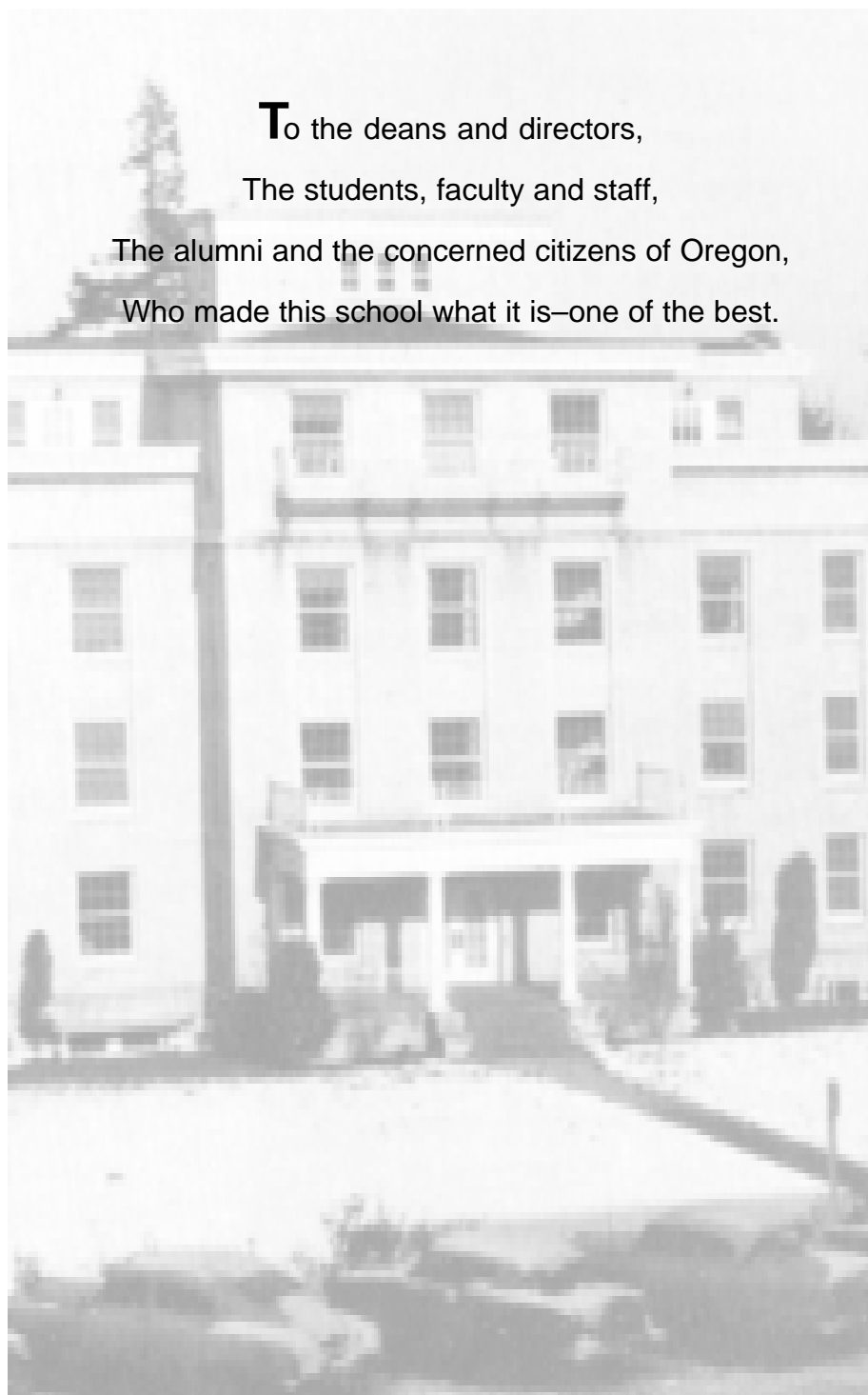




A History of the School 1910-1996

By Barbara Conway Gaines, RN, EdD

To the deans and directors,
The students, faculty and staff,
The alumni and the concerned citizens of Oregon,
Who made this school what it is—one of the best.



