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**WORKING CONFERENCE ON  
NURSING EDUCATION**

**Report**

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## WORKING CONFERENCE ON NURSING EDUCATION

Geneva, 24 March - 5 April 1952

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## PREFACE

The WHO Expert Committee on Nursing, at its first session, called attention to the need for a review of basic programmes of nursing education to ensure that these programmes prepare nurses for "the continuous evolution of modern health work".<sup>1</sup> Further, it was recommended that international seminars on nursing problems be sponsored by WHO.<sup>2</sup>

As an outcome of these recommendations, a Working Conference on Nursing Education was convened in Geneva from 24 March to 5 April 1952. Its purpose was to consider some of the new programmes of nursing education that are being developed and how they relate to the needs of an individual country; to explore, with the assistance of specialists in other fields, some of the problems; and to consider ways of stimulating further experimentation and research in nursing education.

Planning for the conference began several months in advance when invitations were sent to ten nurses, in as many countries, closely associated with nursing education and endeavouring, through new methods, to plan programmes suited to nursing needs. Nine nurses were able to accept the invitation to participate in the conference.

Each of the nurse members was asked to submit a brief account of nursing education in her own country. These accounts were circulated to the conference participants, who were also requested to be prepared to discuss the developments in nursing in their respective countries and, in particular, the ways in which these are being planned to meet nursing needs. A brief bibliography was also included in the material. Miss Kathleen Leahy, Professor of Nursing at the University of Washington School of Nursing, Seattle, Wash., USA, assisted in the preparation of this material for the conference and in the writing of the report.

In addition to the nurses, participants at the conference included a social scientist, a general educator, and a hospital administrator. It is regretted that a representative of the medical profession did not also attend. The medical staff of WHO acted in an advisory capacity during the preparatory period and were observers at some of the meetings.

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<sup>1</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 24, 13, 22

<sup>2</sup> *World Hlth Org. techn. Rep. Ser.* 1950, 24, 18, 23

No agenda was planned in advance. Bearing in mind the broad objectives of the conference, and after hearing brief reports on the nursing situations in the countries represented, an agenda was formulated by the end of the first day. Discussion centred around the type of nurse required in the various countries, planning for her preparation, and how this planning might be implemented.

The meetings were informal and various participants took the chair successively, thus sharing this responsibility and giving all an opportunity to take an active part in discussion. Although it had been anticipated that small discussion groups might be formed, there was an obvious desire to remain as a full group for the majority of the meetings and to divide into small committees only as the need arose.

At the final meeting, at which an attempt was made to evaluate the success of the conference, it was generally agreed that the atmosphere had been very conducive to fruitful discussion. This was due in part to the fact that the group was a homogeneous one. Nine of the twelve members were nurses who had had similar professional preparation and experience. (In analysing this, it was found that seven of the nine had done postgraduate work in countries having a similar pattern of nursing education.) Other factors which had contributed were the informal nature of the discussion, the selection of the topics by the group itself, and the spacing of the meetings. The two-week, rather than one-week, period and the fact that the group itself was not responsible for drawing up the report contributed to the success of the conference. On the other hand, the very homogeneity of the group may have prevented it from exploring other and unfamiliar aspects of the problems it had posed.

The report which follows summarizes as accurately as possible the content of the discussions of the conference. It is hoped that it may be studied by nursing educators, and others, in various countries, and that it may be of some assistance in considering the ever-present question: "How can we prepare nurses to meet our needs?"

# WORKING CONFERENCE ON NURSING EDUCATION

## Report

### Introduction

During the first two meetings of the Working Conference on Nursing Education, each nurse participant gave an account of nursing education in her own country and the programme of the school of nursing with which she was concerned. During the discussion of these statements, common factors and problems emerged and it was possible to identify the different factors affecting nursing education in various parts of the world.

It was decided to concentrate discussion on the education of the nurse as defined by the WHO Expert Committee on Nursing at its first session.<sup>1</sup>

With this in mind, the conference discussed the special contribution of the "nurse" to any health programme, the type of nurse needed in the various countries, the programme of education required to produce such a nurse, and the possible steps to be taken to proceed from existing conditions to the desired situation in any particular country or school of nursing.

The present report, therefore, is concerned with the following problems :

- (1) the development of nursing in the total health programme ;
- (2) the type of nurse required ;
- (3) the "situation approach" in teaching ;
- (4) the ways in which the "situation approach" can be developed.

### 1. The Development of Nursing in the Total Health Programme

#### *Provision of nursing care*

In most countries nursing services have developed according to a common pattern. They are provided primarily by the family, by the mother, by the relative or friend. In any community there are persons who are

<sup>1</sup> "... the word 'nurses' [is] to pertain to the workers within any particular country who supply the most exacting, comprehensive, and responsible care of a nursing nature which is available in that country" (*World Hlth Org. techn. Rep. Ser.* 1950, 24, 4).

recognized as having special nursing skills, and they, too, are often employed in the provision of nursing services. In the early stages of a developing health service the need for training in nursing and midwifery is recognized and some provision is made for it. At this stage the "nurse" emerges. Soon the need to encourage the recruitment of a larger supply of men and women, of good education, and who need the best kind of preparation possible in the country in order to supply the "most exacting, comprehensive, and responsible care of a nursing nature", is recognized. Later it is acknowledged that the nurse requires more help than she can obtain from the family alone, and the auxiliary worker comes into being. At this stage the nurse will be responsible for the teaching, supervision, and direction of such workers, and will also share in the total planning of the health programme. She should be given the necessary preparation for these responsibilities.

As the health services develop there is an increase in the number of nurses and auxiliaries needed for nursing care. At the stage of stabilization the standard of care is raised, the ratio of nurses to auxiliaries increases, and the nurse assumes more responsibility for direct care of the patient and for health education. At the same time the auxiliary takes more responsibility for the simpler aspects of the patient's care.

Finally, with economic and social development, there is a trend towards increased hospital facilities, thus creating more demand for skilled nursing. At the same time a greater demand for skilled nursing in the home is created. The stage may be reached when the community is unable to support a service, either in institutions or in the home, undertaken mainly by the nurse. The financial burden becomes too great and the community does not produce sufficient young people of the calibre required. This means that certain functions of nursing care will again be undertaken by the family and the auxiliary worker, this time at a higher level of competence.

Thus, the total number of nursing personnel tends to increase steadily, but the ratio between the auxiliary and the nurse varies with the economic and social pattern of the community and the development of health conditions in that community. This is a dynamic situation; the world today gives no static picture of a total nursing service.

