistant Professor. 9/81-5/84
Anna Shannon, Associate Professor. 10/58-1964
Sandra Shelton, Assistant Instructor. 9/59-★
Sandra Sitze, Instructor. 8/73- 2/78
Eleanor Sloat, Instructor. 2/63-★
Elaine Smith, Clinical Instructor. 7/82-5/86
Mary Elizabeth Smith, Assistant Professor. 9/70-8/78
Mercedes Smith, Instructor. 9/53-★
Lucille Spalding, Assistant to the Dean and Professor. 12/56-11/67
Marie Sprick, Instructor. 10/57-★
Rose L. Squires, Assistant Dean and Associate Professor. 9/76-8/81
Ann Stapleton, Assistant Instructor. 7/79-7/80
Patsy L. Stapleton, Instructor. 8/79-5/80 and 9/88-5/89
Mary E. Stillson, Assistant Professor. 8/72-5/78
Fern Stuber, Associate Professor. 9/51-★
Sharon Summers, Instructor. 9/79-8/82
Marilyn Tatum, Assistant Professor. 8/72-★
Roma Lee Taunton, Research Extern. 9/81-6/82
Perus Taylor, Associate Professor. 9/62-★
Una Thomas, Instructor. 2/54-★
Joan Timmons, Assistant Instructor. 9/57-★
Jacqueline Tucker, Assistant Instructor. 6/63-★
Martha Underwood, Assistant Instructor. 9/66-★
Suzanne M. Venturino, Instructor. 10/79-2/80
Sally K. Waddle, Instructor. 9/77-8/78
Margaret Wallace, Instructor. 9/70-★
Joan Walsh, Assistant Professor. 9/53-★
Barbara H. Warner, Instructor. 9/75-12/84
Linda Watson, Instructor. 8/77-5/78
Phyllis Watson, Instructor and Assistant Professor. 8/76-8/78, 2/81-8/86
Patricia Wells, Instructor. 9/82-12/82
Marie-Ange Weng, Instructor. 7/65-★
Edith L. Wenmark, Assistant Professor. 8/71-10/78
Harriet H. Werley, Associate Dean for Research. 1/80-3/83
Virginia Wessing, Clinical Instructor, PT. 8/84-12/84

William R. Whetstone, Assistant Professor. 9/80-5/87
Von B. Whitaker, Assistant Professor. 10/82-5/85
Louise Whitener, Instructor. 8/78-★
Ila G. Wiersma, Clinical Instructor. 9/86-5/87
Linda L. Workman, Instructor. 8/79-5/86
Frances Wurtz, Assistant Professor. 9/72-8/77
Jane E. Wynn, Assistant Professor. 9/62-★
Mary Frank Wynn, Instructor. 1/73-★
Marilyn Youll, Assistant Instructor. 1/57-★
Mary K. Young, Assistant Instructor. 9/59-★

*represents unknown appointment dates.

IN REMEMBRANCE OF OUR DECEASED ALUMNI...

1923

Gladys Dorothy Krahn Schmidtke, GN
(2/15/87)

1929

Betty Poulter, GN
Ruby Potter, GN (7/8/89)

1930

Maxine B. McMurtrey Clark, GN (1/11/88)
Miriam K. Lose Dennison, GN
Dorothy L. Gillette Meyer, GN (7/10/80)
Gladys Long, GN

1931

Verna Nahm Knoernschild, GN (10/13/88)
Dixie Wood, GN

1932

Hazel Cooper, GN
Madeline Iffring, GN
Eugenia Nahm, GN (5/38)

1934

Para Lee Slatz Clock, GN (6/21/82)

1937

Maribeth Sapp See, GN

1938

Parker Dankers, BSN

1940

Ruben Annie Duffy, GN

1952

Virginia D. Hutton Miller, BSN
Madie Alice Ream, BSN (10/1/88)

1954

Rose Brodsky, BSN (3/7/85)
Virginia M. Schmidt Scheurich, BSN
(6/3/84)
Elizabeth Hermeling Triebelhorn, BSN
(2/14/86)

1955

Evelyn Rhodes Engler, BSN (1/3/89)

1958

Inez P. Stewart Honneycutt, BSN

1959

Kenneth LeRoy Rinker, BSN (7/1/85)

1960

Mackey Price Torbett, BSN (10/14/84)

1963

Patricia Niedzialek, BSN

1964

Margaret Fleischman Adkins, BSN

1966

Gertrude M. Welsh Reid, GN (8/28/88)
Judith Kay

1969

Margaret V. Turley Ballard, BSN
(8/18/86)

1941

Katherine A. Metcalf Mason, BSN (8/8/86)
(5/25/85)