PREFACE

The project, a written history of the School, was initiated by Dean Carol A. Lindeman, R.N., Ph.D., F.A.A.N. Dean Lindeman enjoyed the anecdotes of student life she heard in her many conversations with alumni and wanted to share them with others. She also wanted to provide more definitive answers to questions that arose over and over again, questions like, “When did the School begin?” and “How did the leadership of the School help it become what it has?” This book attempts to provide at least one set of answers to these questions and others. It could not have been completed without Dean Lindeman’s support and the continuing support of former interim dean Sheila M. Kodadek, R.N., Ph.D., and the School’s current dean, Kathleen Potempa, R.N., D.N.Sc., F.A.A.N.

The story of the School of Nursing at Oregon Health & Science University is a story of leadership and commitment to quality. It is a story primarily of white women; women who were nurse educators and students and who pursued a dream often in the face of adversity. For these women, leadership may be defined both as, first, seeking a challenge, where others might see an obstacle; and, second, thinking as “we and ours,” not “I or mine.”¹ It is also the story of non-nurses, women and men throughout Oregon who supported the education of women in general and nurses in particular. And finally, it is the story of male nurses and nurses of color.

Nursing education at Oregon Health & Science University is, in many aspects, a reflection of nursing education in the West and in the nation as a whole. OHSU’s leaders faced the same problems and dilemmas of others. The student experience was in many ways similar. While the hard work of undergraduate education, the thesis exercise, and the dissertation frame large segments of students’ lives, it is the lasting friendships and sense that they are “good nurses” that dominate their memories. And a uniquely western posture developed at two periods in time—the 1920s and again in the 1970s and 1980s—as the needs of rural Oregon and the Northwest were recognized and addressed.

The narrative is presented more or less chronologically because that is how most readers will have experienced and remember the School. The time periods selected reflect major changes in direction of the

School and gaps in the existing data. The story here ends in 1995 as the Oregon Health & Science University enters a new era as a public corporation and enters the search for Dr. Potempa, who has become its third dean and new leader.

A few words about methods. Data were collected from a variety of sources, including earlier histories of the School and its programs and personalities. Correspondence, reports, bulletins and other publications provided primary and secondary data. Data were also collected from current American Association of Colleges of Nursing schools. These data provided the foundation for statements about early nursing in the West. Group interviews with selected reunion classes and individual interviews and oral histories help us learn “what life in the School was really like.”

The project could never have been completed without the help of people too numerous to mention. A few made contributions so substantial that they must be included at this point. Martha Watson, former office manager and unofficial School historian, heads the list. She made it her personal crusade to try to preserve the history of the School. Cathy Kemmerer, former alumni director and current director of annual giving, read and read and gave invaluable feedback on every chapter; Sheila Kodadek, read and provided feedback on many; Sarah Porter and Marie Duncan contributed valuable insights on Chapter X. Mary Ann Talbott, Chris Belden and Rayne Bonner Morgaine helped substantially in transcription and manuscript preparation.

Thanks also to all the alumni who allowed us to remember the School through their eyes whether as student, faculty, or both.

Thanks to interviewers like Kathleen Hartshorne and Shirley Franzen Schumann ('46), and especially, Elaine G. Mahoney ('61), who provided the wonderful oral history of “Jakes.” Thanks also to Elaine, Carol Storer ('49), Dan Kniesner, Heather Rosenwinkel and the rest of the folks in the Old Library for help with the sleuthing work.

For teaching me to appreciate history and the intricate webs surrounding interpretation while learning to tolerate my own shortcomings in the preparation of the manuscript, I wish to acknowledge two people in particular. Keith Richards, retired archivist at the University of Oregon, patiently helped me realize that some data just are not available; and Patricia Schechter, Ph.D., assistant professor

of history at Portland State University, taught me that someday I may recognize the silences in the data as well as the voices. Until that day let me just say, the mistakes and errors in judgment are mine and mine alone.

And finally to Mary McFarland, R.N., Ed.D., and all of you, who provided continuous support—who always had a word of encouragement, a history from another school to lend me, a file you were willing to search for elusive data—thank you. And to Michael and Cindy, thanks for hoping if not believing that “it” might finally be “done.” But, of course, it isn’t; it can’t be.

