General Public Health Nursing Experience Of Nursing Students in a Specialized Agency

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In a previous article, Easter and I (1) described our experiences in providing field instruction in general public health nursing within the framework of a specialized venereal disease control program. Mention was made of the problems schools of nursing were having in placing their students for generalized field experience in public health because of the shortage of traditional facilities. It was apparent that some experimentation was necessary to determine whether agencies other than the usual ones could provide a satisfactory generalized educational experience.

In the summer of 1952, Easter investigated the possibility of using the facilities of the division of venereal diseases in the Massachusetts Department of Public Health and obtained firsthand information concerning the division's program, the qualifications of the supervisors and field personnel, and the type of experience a nursing student might expect to receive there. By working as a field nurse herself that summer, she became familiar with the basic pattern of the work of the venereal disease nurse epidemiologists. She perceived that these specialized nurses interested themselves not only in the possible presence of venereal disease but

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In short, the venereal disease nurse epidemiologists practiced generalized public health nursing, using the specific problem of venereal disease as their mode of approach to the family. This is not surprising when one realizes that the epidemiologist has had generalized public health training and experience before she specializes.

The division of venereal diseases is charged with providing diagnostic and treatment care for those who have or suspect they have a venereal disease and are unable to afford private medical care. There are 23 State-cooperating venereal disease clinics scattered strategically throughout the State, 19 of them in the outpatient departments of general hospitals. In these clinics patients are examined and treated if infected. Here too the work of contact investigation begins with the all-important interview, which is conducted by a specialized public health nurse, called the nurse epidemiologist. The outcome of the contact investigation depends on these interviews. Working from a cooperating clinic, this nurse covers a specific area or district, and all patients and contacts residing therein are her responsibility.

Beginning in 1952, graduate nursing students

were assigned to this division for 8 weeks and received the following instruction and experience:

1. Orientation on organization of the department of public health and the division of venereal diseases; the program of the division and how it is implemented; the division's relationship to other agencies. This is conducted by the medical director, the supervising public health nurses, and the senior clerical staff on the first day of the nurse's assignment to the division and occupies 1 full day.

2. A 6-hour lecture course on the clinical and public health aspects of the venereal diseases. The clinical lectures are given by the medical director, and the public health lectures, by one of the nursing supervisors.

3. Demonstrations by the division director and by clinic physicians of active cases of gonorrhea and syphilis in State-cooperating venereal disease clinics.

4. Observation during the first 2 weeks of the principles and practices of contact interviewing and investigation. The student is assigned to observe in several districts, each district representing a different phase of the program.

5. Assignment of the student as assistant to a public health field nurse for the remaining 6 weeks. She is given cases to work up, including contacts, suspects, and lapsed cases. At first, the field nurse accompanies the student. One or two weeks later the student is assigned to investigate cases by herself, but at the end of each day she reports to her field supervisor and discusses her cases with her. She also visits patients accompanied by the supervisor, who observes the following:

• Does the student establish rapport easily?

• Is the student aware of other problems the patient may have?

• What is the impact of this disease on the patient?

• What is the impact of this disease on the family?

• Are there any problems of the family which directly or indirectly contributed to the development of venereal disease or sexual promiscuity; for example, divorce, separation, desertion, maladjusted marriage, illegitimacy, unfavorable environment?

• Are there other problems in the family not

related to venereal disease? These may be medical, social, economic, moral, or environmental.

• Is the patient pregnant? If so, does the student inquire about prenatal care?

• Is the student aware of other agencies, and does she refer problems to them ?

• Is she an effective teacher?

The system of instruction used by the division of venereal diseases has several advantages. First, one qualified field instructor is assigned to each student. Second, the student is prepared for the actual "doing" experience by didactic and observational teaching. Third, there is an adequate caseload and a sufficiently varied group of patients for the students to gain a wide experience.

At the request of a number of interested nursing educators, a method was devised to determine the kind and amount of experience these nursing students received during their 8-week training period. These records have been tabulated for the fiscal year 1958–59, and the results are presented in this report.