1970

Patricia Ann Ross Gaddy, BSN

1943

Marie Florence Kuhn Quinn, BSN

1974

Susan Kristine Brant, BSN

1947

Virginia Johnson Brenner, BSN
Ruth Proctor Bruening, BSN
Mary Soph Dorfman, BSN

1975

Deborah Jane Bubany, BSN (2/6/87)
Susan Kaye Ballard, BSN

1948

Faye Judson Slate, BSN (11/27/88)

1976

Susan A. Hansen, BSN

1980

Christine Mary Clapper, BSN

*Date of death in parentheses

FORMER SUPPORT STAFF

Atkins, Linda—1976-1978
Bell, Mary Alice—1983-1984
Benton, Elaine—*-1978
Budak, Karen—1980-1985
Bullard, Brenda—1981-1982
Burks, Lana S.—1977-1977
Castleman Norma—1973-1979
Clayton, Jane—1985-1986
Colbert, Don-Nannetta—1974-1975
Cole, Katherine Susan—1979-1979
Coleman, Sandy—1987-1988
Corn, James E.—1979-1979
Cox, Susie—1962-★
Danner, Robert Raymond—1981-1986
Davee, Joyce F.—1977-1985
Davis, Susan Ann—1977-1978
Denning, Carol—1969-1970
Errickson, Mary—1979-1980
Fisher, Artic M.—1978-1980
Forbis, Wanda—1965-1972
Fries, Beverly—1975-★
Fues, Mary Anne—1983-1984
Gaines, Wanda—1986-1987
Gardner, W. Jeanne—1972-1980
George, Peggy Rae—1979-1980
Gibbs, Glenda—1987-1989
Gordon, Jane—★
Harris, Rita J.—1979-1980
Hatton, Ora (Lynn)—1980-1984
Hunt, Lori—1977-1978
Jackson, Donna—1985-1985
Kalbfell, Margaret—1970-★
Kay, Karen Ann—1979-1980
King, Deanna M.—1981-1981
Knigge, Teresa—1979-1981
Langworthy, Nancy—1979-★
Lawson, Jane—1962-★
Lee, Barbara A.—1979-1980
Lewallen, Laura L.—1982-1984
Litton, Judy—1982-1982
Lynn, Audrey S.—1975-1976
McCown, Neydine—1979-★
Meyer, Jana—1987-1988
Miller, Mary—1957-1974
Montgomery, Marsha—1979-★
Moreau, Marcia—1984-1985
Morrison, Irene—1978-1982
Murphy, Sandra—1973-1974
Nichols, Della—★
Norfleet, Diana—1978-1978
Nunes, Mary—1978-1981
O'Kelley, Laura B.—1986-1987
Patton, Georgia—1969-1972
Peek, Margie Ann—1982-1985
Penn, Joyce Ellen—1980-1981
Pierce, Shirley—1979-1981
Ricks, Helen—1957-1976
Robinson, Carla—1985-1986
Ross, Margie Lee—1976-1977
Roth, Debra J.—1976-1977
Ruga, Anita—1979-1985
Rumbaugh, Iris D.—1985-1987
Salts, Ruth Ann—1976-1978
Schultz, Judith—1981-★
Sitze, Sandra—1978-★
Slaughter, Dottie—1985-1988
Slaughter, Wanda—1988-1989
Speckhals, Doris—1985-1986
Steinman, Nancy—1957-★
Stierwalt, Angie—1979-1980
Still, Freda—1970-1973
Strange, Brenda—1973-1974
Swain, Dollie—★
Terry, Theresa S.—1982-1985
Vogt, Susan—★
Williams, Dolores—1980-1981
Wilson, Susan M.—1979-1980
Wolf, Irene—1978-1982
Wulff, Gladys—1979-1987
Yarnell, Cynthia—1979-★

* represents unknown appointment dates

REFERENCES

Many of the references for this book came from University, School of Nursing, and Hospital reports such as minutes of the Board of Curators and the Executive Board; University catalogs, bulletins, and commencement programs; the School of Nursing's Newsletter, School of Nursing Annual Reports, Progress and Accreditation Reports to the National League for Nursing, and minutes of faculty meetings. Information also came from letters and other manuscript materials now stored in the University archives or in the joint collection of the University of Missouri Western Historical Manuscript Collection and the State Historical Society of Missouri Manuscripts. Dr. Potter also had an extensive collection of correspondence of key figures from the early period of the School's history in her own files to draw upon. Her files will be added to the collection already at University archives, along with an extensively footnoted copy of the manuscript for the more inquisitive researcher.