My hope is that one of you who reads it will take the narrative further, adding to our understanding and appreciation of the School that is such an important part of all of us.

Barbara Conway Gaines
December 1998

The Multnomah Hospital Training School for Nurses: 1910-1930

Introduction

In 1910, when the Multnomah School for Nurses (commonly known as the Multnomah Hospital Training School) opened its doors, Portland was the preeminent city in the Pacific Northwest. The 1905 Lewis and Clark Exposition showcased the city. In 1906, a group of prominent club women presented the city with a statue of Sacajawea depicting the active contribution of women to the settlement of the West. And an affirmative vote for women's suffrage would occur in 1912. Although still looking to the East for leadership, the city was also at the fore of nursing education.¹

Three strong diploma schools were operating in Portland. There were also schools in Salem and The Dalles, and programs were opening in Pendleton, Baker City and Astoria. In the 1920s, it is estimated that at least 20 schools of nursing were in operation. Throughout the country, it was a time of rapid expansion in the number of nursing schools. And, as in the rest of the country, only a few of the Oregon schools would survive and even thrive; most would close.²

The three earliest Portland schools were located in hospitals with religious affiliations. Good Samaritan Hospital, a hospital of the Episcopal diocese, began its program, the first in the Northwest, in 1890. St. Vincent Hospital, a Roman Catholic hospital, began its program in 1892. Portland Sanitarium and Hospital, a Seventh Day Adventist institution, began in 1897. These three hospital-based programs, like the Multnomah Hospital Training School, all made the successful transition to collegiate programs.³ The transition was not an easy one for these generally-competing schools. However, they formed the

Deans and Directors



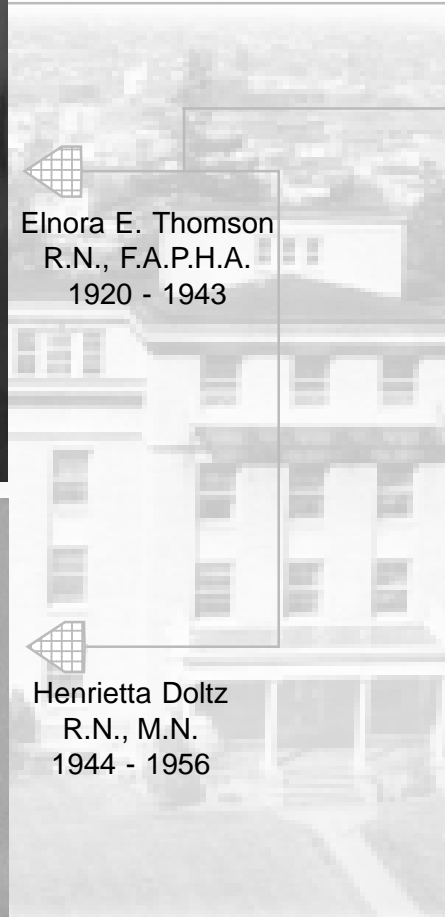
ASHLAND • KLAMATH FALLS • LA GRANDE • PORTLAND



Elnora E. Thomson
R.N., F.A.P.H.A.
1920 - 1943



Henrietta Doltz
R.N., M.N.
1944 - 1956



of the School

Jean E. Boyle
R.N., M.N.
1958 - 1975



Carol A. Lindeman
R.N., Ph.D., F.A.A.N.
1976 - 1995



Kathleen M. Potempa
R.N., D.N.Sc.,
F.A.A.N.
1996 - Present



necessary coalitions around affiliation agreements, graduate education and professional standards to advance collegiate nursing education, albeit slowly, in the state.⁴

The two early programs outside of Portland closed for different reasons, but reasons that were to influence the closure of many hospital schools in less populous communities. Salem General Hospital, which maintained its program from 1895-1934, closed because the hospital found the program too costly to run. The Dalles General Hospital (1901-1950) closed because its clinical experiences were inadequate. Students in programs at the time of closure did not fare well. It was difficult for them to transfer to other programs where they were often seen as “misfits” and dismissed. The Multnomah Hospital Training School proved to be an exception, accepting transfer students and graduating them.⁵

The adequacy of funding and clinical experiences are two themes that persist in any story of institutions offering professional education. The problem of funding in Oregon is a particularly longstanding one. Dr. Simeon E. Josephi, first dean of the medical school, reported that as early as 1876, in an effort to save money, the care of Multnomah County’s poor sick was moved from a private hospital on S.E. Hawthorne to the County Pauper’s Farm on Canyon Road.