In a country in which the development of nursing is in its early stages, the basic professional education of the nurse will include preparation for teaching and supervision. As the profession develops, nursing care and nurse-patient relationships will receive greater emphasis in the preparation of the nurse. At the same time, emphasis should be placed on preparing the nurse to teach basic principles of public-health care to the community.

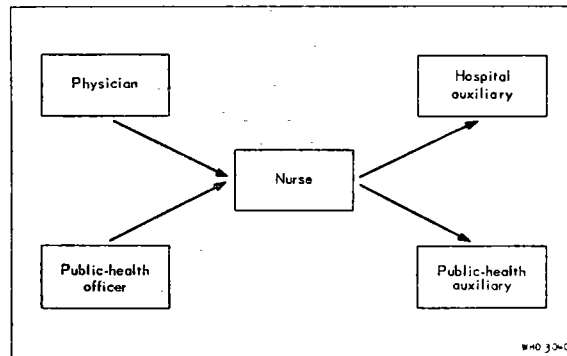
*Relationship between the nurse and other health workers*

The position of the nurse in relation to the total health programme is intimately connected with that of other workers in the health team. Her responsibilities vary with the changing function of the physician, the health officer, the midwife, and others.

With the advance of medical science the sphere of the physician tends to become increasingly technical and the nurse takes on some of his former functions; the health officer delegates some of his functions and relies on the nurse to assist in planning the activities of the team. She, in turn, may delegate activities to others. Her function remains one of integration and interpretation with direct access to the individual and the family at the level of personal service.

The work of the physician and the public-health officer might be considered as the area of depth and specialization, the work of the nurse as the area of integration and generalization, and that of the auxiliary workers as the fragmentation of techniques. The relationship between them is illustrated in fig. 1.

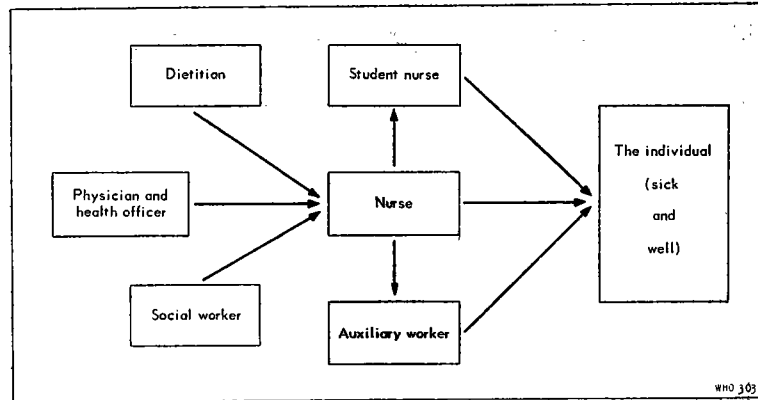
**FIG. 1. RELATIONSHIP BETWEEN THE NURSE AND OTHER HEALTH WORKERS**



In considering the welfare of the individual, sick or well, nursing care is a central theme. As health and medical-care programmes develop, additional responsibilities rest upon the nurse for supervising and teaching the student, the auxiliary worker, and the family. She cannot work in isolation and is dependent on the physician and health officer for medical direction and diagnosis. As other professional members are added to the health team she will have the assistance of sanitarians, social workers, and dietitians, who will undertake specific functions, acting as consultants and as the "resources" for the nurse in planning and carrying out her care

for the individual. The duties, responsibilities, and resources of the nurse in her work are illustrated in fig. 2.

**FIG. 2. RELATIONSHIP BETWEEN THE NURSE, OTHER HEALTH WORKERS, AND THE INDIVIDUAL**



## 2. The Type of Nurse Required

The kind of nurse who is needed in all parts of the world is one who is prepared, through general and professional education within the social structure of the community in which she lives, to share as a member of the health team in the care of the sick, the prevention of disease, and the promotion of health.

This will be a nurse who :

- (1) possesses the personality, the education (both general and professional), the degree of maturity, and the possibility of development which will enable her to work effectively within the social structure of the community in which she lives ;
- (2) is prepared to recognize and to adjust to changing social, economic, medical, nursing, and health conditions ;
- (3) is well adjusted in her own living, in her work, and in her relationships with others; utilizes her education to help find security and satisfaction in her living and her work and to help make the necessary changes for improvement in her situation; and has developed a sense of personal and professional responsibility ;
- (4) has the capacity for, and the will to seek, continued growth and educational development ;

(5) is equipped, through generalized preparation, to work in all fields of nursing ;

(6) is prepared to give total nursing care, including the physical, mental, emotional, and social elements ;

(7) is prepared :

(a) as the nurse member of the health team, to analyse the nursing needs of individuals, both sick and well, and to plan and carry out the nursing care necessary to meet these needs ;

(b) to carry out techniques of nursing care skilfully herself ;

(c) to teach and supervise appropriate nursing and health care to nurses, auxiliary workers, patients, families, and community groups ; and

(d) to participate in community programmes and nursing organizations.

Admittedly this is an ideal ; nevertheless, it provides a goal which should be kept in mind.

The basic need in most countries is for nurses capable of providing total nursing care in hospital and home and of undertaking public-health nursing functions in an organized health service.

There is a recognized need to preserve the nurse's central function as one of personal service to the patient and the family. This requires that public recognition be given to this function, and that the status and conditions of service of the nurse be so adjusted that those skilled in personal nursing services are not diverted from it to administrative positions. In some countries there are so few nurses that every nurse must accept responsible positions of teaching and administration in hospitals immediately on completing her nursing course. There are other countries that expect to send their new graduates into the public-health field, often to work alone and without supervision. Many young nurses are being placed in positions that require the exercise of judgement and teaching ability, since they must assume responsibility for the work of others, such as students, auxiliary personnel, patients, families, and community groups.

The increasing responsibilities that are today being assigned to nurses in many countries, point to maturity as an important qualification. Closely related to maturity is the need for the nurse to develop a sense of personal and professional responsibility if she is to take her place in the total picture of nursing. This includes a willingness to help with some of the unpopular tasks, such as evening duty and night duty, and a willingness to make an effort to grow professionally through such means as in-service training, keeping up to date with the literature in nursing and allied fields, advanced study, and participation in nursing organizations.