Method of Study

Each nursing student beginning her field experience after 2 weeks' orientation and observation was requested to fill out a study form on all patients and suspects who were assigned to her for field visits and who were found by her. If she did not locate the individual, obviously no form could be completed. In addition to the name, address, age, sex, color, and marital status of the patient, the form asked whether the nursing student had discovered any medical or social condition other than the venereal disease in her patient or her patient's family, what were the conditions, whether the case was already under medical or social care, and if not, how the problem was handled. These study forms were shown each day to the field supervisor, who discussed the case with the student and when necessary took appropriate corrective or supplemental action. The forms were accumulated for 1 week, and on the Monday of the succeeding week, the field supervisor sent the completed forms and the student's summary of her week's experience to the central office.

It is important to emphasize that study forms

General public health nursing problems elicited by student nurses receiving field instruction in venereal disease agency, fiscal year 1958–59

Type of problem	Number of cases	Percent of total	Percent of total with problems ¹
New venereal disease suspect Arthritis Cancer Cardiovascular Diabetes Other noncommuni- cable diseases Other communicable diseases Prenatal Alcoholism Mental health Other No problems Total	$ \begin{array}{r} $	$ \begin{array}{c} 1. 6\\ 1. 8\\ 0.0\\ 2. 0\\ 1. 6\\ 18. 0\\ 1. 6\\ 8. 5\\ 7. 7\\ 1. 6\\ 7. 5\\ 11. 3\\ 10. 8\\ 26. 0\\ \hline 100. 0\\ \end{array} $	$\begin{array}{c} 2.1\\ 2.4\\ 0.0\\ 2.8\\ 2.1\\ 24.4\\ 2.1\\ 11.5\\ 10.5\\ 2.1\\ 10.1\\ 10.1\\ 15.3\\ 14.6\\\\ 100.0 \end{array}$

¹ 287 cases.

were completed on all patients, suspects, and contacts who were actually found, and the observations recorded are those of the student prior to her conference with the field supervisor.

Analysis of Reports

From October 1958 through May 1959, eight graduate nursing students received the 8 weeks of field training in the division of venereal diseases. These students found 388 patients on whom study forms were completed (see table), and they detected a medical or social problem other than known or suspected venereal disease in 287 patients, or 74 percent. Considering the fact that this was their first actual exposure to public health nursing experience, it was gratifying to learn that they were able to detect problems other than venereal disease in such a high percentage of patients. Of the 287 patients, 2 percent were venereal disease suspects who were household members not previously uncovered through contact interview at the clinic. Approximately 2½ percent of the patients had arthritis, none had cancer, almost 3 percent had cardiovascular disease, 2 percent had diabetes, and 24 percent had some other noncommunicable disease such as cataract, laceration, fracture, anemia, or hernia.

Tuberculosis was discovered in 2 percent, and $11\frac{1}{2}$ percent of the patients had some other communicable disease, such as pneumonia, scarlet fever, chicken pox, paralysis as a result of poliomyelitis, middle ear infection, infectious diarrhea, and purulent conjunctivitis.

Pregnancy was found in 10½ percent of the group, and 2 percent were referred to a hospital for postpartum care. Alcoholism was discovered in 10 percent, and, interestingly enough, 15 percent had mental health problems, of which anxiety syndrome was the most common. Another 15 percent had problems not covered in the specified categories and mostly social in nature, such as desertion on the part of a spouse and illegitimacy without financial resources.

Summary

A quantitative report is presented of the types of generalized public health nursing experience of graduate nursing students in a specialized agency, the division of venereal diseases of the Massachusetts Department of Public Health. These nursing students were able to detect a medical or social problem other than known or suspected venereal disease in 74 percent of their patients.

REFERENCE

 Easter, E. M., and Fiumara, N. J.: A specialized agency for field instruction in public health. Pub. Health Rep. 72: 217-222, March 1957.