Over time this arrangement proved less than satisfactory. There were complaints that facilities for women patients were inadequate, that the nursing care was poor and that the location was inconvenient for physicians who needed to travel from downtown.⁶ Despite the availability of graduates from the courses at Good Samaritan, St. Vincent, and Portland Sanitarium and Hospital, it was not the practice to hire trained nurses as staff for hospitals at this time. This fact probably accounts for the problems in nursing care experienced at the pauper’s farm. Untrained or “professed” nurses worked hard to be sure but lacked the knowledge and skills needed to provide the kind of care necessary for chronically ill patients. The situation at the poor farm resulted in the decision to open a county hospital.

The Days at Second and Hooker Streets

In 1909, at Second and Hooker, in a property owned by Mrs. Simon Reed, Multnomah County established its first real hospital. The Reed mansion was purchased at a cost of \$50,000 and renovated for an additional \$38,000, to become a 65-bed hospital that soon would, more

often than not, be overcrowded. Yet in 1909 when Multnomah County Hospital opened, Dr. Josephi was quoted as saying:

This was a great step forward in the medical and surgical care of the poor and at that time probably equaled that of any city of the same size in the United States. Twenty-one specialists were in the first staff... Mrs. A.B.Y. Spaulding, [was] Superintendent of Nurses, and [there were] fifteen graduate and nurses in training. (p. 4)

On June 12, 1911, seven nurses graduated in the first class from the School. They were: Opal Marguerite Barnes, Elizabeth Blatter, Emma Louise Hodgson, Edith L. Keith, Edith Matson, Lota Bulah Peck and Isabell M. Wallace. The graduation exercises were held at the First Congregational Church.⁷

The initial success of the Multnomah Hospital Training School was attributable to many factors. The strength and diversity of the medical staff meant varied clinical experiences were possible; the leadership provided by a superintendent like Mrs. Spaulding resulted in a school patterned after the best of the hospital schools; and the fact that there was more than one trained graduate nurse on staff are all considered significant in histories of or commentaries on successful schools of nursing.⁸

It is quite likely, however, that although the hospital opened with a staff of "graduate nurses" this state of affairs was short-lived. No more than two trained nurses are listed in any of the early accounts of the School. Mrs. Maybelle Jacobs Emerick, who attended Multnomah Hospital Training School in 1917 and 1918, remembered that senior students taught younger students clinically.⁹ This was the common practice of the time.

Mrs. Spaulding, a graduate of the Illinois Training School for Nurses in Chicago, Illinois, is credited with starting the School, designing the cap and uniform as well as planning the curriculum. The uniform and cap were patterned after those of her school; the curriculum conformed to the standard curriculum recommended throughout the country. Except for changes in the length of skirt from the floor, and a slight modification in the point of the cap, this uniform remained the uniform for students well into the 1960s.

Miss Edith Muhs, a graduate of Columbia University, served as Mrs. Spaulding's assistant and as director of the School. Although not verifiable, data suggest Mrs. Spaulding and Miss Muhs were recruited

specifically for their positions.¹⁰ Miss Grace Phelps, the second director of the School, reported that Mrs. Spaulding and Miss Muhs were well prepared for their positions and that Mrs. Spaulding in particular was interested in nursing school reform.