The age at which students are admitted to schools of nursing varies greatly between countries, but the content of the nursing course and its attendant responsibilities are such that maturity and as broad an educational background as possible are essential. Maturity and chronological age are not considered synonymous, since age of maturity varies considerably between different cultures, and also between individuals of the same culture. The prospective student might be considered sufficiently mature to begin her nursing studies if she can regulate her own activities with relatively good judgement in such matters as rest, sleep, eating, and the use of leisure time, and if she is objective in her attitudes towards her work and co-workers. The age of admission is conditioned by the need for the nurse to have a general educational background consistent with her place as a professional person within the social structure of the community in which she lives.

### 3. The "Situation Approach" in Teaching

#### *The "situation approach"*

Modern educational theory places emphasis on early contact with actual "experiences" and recognizes the importance of practical work. Nursing education provides ample opportunity for the employment of this method. Throughout her period in the school of nursing, the student will be subject to a great variety of situations through which she develops her understanding and skills. These experiences (or "situations") are the basis of a method of teaching referred to in this report as the "situation approach".

The use of the "situation approach" makes learning a dynamic process. A dynamic teaching situation is one "which requires the student to apply her knowledge and skills in analysing the needs of individuals or families and in planning and carrying out the care necessary to meet these needs".<sup>2</sup>

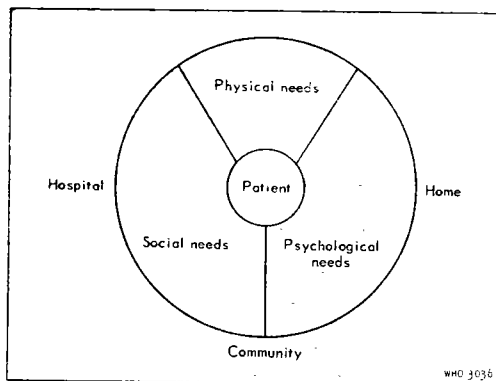
Scope for "situation" teaching can occur in personal, institutional, or community settings. The health service provided for the student, student government in the school, and visits to health agencies, all give opportunity for such teaching. In the clinical field—whether in the community, in the hospital, or in the home—the emphasis on "patient-centred" nursing care provides unique opportunity for this "situation approach" in teaching and will enable the nurse to realize the patient's total needs. All activities in "patient-centred" nursing are focused on the physical, social, and

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<sup>2</sup> As defined by participants at the conference.

psychological needs of the patient. The total needs of the individual as a member of the community, or as a patient in the hospital or home, are illustrated in fig. 3.

FIG. 3. "PATIENT-CENTRED" NURSING



Teaching based on experience of "patient-centred" nursing emphasizes the total human and nursing relationships rather than isolated nursing procedures. In other words, the nursing student is taught to bathe a patient, not to give a bed bath.

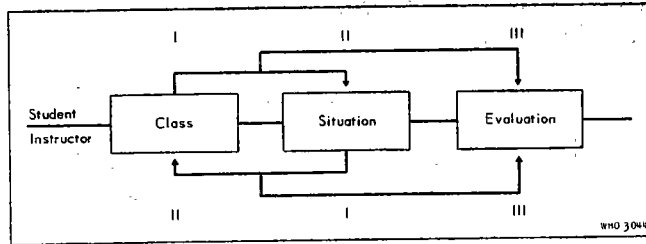
To assure a constructive learning experience for the student, her nursing background—both theoretical and practical—must receive careful consideration before she is assigned the care of the patient whose needs she will study. The selection of this "nursing situation" may be made by the instructor or head nurse, by the student, or jointly, and may be a patient in the hospital, the clinic, the health centre, or the home.

Following the selection of the patient for study and care, the student will be required to marshal the relevant principles and knowledge applicable to the care of her patient. In planning and carrying out her nursing care this knowledge will be applied, and as soon as possible the results of the experience should be reviewed and evaluated by the student together with the instructor (see fig. 4).

By means of this "situation approach", in either the hospital or the public-health field, the instructor helps the student:

- (1) to use her previous preparation;
- (2) to apply her knowledge and understanding of relevant principles; and,
- (3) through the use and application of knowledge to the situation, to make it a satisfying learning experience.

FIG. 4. TEACHING BY MEANS OF THE "NURSING SITUATION"

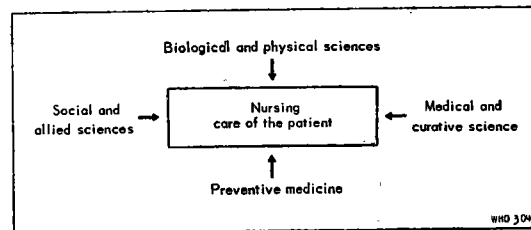


This method of "situation" teaching also gives the instructor an indication of the time element necessary for students to learn certain procedures and to gain an understanding and an appreciation of the needs of their patients.

In "situation" teaching, students are assigned to increasingly difficult learning experiences. For example, a new student may be assigned to bathe a patient. She would be expected to recognize only the simple normal needs, such as comfortable position, freedom from exposure, thorough drying, attention to hair, teeth, and nails. However, as she progresses in her nursing experience, she would be expected to recognize the more complex needs, such as diversion, opportunity to talk, and relief from physical or mental discomfort.

Teaching by means of the "nursing situation" draws upon and relates other fields of knowledge and experience to the nursing care of a specific patient. It is understood that the student needs to have a basic core of scientific information upon which to draw. This basic core could be organized in such a way that unnecessary detail is excluded and related fields of knowledge are integrated. For example, human anatomy and physiology would be included in a course on the biological and physical sciences, and medical subjects would relate to preventive and curative medicine. In this way, unnecessary repetition and overlapping could be avoided. The

FIG. 5. INTERRELATION OF FIELDS OF KNOWLEDGE IN "SITUATION-CENTRED" TEACHING



impact of these fields of related knowledge on nursing is shown in fig. 5, which underlines the integrative role a competent nurse must assume in the care of the patient.

It is recognized that this "situation" method of teaching cannot always be used, but if the principle is inherent in the philosophy of the school of nursing, frequent application can be made. The hospital, the clinic, the home, and community are rich in such possibilities once the basic point is understood.