References to printed materials (books and periodical publications)

Chapter 1

- Anon. Guy Lincoln Noyes, MD. (1930). *Journal of the Missouri Medical Association* 27, 139-40.
- Anon. Obituary, Emma Grant Vogel. (March 12, 1965). *Linn Unterrified Democrat*.
- Christ, Edwin A. (1957). *Missouri's Nurses: The Development of the Profession, Its Associations, and Its Institutions*. Jefferson City: Missouri State Nurses' Association.
- Crighton, John C. (February 23, 1975). A History of Columbia and Boone County: Early Boone County Doctors had no Need for Hospitals. *Columbia Daily Tribune*, p. 9.
- Lindsey, Dorcas. (December 1939). University of Missouri School of Nursing Alumnae *Newsletter*.
- Missouri State Board for the Examination and Registration of Nurses. (ca. 1909). *A Suggested Course for the Training School for Nurses*. n.p.
- Neal, M. Pinson. (1971). *The Genesis, Heritage, and Progress of Medical Education at the University of Missouri, 1841-1970*. Columbia: Technical Education Services, University of Missouri.
- Stephens, Frank F. (1962). *A History of the University of Missouri*. Columbia: University of Missouri Press.
- Trenholme, Louise Irby. (1926). *History of Nursing in Missouri*. Columbia: Missouri State Nurses' Association.
- Viles, Jonas. (1939). *The University of Missouri: A Centennial History*. Columbia: University of Missouri.

Chapter 2

- Anon. (1953). *Facts About Nursing*. American Nurses' Association.
- Anon. (June 7, 1961). MU Confers Degrees upon Class of 1,319. *Columbia Daily Tribune*.
- Bullough, Vern L., & Bullough, Bonnie. (1964). *The Emergence of Modern Nursing*. New York: Macmillan.
- Christ, Edwin A. (1957). *Missouri's Nurses: The Development of the Profession, Its Associations, and Its Institutions*. Jefferson City: Missouri State Nurses' Association.
- Roberts, Mary M. (1954). *American Nursing: History and Interpretation*. New York: Macmillan.
- Rutenbeck, Jeff. (August 15, 1985). Caring for it All. *Columbia Missourian*.
- Safier, Gwendolyn, (1977). *Contemporary American Leaders in Nursing: An Oral History*. New York: McGraw-Hill.
- Stephens, Frank F. (1962). *A History of the University of Missouri*. Columbia: University of Missouri Press.
- Trenholme, Louise Irby. (1926). *History of Nursing in Missouri*. Columbia: Missouri State Nurses' Association.
- Viles, Jonas. (1939). *The University of Missouri: A Centennial History*. Columbia: University of Missouri.

Chapter 3

- Hughes, Everett C., Hughes, Helen MacGill, & Deutscher, Irwin. (1958). *Twenty Thousand Nurses Tell Their Story*. Philadelphia: J. B. Lippincott.
- Kelly, Lucie King. (1981). *Dimensions of Professional Nursing*. New York: Macmillan.
- Neal, M. Pinson. (1971). *The Genesis, Heritage, and Progress of Medical Education at the University of Missouri, 1841-1970*. Columbia: Technical Education Services, University of Missouri.
- Scott, Jessie M. (1972). Federal Support for Nursing Education 1964 to 1972. *American Journal of Nursing* 72, 1855-61.
- Stephens, Frank F. (1962). *A History of the University of Missouri*. Columbia: University of Missouri Press.
- U.S. Department of Health, Education, and Welfare, Public Health Service. (February 1963). *Toward Quality in Nursing—Needs and Goals*. (Report of the Surgeon General's Consultant Group on Nursing.) Washington, DC: Department of Health, Education, and Welfare, Public Health Service.

Chapter 4

The years covered in this chapter are so recent that the author was required to rely mostly upon internal reports, such as School of Nursing Annual reports, progress and accreditation reports written for the National League of Nursing, minutes of faculty committee meetings, correspondence, and newspaper clippings from her own files for information. The sole published reference for this era is:

Orem, Dorothea E. (1971). *Nursing: Concepts of Practice*. New York: McGraw Hill.

Chapter 5

The decade of the 1980s for the University of Missouri School of Nursing had no published historical analysis for Dean Drennan to draw upon for information; therefore, she relied solely upon information gleaned from a number of manuscript sources in writing Chapter 5. Dean Drennan and her staff spent countless hours researching the recent history of the School through University system and campus level documents; School of Nursing internal reviews, self-studies, and reports; minutes of meetings of various committees within the School; School of Nursing newsletters; student handbooks; and by-laws of the various student associations. These documents are on file at the School of Nursing and/or at University archives.