The exponential growth in nursing schools in the early 20th century was a major concern for nurse leaders. Quality and control of programs were interdependent issues with control under the nursing education director a paramount consideration. However, most hospital schools were firmly under the control of physicians who considered pupil nurses necessary for service delivery. Maintaining physician interest and support while attempting significant educational reform required great diplomacy. Some school superintendents were not successful in their efforts. Physicians labeled the graduates of these programs as “parasites,” suggesting that these young women had forgotten their place was “a purely ancillary one...dependent on the medical profession.” These young women were characterized further as being the “objectionable kind of parasites that bite their hosts and benefactors”¹¹(p. 982).

Similar attitudes were expressed about superintendents in a series of articles in the *New England Journal of Medicine* in 1906. Titled, “The Overtrained Nurse,” the concern was that too many nurse superintendents were expanding the knowledge base offered to pupil nurses with the result that some nurses questioned physicians’ authority in prescribed care.¹² Given Miss Phelps’ comments, it seems both Mrs. Spaulding and Miss Muhs had their work cut out for them as they balanced good rapport with the medical staff¹³ and the development of a strong hospital school of nursing.

Mrs. Spaulding was clearly a leader in educational reform in the areas of curriculum and student rights. But she did not see a place for men in trained nursing. In 1914, only four years after the founding of the School, she was invited to publish an address she had given in *The Pacific Coast Journal of Nursing*.¹⁴ In this article Mrs. Spaulding located nursing squarely in a woman’s sphere with comments like, “The person to enter training ought to be a woman first, last, and always—all the good things that the name stands for,” and says about the school head, that she must be an educated woman of high moral stature because, “She stands as a living example for the pupil nurse to follow”(p. 208). However, Mrs. Spaulding was clear that she did not subscribe to many of the commonly-accepted norms for hospital-based training schools.

She argued for an honor system rather than the more common system of military discipline and for preservation of each student's individuality. Mrs. Spaulding continued her recommendations suggesting the "...hours of duty should be reasonable" (p. 209); that students should only be expelled from school on the rarest of occasions and then only after consideration by a committee. She urged state registration as a means of upgrading schools and suggested that the larger training schools should provide affiliations so that students in smaller hospital schools would get sufficient experience to be competent. And finally, Mrs. Spaulding said:

For some time I have been of the opinion that perhaps better results might be achieved if our universities would give a preparatory course of one year. Much of the technical ground could be covered and I think the hospitals would find the pupil well equipped for the practical work upon entering training. This course would also shorten the time in the hospital for the pupil. (p. 210)

In 1900, less than 15 years before Mrs. Spaulding's publication, many Americans had never seen a trained nurse. In 1909, when the decision to open the Multnomah Training School was made, the need for trained nurses had grown substantially. Only one collegiate program even similar to the type Mrs. Spaulding described in 1914 was in existence. The University of Minnesota opened its program in 1909.

Mary Roberts, a noted nurse historian, reported how quickly the need for nurses was growing. Over 400,000 hospital beds for persons with acute and subacute illnesses had been opened across the country; beds for the chronically ill and others requiring nursing services raised the bed total to approximately 800,000. The response of the hospitals was to open training schools with students providing a source of cheap labor. In 1890, there were 35 schools with 471 graduates; in 1900, the number of schools had grown to 432 with a total of 3,500 graduates. By 1910, 1,129 schools existed. Many of these schools were underfinanced and had inadequate clinical facilities and experiences for student education.¹⁵

In Oregon in 1890 before Miss Emily Loveridge of Good Samaritan started its school, only three trained nurses were known to be in Portland.¹⁶ And because most graduate nurses practiced in private duty, hospitals continued to initiate training programs to staff the hospitals.

The 1909-1910 *Circular of Information of the Multnomah School for Nurses of the Multnomah Hospital* recognized the need for well trained nurses:

The Multnomah School for Nurses has the advantage of being a new, modernly organized school connected with the Multnomah Hospital of Portland. The course of instruction will be of the highest order, which will meet the desires of those aiming for high professional training and *will* educate women to be thoroughly competent in practice and theory of nursing in all its branches. The schedule covers two and a half years of training. The whole course is planned with the objective of preparing women to be successful private-duty or institutional nurses, or to take up those branches of philanthropic work which are open to the trained woman.¹⁷ (p.1)

In keeping with the high standards of instruction included in the statement of purpose of the School, pupil nurses were required to be high school graduates, a requirement that was only becoming popular in the country. They were also required to enter as probationers, a practice common only in the larger schools.