#### *Practical illustrations*

The way in which the student would draw on her resources and background knowledge is illustrated in the following examples of learning through the "situation approach":

1. A nursing student is assigned to bathe a child seriously ill with a cardiac disease. Before proceeding with her nursing duty the student draws from her previous class-work and nursing experience the information necessary for the care of this child. This includes knowledge of anatomy and physiology, both normal and abnormal, particularly that which pertains to the heart. The principles of psychology and mental hygiene enable her to understand the approach required to this sick child. A knowledge of hygiene and the principles of safety as they apply to the child, to herself, and to the environment is essential. She needs nursing skills in order to ensure the comfort of the patient during his bath and in order to report accurately on the patient's condition. A knowledge of sociology, in order to understand the child's background and his reaction to the situation, is essential.

2. A student nurse is assigned the post-operative care of a man, 40 years of age, following a lobectomy. In making her nursing plans, she must consider both the immediate and subsequent needs of the patient. For the immediate care of this patient, she needs a knowledge of physiology and anatomy, particularly of the chest but also of the digestive tract, a knowledge of the physiology of shock, a knowledge of the influence and effect of certain drugs, and an ability to interpret temperature, pulse, and respiration. She needs to know the principles of physics involved in the use of the suction apparatus and the oxygen tent. She needs many nursing skills, such as the kind of bed to make to ensure this patient's safety and comfort. In the long-term planning for her patient, the nurse must be familiar with the principles of teaching in order to explain to the patient and his family the important elements in his care. Knowledge of nutrition and chemistry are also required for her teaching. A background of sociology and social customs would enable her to understand the patient and his environment. Since others in the health team will carry responsibility in relation to the care of the patient, she needs to be aware of their contribution in order to work with them. An understanding of psychology and mental hygiene to help the patient and his family face a long illness and convalescence is also required.

In achieving her total development as a nurse, the student in a school of nursing may have other learning experiences than those immediately concerned with the care of patients. The following example illustrates the

type of situation in nursing school life that can be planned to provide a learning experience :

3. A young student nurse is appointed to be the representative of her class on the Student Council of the school. Since this student comes from a closed family circle which gives little attention to group activities or community participation, it is recognized as a learning experience for her in her general development. With the assistance of the adviser, the student analyses the information that she has gained in a broad course—"Understanding citizenship"—to help her to act as usefully as possible in this situation. This course, in the social sciences and allied studies unit of the curriculum, has provided her with an understanding of community organization and its principles and methods. She has also learned some of the principles of psychology that could be applied to group activities. She finds that she is able to apply this knowledge, with some help, and to participate satisfactorily as a Student Council member.

Examples of planned instruction and experiences which would help the nurse to develop the desired qualities and abilities ("desired outcome") through the "situation approach" in teaching are given in Annex 1.<sup>3</sup> These examples serve as a guide only and are not intended as a curriculum plan nor are they drawn up in any kind of chronological order in relation to a period in the student's education.

#### 4. Ways in which the "Situation Approach" can be Developed

The method of teaching which emphasizes the "situation approach" can be introduced in one section of the programme of nursing education, such as a clinical field, but it could eventually permeate the whole programme of the school of nursing. The method can be applied both in the hospital school and in the independent school.

In order to carry out the method successfully the educational programme must be based on two assumptions: that the preparation of the nurse is an educational process; and that the institution undertaking this responsibility accepts education as its primary purpose.

Furthermore, the following basic principles must be accepted:

- (1) the school is administered by an educational body;
- (2) it has financial independence, with a separate budget;
- (3) it has a clear reciprocal agreement of mutual responsibility with the hospital and other community organizations for service and training.

Some schools of nursing, even where these assumptions and principles are recognized, may feel that they are unable to introduce such an integrated method of teaching because of legal restrictions relating to nursing educa-

<sup>3</sup> See page 19.

tion in their country. For example, some countries have specific requirements relating to the content of the nursing curriculum for each year of the programme. The students may be required to take either state or national examinations at definite intervals, such as annually. This programme of frequent examinations requires that a certain body of knowledge must be gained by the student at the end of certain periods of formal study. However, even within an imposed curriculum it has been found possible to improve teaching by the use of the "situation approach".

In those countries where nursing legislation has been in effect for many years, a study should be undertaken to see if it needs revision to meet modern trends in nursing education. In countries without nursing legislation, care should be exercised to prevent premature or too rigid control in order to allow for experimentation and the development of a pattern of legislation suitable to national needs.

*Some prerequisites to the introduction of the "situation approach"*

The "situation approach" presupposes that :

- (1) the school of nursing has some measure of control of its education programme ;
- (2) there is a member of the school staff motivated to try this method and that literature on the method and on ways of achieving it are available to her for study ;
- (3) the instructor has some measure of latitude in rearranging her time and that of her students ;
- (4) there is a realization of the wider social structure within which the school must work, and from which it must draw its resources ;
- (5) there is a sympathetic and open-minded staff willing to help in the development of this method wherever it is being used.

*Suggested procedures for securing co-operation among colleagues*

On the assumption that at least one member of the staff is sufficiently motivated to try this method, there are a number of ways in which she may secure the co-operation of her colleagues :

The initiator can demonstrate the use of the method in her own teaching. She can involve sympathetic or open-minded school and hospital staff. A group of colleagues can meet to study the literature and discuss the method. The inclusion in such a group of those who are not in immediate sympathy may help to break down opposition. Other members of the teaching staff—such as medical lecturers, scientists, and social workers—

will be concerned and their co-operation should be secured. Others who could act as "resources" of the group might be educationalists, social scientists, and community leaders. Such persons might be invited to act as consultants.

Informal discussion may lead to more formal conferences on a local, national, or international basis.

*Suggestions for the integration of "situation" teaching in the nursing education programme*

In planning for the use of the "situation approach", the instructor should introduce the student to problem solving in nursing, to the consideration of the needs of patient and family, and to methods by which these needs might be met. The instructor will determine what previous knowledge and practice are necessary in order that the student can meet these needs successfully.

Early in the student's experience, planned observation, with some participation in outpatient departments, public-health organizations, and other community agencies, will help her to develop an understanding and appreciation of the physical, psychological, and social needs of patients, families, and communities.

The head nurse (ward sister) or public-health supervisor, with some guidance, can organize the nursing experience in her department for the student so that it will fit into a teaching plan. An experience record indicating nursing observation and practice can be made a helpful tool for planning the student's work.

Informal ward conferences, and studies on the care of patients—both oral and written—can be developed with the help of the head nurse and supervisor. Presentation of these studies to the student group will increase interest in the programme. When the case-method of ward assignment for the student can be put into effect, the programme will have come a long way towards implementation.

Constant evaluation of student learning is essential. This may be determined by ward and class-room conferences, and by frequent "situation-centred" examinations. (Annex 2 gives examples of such examinations.<sup>4</sup>)

The use of the nursing-care team on the hospital ward can facilitate the development of "nursing situation" teaching. The nursing team is composed of those persons who give direct nursing care to patients. The types of personnel constituting the team vary according to a number of

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<sup>4</sup> See page 26.

factors. In general, the nursing team consists of at least one professional staff nurse who is able to act as leader or head of the team, perhaps another professional nurse, a student, one or more assistant nurses, and others giving direct nursing care.<sup>5</sup> The nursing-team<sup>6</sup> method of assignment offers a better learning experience for the student.

The development of a trial course in one of the clinical fields, such as medical nursing, in which the "situation approach" is utilized, will serve to point out the successes and difficulties of such a programme. Such a course may be worked out jointly by the instructor and the students. As other courses develop, the curriculum will eventually become "situation-centred".

Nursing literature contains little that can be used in this method of teaching and the instructor must draw on many sources. Annex 3 gives a sample list of material available in leaflet or pamphlet form which can be used as a supplement to textbook or more extensive resource volumes, or even in place of them.<sup>7</sup> This list applies particularly to mental and child health.

The use of mimeographed material has many educational advantages, in addition to being less expensive than ordinary printing :

- (1) it makes possible for teaching purposes a selection of those parts of a given book that are directly useful for the work in hand ;
- (2) if used as a basis of group discussion, it increases participation more than is ordinarily possible when the student's chief task is taking down notes from a lecturer ;
- (3) it assures more accuracy in names and technical terms than is usual with the lecture method ;
- (4) it makes possible convenient summarizing by the students themselves ;
- (5) it makes more rapidly available new information and points of view in the different fields : textbooks rapidly become out of date, and it is too expensive to replace them.

Visual aids, such as film strips, slides, models, charts, and diagrams are useful in this method of teaching and can be adapted to the particular situation. Whenever possible the student should be encouraged to co-

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<sup>5</sup> Curran, J. A. & Bunge, H. L. (1951) *Better nursing : a study of nursing care and education in Washington*, Seattle, Wash.

<sup>6</sup> See : Perkins, D. (1952) *Amer. J. Nurs.* 52, 309; Perkins, D. & Heslin, P. (1952) *Amer. J. Nurs.* 52, 185; Swiss, M. T. (1952) *Amer. J. Nurs.* 52, 221 (this article contains a good bibliography).

<sup>7</sup> See page 29.

operate with the instructor in developing suitable visual aids which she can actually use in the learning process.

This method of teaching is dynamic, and requires constant evaluation by instructors and students. A systematic record of progress could be maintained with successes and failures noted. Results of nursing "situation-centred" examinations will indicate the effectiveness of student learning. These results should be carefully studied by the instructors as a guide to their teaching. Such devices as minutes of staff meetings with the decisions made, and annual reports of the school, can also be used in evaluation.

No school of nursing should expect to institute rapidly the "situation approach" method of teaching throughout its curriculum. Time is required to prepare material and to re-educate staff before this method can be integrated into the curriculum.

### Summary of Discussions

The conference gave some consideration to the type of nurse needed today in various parts of the world and suggested one method of education that might be used in preparing this nurse. The development of nursing in the total health programme (pages 5-6) and the function of nursing as an integrative element in the health team (pages 7-8) was explored. It was emphasized that nursing must be related to the local and national needs and that this requires nurses whose education is adapted to varied national circumstances (pages 8-10). The common element in all programmes of nursing education is "patient-centred" nursing care which integrates many disciplines (pages 10-11). This integrative role can best be communicated by integrated ("situation") teaching (pages 11-14 and Annex 1). In introducing this method of teaching, a definite developmental sequence can be followed (pages 14-18).

In studying the report, Annex 1 needs to be reviewed with the text, as it suggests in detail the types of situation which may be used in planning an educational programme based on the "situation approach" method of teaching.

The report is intended for the use of local, national, or international groups as a useful basis for discussion and experimentation.

## Annex 1

**EXAMPLES OF THE "SITUATION APPROACH"  
TO TEACHING**

The kind of nurse who is needed in all parts of the world is one who is prepared, through general and professional education within the social structure of the community in which she lives, to share as a member of the health team in the care of the sick, the prevention of disease, and the promotion of health.

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
1. A nurse who possesses the necessary personality, education, and maturity, and is well adjusted in her living and in her relationships with others	(1) Active participation in group living in the school  (2) Active participation in student organization and with other groups  (3) Opportunity to weigh values in student-activity programmes and student associations, and to plan own social programme  (4) Opportunity for increased responsibility to make decisions affecting her living and her work  (5) Responsibility for completing assignments without undue anxiety for self, but with use of common sense for welfare of others	(1) Applied psychology and sociology : interpersonal relationships conference and group techniques  (2) Methods of study with emphasis on : ability to study independently problem solving  (3) Professional adjustments, including : historical developments in nursing adjustment to school, hospital, and community adult relationship to family, to responsibilities of the profession, and to professional practice obligations to patients legal responsibilities

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
2. A nurse who utilizes her education to help find security and satisfaction in her living and her work, and to help make the necessary changes for improvement in her situation		(1) Programme of evaluation : "situation-centred" examinations comprehensive ward examinations
3. A nurse who has developed a sense of personal and professional responsibility	(1) Participation in student branch of national nurses' association or national student nurses' association  (2) Student-staff discussions of common interest to the school, e.g., analysis of living and school needs, discussion of student adjustment and planning	
4. A nurse who has the capacity for development which will enable her to work effectively in nursing		
5. A nurse who is well adjusted in her work		
6. A nurse who is equipped, through generalized preparation, to work under supervision in all fields of nursing	(1) Practice in nursing care in home and hospital with emphasis on meeting nursing-care situations	(1) In understanding scientific principles involved in nursing care of the individual, sick and well, and the use of these principles to analyse conditions and to plan and carry out adjustments in home and hospital
7. A nurse who is prepared to give total nursing care, including physical, mental, emotional, and social elements	(2) Assignment of responsibility for decisions affecting patients' welfare and comfort  (3) Home visits as follow-up from clinics	(2) In understanding the integration of physical, biological, social, and medical sciences
8. A nurse who is equipped to carry out nursing techniques skilfully		
9. A nurse who is able, as nurse member of the health		(3) Nursing arts

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
<p>team, to analyse <i>health</i> needs (physical, mental, emotional, and social) of <i>healthy</i> individuals and to plan and carry out the care necessary to meet these needs</p>		<p>(4) Applied physical and biological sciences :                      anatomy and physiology                      chemistry and physics                      microbiology</p> <p>(5) Personal hygiene</p> <p>(6) Nutrition</p> <p>(7) Community hygiene and principles of public health</p> <p>(8) Social sciences :                      sociology                      psychology                      mental hygiene</p> <p>(9) Human growth and development</p>
<p>10. A nurse who is able, as nurse member of the health team, to analyse <i>nursing</i> needs (physical, mental, emotional, and social) of <i>sick</i> individuals and to plan and carry out the care necessary to meet these needs</p>	<p>(1) <i>Medical</i>                      Assignment to care of patients with medical conditions, in hospital, clinic, and home :                      (a) assignment to "nursing situations" consistent with learning and experience, to provide opportunity for the total care of patients of increasing complexity                      (b) guided experience in analysis of care of patient, in statement of objectives and plans necessary to meet objectives, including means whereby desirable changes may be brought about in individual patient attitudes, activities, and in environment</p>	<p>(1) Medical and curative sciences :                      pathology as needed to understand changes in behaviour (mental and physical)                      diseases requiring medical care, as source of information basic to observation, care, and recording of necessary data                      pharmacology of related drug therapy</p> <p>(2) Medical conditions :                      nursing as applied to patient with medical conditions                      physical and biological sciences basic to understanding body reactions to disease</p>
<p>11. A nurse who is able to work effectively within the social structure of the community in which she lives, and to recognize and adjust to changing social, economic, and health conditions</p>		

Desired outcome of education	Planning at the School of Nursing	
	Experiences (examples)	Instruction
	<p>(c) assignment to patients whose nursing needs offer specific opportunities necessary for learning</p> <p>(d) assignment to some practice in diversional therapy</p> <p>(e) clinics and conferences to discuss "nursing situations"</p> <p>(f) "nursing situation" studies to furnish summary of total care with emphasis on social and health aspects and nursing care</p> <p>(g) visits to community resources which are utilized in care of patients with medical conditions</p> <p>(h) guided experience in teaching patient and members of family</p> <p>(i) experience in assisting patient and family to recognize and accept illness, and to adjust to its limitations</p> <p>(2) <i>Surgical</i> Assignment to care of patients with surgical conditions, in hospital, clinic, and home:</p> <p>(a) assignment to nursing care in operating and recovery rooms</p> <p>(b) adjustment of surgical, aseptic, and other special techniques to the home</p>	<p>personal hygiene basic to patient's comfort and well-being</p> <p>nutrition basic to therapy or to patient's happiness and security (integrated with medical science)</p> <p>(3) Social sciences:</p> <p>applicable to understanding of patient and family, to their acceptance of illness, and to use of community resources to assist patient and family during illness and rehabilitation</p> <p>community hygiene basic to prevention and control of disease, or safe care of patient</p> <p>human growth and development applicable to understanding of patient, his needs, his family, and his other personal relationships</p> <p>(1) Medical and curative sciences:</p> <p>diseases requiring surgical care, as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Surgical conditions:</p> <p>nursing as applied to patient with surgical conditions</p> <p>(3) *</p>

\* All planned instruction previously listed which is applicable to this type of patient should be included here.

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
	<p>(c) preparation in the home for operation</p> <p>(3) <i>Medical and surgical specialities</i></p> <p>(a) assignment to care of patients with medical and surgical conditions, in hospital, clinic, and home, with emphasis on adaptation of nursing to meet differing situations appearing in care, and use of community facilities for this care</p> <p>(b) assignment for experience with the chronically ill and handicapped, in hospital, clinic, and home</p> <p>(c) investigation of costs of care of the chronically ill and handicapped to family and community</p> <p>(d) practice in physical and diversional therapy programmes</p> <p>(4) <i>Paediatrics</i></p> <p>(a) assignment to care of infants and children, sick and well, in hospital, clinic, home, and nursery school</p> <p>(b) visits to community resources specially set up to meet needs of children, e.g., schools, playgrounds</p>	<p>(1) Medical and curative sciences :</p> <p>diseases in medical and surgical specialities — such as gynaecology, urology, orthopaedics, neurology, and dermatology (unless included previously) — requiring medical and surgical care as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Medical and surgical specialities :</p> <p>nursing as applied to patient with medical-surgical conditions</p> <p>(3) *</p> <p>(1) Medical and curative sciences :</p> <p>diseases requiring paediatric care, as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Paediatric conditions :</p> <p>nursing as applied to paediatric patient</p> <p>(3) *</p>

\* All planned instruction previously listed which is applicable to this type of patient should be included here.

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
	<p>(5) <i>Obstetrics</i></p> <p>(a) assignment to care of obstetrical patients, in prenatal and postnatal clinics, hospital wards, labour rooms, nurseries, and homes</p> <p>(b) observation and assistance at mothers' classes</p> <p>(6) <i>Communicable diseases, including tuberculosis</i></p> <p>(a) assignment to care of communicable-disease patients in isolation ward or home</p> <p>(b) teaching care of the patient in hospital and home</p> <p>(c) group teaching in schools and clinics</p> <p>(d) visits to community clinics</p> <p>(e) co-operation with other social agencies</p>	<p>(1) Medical and curative sciences : conditions requiring obstetrical care, as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Obstetrical conditions : nursing as applied to obstetrical patient</p> <p>(3) *</p> <p>(1) Medical and curative sciences : diseases requiring isolation care, as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Communicable-disease conditions : nursing as applied to patient with communicable disease</p> <p>(3) Knowledge of community's provision for communicable-disease control, e.g., legislation, isolation, immunization</p> <p>(4) Personal and community hygiene, and understanding of mental hygiene aspects of disease</p> <p>(5) *</p>

\* All planned instruction previously listed which is applicable to this type of patient should be included here.

<i>Desired outcome of education</i>	<i>Planning at the School of Nursing</i>	
	<i>Experiences (examples)</i>	<i>Instruction</i>
	<p>(7) <i>Psychiatry</i></p> <p>(a) introduction to psychiatry :</p> <p>visits to homes where there are mental problems, e.g., difficult parent-child relationships, difficult school-child relationships</p> <p>visits to clinics to observe :</p> <p>child guidance ; parent education ; mental-health consultations</p> <p>visits to rehabilitation centres :</p> <p>observation in day-nurseries for mentally disturbed children</p> <p>(b) assignment for experience in care of nervous and psychiatric patients (various degrees and age-groups)</p>	<p>(1) Medical and curative sciences :</p> <p>diseases requiring psychiatric care, as source of information basic to observation, care, and recording of necessary data</p> <p>(2) Psychiatric conditions : nursing as applied to psychiatric patients</p> <p>(3) *</p>

\* All planned instruction previously listed which is applicable to this type of patient should be included here.

**Annex 2****“ SITUATION-CENTRED ” EXAMINATIONS**

The following examples from examination papers set by the University of Madras, India, illustrate the possibilities of this type of examination :

**Intermediate Examination in Science in Nursing, April 1949****Part II — Psychology**

1. You are taking care of a young woman patient who is a teacher of handicrafts. She was admitted to hospital with severe anaemia and is now much improved, able to be up, and taking moderate exercise for several hours a day.

Explain fully the suggestions you would make and the other means by which you would help the patient to make a satisfactory adjustment in substitute forms of ego projection.

2. Describe in detail how you would deal with the following patients in a way to secure their co-operation and help them to make a good adjustment :

(a) a boy of ten who is convalescent and who insists on going into treatment rooms and other rooms where he is not supposed to be and playing with the equipment ;

(b) a girl of three who eats very poorly of the foods prepared and served to her ;

(c) a girl of fifteen with cardiac disease who should have continual bed rest but who, because she feels well, continually gets out of bed to play.

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**Intermediate Examination in Science in Nursing, April 1950****Part II — Psychology**

1. You have as a patient a young man of 25 years of age who has contracted pulmonary tuberculosis. He has to be in bed for six to eight months. He is a newspaper reporter and is especially interested in foreign affairs.

Plan a programme of activities and diversions and rest which will give him opportunity to express himself, keep his mind off his troubles, and give him satisfaction and contentment both mentally and physically.

Indicate means and methods you would use to put the programme into effect.

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**Intermediate Examination in Science in Nursing, April 1951**

**Part III — Nursing of Children, Obstetrical and Gynaecological Nursing**

1. EITHER

(A) A seven-year-old girl admitted to a paediatric ward is diagnosed as suffering from acute rheumatic fever with complication of endocarditis; the throat is inflamed. The father is a teacher in Vellore; the mother has her Secondary School Leaving Certificate.

Answer the following questions :

- (a) Name the signs and symptoms which the child presents.
- (b) State the pathological changes which have occurred in this case.
- (c) List the special points in the nursing care of the child in the hospital.
- (d) Make out a programme for the child on discharge aimed at preventing recurrence.
- (e) What health teaching would you give so that the child may develop as normally as her limitations will permit ?

OR

(B) A three-year-old boy admitted to a paediatric ward is diagnosed as suffering from severe bacillary dysentery. The father and mother are both coolies living in a village 20 miles from Vellore.

Answer the following questions :

- (a) List the chief signs and symptoms of the disease and state how they differ from those of acute amoebic dysentery.
- (b) State the pathological changes which occur in the disease.
- (c) List the complications of the disease.
- (d) Describe the nursing care of the child.
- (e) Outline the health teaching which you would give the attendant and family regarding the disease including cause, mode of transmission,

means of control of case, and prevention as far as the public is concerned.

2. Outline the talks you would give to a group of Hindu women (vegetarians) on antenatal care under the following headings :

- (a) Importance of history and weight.
  - (b) Importance of urinalysis, haemoglobin, blood test, measurements, palpation, and observations.
  - (c) Hygiene of pregnancy, including diet.
  - (d) Preparation for home delivery.
  - (e) Preparation for baby to fit it into the family, and the part the husband plays in the care of wife and baby.
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## Annex 3

**REFERENCE MATERIAL OF VALUE TO TEACHERS  
ADOPTING THE "SITUATION-APPROACH" METHOD****1. Leaflets and Pamphlets**

**Science Research Associates, 228 S. Wabash Avenue, Chicago, Ill., USA**

Pamphlets prepared by well-known authorities, most of whom have also published recognized books in the same field. Lists can be obtained by writing to the Science Research Associates. The pamphlets are priced at \$0.40, with considerable reduction for quantities.

Examples : *Emotional problems of growing up*  
*Your children's heredity*  
*Let's listen to youth*  
*Understanding yourself*

**Public Affairs Pamphlets, 27 E. 38th Street, New York, N.Y., USA**

Several of the hundreds of pamphlets in this series deal with health and human growth and development. The pamphlets cost \$0.25-0.30.

Example : *Mental health is a family affair*, by D. Pratt & J. Neher

**Teachers College, Columbia University, Morningside Heights, New York, N.Y., USA**

In the past three years a *Parent-Teacher Series* of monographs has been issued. The monographs are attractively printed and illustrated, and cost \$0.60.

Examples : *Understanding young children*, by D. W. Baruch  
*Getting along in the family*, by J. Mayer  
*Understanding children's behavior*, by F. Redl

**School Health Bureau, Health and Welfare Division, Metropolitan Life Insurance Co., 1 Madison Avenue, New York, N.Y., USA**

Especially useful from this agency is the monthly *Health Bulletin for Teachers*, a four-page leaflet, carefully prepared and well written. Each issue deals with various aspects of physical and mental health, e.g.,

"Wholesome personality", "Emotional health", etc. They are prepared under the general direction of an advisory board of educators, health workers, etc. There is no charge.

This agency also publishes pamphlets for professional use, including one that deals especially with an experiment in the group-education process involving nurses, physicians, and administrators.

**Hogg Foundation for Mental Hygiene, University of Texas, Austin 12, Tex., USA**

This organization emphasizes community programmes and reproduces for wider distribution (free or at a very low cost) materials available from many sources.

Example: *Profiles of community action*

**2. Literature on the Midcentury White House Conference on Children and Youth, held in Washington, D.C., USA (December 1950)**

**Health Publications Institute, Raleigh, N.C., USA**

This conference was the first of such conferences to be conducted on a group-participation basis (comparatively few speeches, mostly small working and discussion groups, with youth as well as adults participating).

*A healthy personality for every child*, a digest of the fact-finding report of the conference, contains excellent discussion of possibilities in a dozen or more fields, such as health, social work, education, recreation, and religious organizations.

**WORLD HEALTH ORGANIZATION  
TECHNICAL REPORT SERIES**

	Number		Price	
<b>Antibiotics, Expert Committee on</b>				
Report on the first session . . . . .	26	9d.	\$0.10	Sw. fr. 0.40
<b>Bilharziasis, Expert Committee on</b>				
First report . . . . .	65	2/3	\$0.30	Sw. fr. 1.20
<b>Bilharziasis in Africa, Joint OIHP/WHO Study-Group on</b>				
Report on the first session . . . . .	17	9d.	\$0.10	Sw. fr. 0.40
<b>Biological Standardization, Expert Committee on</b>				
Report on the third session . . . . .	2	1/6	\$0.20	Sw. fr. 0.80
Report on the fourth session . . . . .	36	9d.	\$0.10	Sw. fr. 0.40
Fifth report . . . . .	56	1/3	\$0.15	Sw. fr. 0.60
Sixth report . . . . .	68	1/6	\$0.20	Sw. fr. 0.80
Report of the Subcommittee on Fat-Soluble Vitamins . . . . .	3	9d.	\$0.10	Sw. fr. 0.40
<b>Brucellosis, Joint FAO/WHO Expert Panel on</b>				
Report on the first session . . . . .	37	2/-	\$0.25	Sw. fr. 1.—
Second report . . . . .	67	2/-	\$0.25	Sw. fr. 1.—
<b>Cholera, Expert Committee on</b>				
First report . . . . .	52	1/3	\$0.15	Sw. fr. 0.60
<b>Cholera, Joint OIHP/WHO Study-Group on</b>				
Report on the third session . . . . .	18	1/3	\$0.15	Sw. fr. 0.60
<b>Communicable Diseases of Childhood, Active immunization against common</b>				
Report of a group of consultants . . . . .	6	1/3	\$0.15	Sw. fr. 0.60
<b>Diphtheria and Pertussis Vaccination</b>				
Report of a conference of heads of laboratories producing diphtheria and pertussis vaccines . . . . .	61	4/3	\$0.55	Sw. fr. 2.20
<b>Drugs Liable to Produce Addiction, Expert Committee on</b>				
Report on the second session . . . . .	21	9d.	\$0.10	Sw. fr. 0.40
Third report . . . . .	57	9d.	\$0.10	Sw. fr. 0.40
<b>Environmental Sanitation, Expert Committee on</b>				
Report on the first session . . . . .	10	2/-	\$0.25	Sw. fr. 1.—
Second report . . . . .	47	1/3	\$0.15	Sw. fr. 0.60
<b>Health Statistics, Expert Committee on</b>				
Report on the first session . . . . .	5	9d.	\$0.10	Sw. fr. 0.40
Report on the second session (including reports on the first sessions of the Subcommittees on the Definition of Stillbirth and Abortion, on the Registration of Cases of Cancer as well as their Statistical Presentation, and on Hospital Statistics) . . . . .	25	2/-	\$0.25	Sw. fr. 1.—
Third report (including second report of the Subcommittee on the Registration of Cases of Cancer as well as their Statistical Presentation) . . . . .	53	2/9	\$0.35	Sw. fr. 1.40

	Number		Price	
<b>Hepatitis, Expert Committee on</b>				
First report . . . . .	62	1/6	\$0.20	Sw. fr. 0.80
<b>Hygiene of Seafarers, Joint ILO/WHO Committee on</b>				
Report on the first session . . . . .	20	9d.	\$0.10	Sw. fr. 0.40
<b>Influenza, Expert Committee on</b>				
First report . . . . .	64	1/6	\$0.20	Sw. fr. 0.80
<b>Insecticides, Expert Committee on</b>				
Report on the first session . . . . .	4	2/3	\$0.30	Sw. fr. 1.20
Report on the second session . . . . .	34	4/3	\$0.55	Sw. fr. 2.20
Third report . . . . .	46	2/-	\$0.25	Sw. fr. 1.—
Fourth report . . . . .	54	5/-	\$0.65	Sw. fr. 2.60
<b>International Pharmacopoeia, Expert Committee on the (formerly Expert Committee on the Unification of Pharmacopoeias)</b>				
Report on the fourth session . . . . .	1	9d.	\$0.10	Sw. fr. 0.40
Report on the fifth session . . . . .	12	9d.	\$0.10	Sw. fr. 0.40
Report on the sixth session . . . . .	29	1/3	\$0.15	Sw. fr. 0.60
Report on the seventh session (including report on the first session of the Subcommittee on Non-Proprietary Names) . . . . .	35	1/6	\$0.20	Sw. fr. 0.80
Report on the eighth session (including report on the second session of the Subcommittee on Non-Proprietary Names) . . . . .	43	2/-	\$0.25	Sw. fr. 1.—
Ninth report (including third report of the Subcommittee on Non-Proprietary Names) . . . . .	50	2/-	\$0.25	Sw. fr. 1.—
<b>International Sanitary Regulations</b>				
World Health Organization Regulations No. 2 . . . . .	41	5/-	\$0.65	Sw. fr. 2.60
<b>Malaria, Expert Committee on</b>				
Report on the third session . . . . .	8	2/3	\$0.30	Sw. fr. 1.20
Report on the fourth session . . . . .	39	1/6	\$0.20	Sw. fr. 0.80
<b>Malaria Conference in Equatorial Africa</b>				
Report . . . . .	38	3/6	\$0.45	Sw. fr. 1.80
<b>Malnutrition, Prevention and treatment of severe, in times of disaster</b>				
Report of a group of consultants . . . . .	45	2/9	\$0.35	Sw. fr. 1.40
<b>Maternity Care, Expert Committee on</b>				
First report: a preliminary survey . . . . .	51	1/3	\$0.15	Sw. fr. 0.60
<b>Mental Health, Expert Committee on</b>				
Report on the first session . . . . .	9	2/3	\$0.30	Sw. fr. 1.20
Report on the second session . . . . .	31	2/9	\$0.35	Sw. fr. 1.40
Alcoholism Subcommittee				
Report on the first session . . . . .	42	1/3	\$0.15	Sw. fr. 0.60
Second report . . . . .	48	2/-	\$0.25	Sw. fr. 1.—
<b>Nursing, Expert Committee on</b>				
Report on the first session . . . . .	24	1/6	\$0.20	Sw. fr. 0.80
Second report . . . . .	49	1/3	\$0.15	Sw. fr. 0.60
<b>Nursing Education, Working Conference on</b>				
Report . . . . .	60	1/6	\$0.20	Sw. fr. 0.80