Reading through the "Rules for Admission," the "General Information," and the "Rules for the Home," it seems that Mrs. Spaulding had a strong change of heart about how the purposes of the training school would best be accomplished between 1910 and 1914. The excerpts from the 1909-1910 "Circular" that follow serve to illustrate the point.

RULES FOR ADMISSION:

Upon being accepted as a pupil nurse the candidate is required to sign an agreement, promising to remain two and a half years and to conform strictly to the discipline of School and Hospital. The Superintendent reserves the privilege of dropping a pupil at any period of her training for misconduct, inefficiency or neglect of duty. (p. 5)

GENERAL INFORMATION:

Probationers must bring two dresses of gingham or calico, six large white aprons, one pair of comfortably fitting shoes with rubber heels, two bags for soiled clothes, one pair of scissors and a watch.

Vacations are given only as the work of the hospital may permit, six weeks being the limit that may be given in two and a half years.

RULES FOR THE HOME:

The hour for rising is 6 A.M. Before leaving the Home for the Hospital each nurse must make her bed, dust and arrange her room, leaving it in good order to be inspected by visitors at any time during the day. The hour for closing the Home is 10 P.M. All inmates are expected to be within doors at that hour... (p. 6)

The rules continue on in a militaristic way specifying hours for lights out, meals, conditions for laundry and stress the general control of the superintendent over the student's activity in the hospital and the nurse's home. Yet these students only worked a nine-hour day when the norm was 12, did not work nights more than one month at a time and were provided with two days of rest after a tour on night duty. Unfortunately, a circular for 1914 is not available to see whether the approach Mrs. Spaulding argued for resulted in changes in practice in her school.

In 1915, after completing a graduate course in hospital management with Miss Amy Pope in San Francisco, Miss Grace Phelps assumed Miss Muhs' position as director of the training school. Miss Phelps, who came to Portland in 1909 from the Cincinnati City Training School for Nurses, worked at Multnomah County Hospital and was active in civic affairs. Her civic network included nurses and non-nurses. Prior to accepting the director's position, she had been instrumental in establishing the Oregon State Graduate Nurse Association (1904), had worked to pass the Nurse Registration Act (1911), and been awarded *The Oregonian's*, "Citation of the Week" for her many contributions.¹⁸

Like Superintendent Spaulding, Miss Phelps was an early advocate of collegiate education for nurses. In a report to Henrietta Doltz, Miss Phelps said that she saw the Multnomah Hospital Training School as having great possibilities as a school. She complimented the medical staff and Dean K.A.J. Mackenzie for their interest in collegiate education for nurses.¹⁹

Miss Phelps reported that she was able to pursue the idea of a department of nursing education within the University of Oregon with the help of Mrs. George Gerlinger, a member of the University Board of Regents; Earl Kilpatrick, university faculty; and University President Prince Campbell. All were receptive to the idea. However, World War I intervened: Miss Phelps and several of the medical school faculty were asked to organize Base Hospital #46, a unit that would serve in France. Because of the manner in which military nursing was organized at the

time, Miss Phelps was transferred to the Multnomah County Chapter of the American Red Cross, terminating her tenure with the training school. She said, "...all efforts to develop the department of nursing education in the university for the duration of the war were dropped."²⁰

A description of student life at the hospital on Second and Hooker was obtained from the oral history of Mrs. Maybelle Jacobs Emerick, who was a student at the training school in 1917 and 1918.²¹ From Mrs. Emerick's report, she appears to have been a typical student for her day. Born in Monitor, Oregon, the youngest of seven children, Mrs. Emerick chose nursing out of her desire to "take care of sick people." She selected the Multnomah Hospital Training School on the advice of her family physician.

Mrs. Emerick, known to her classmates and the interns as "Jakes," entered the School in 1917. Her six-month probationary period was spent at the hospital where she reported students worked split shifts with time out for classes. She remembered lots of lectures from the medical staff as well as papers submitted for their evaluation, and learning clinical skills from senior students. Probies did a lot of scrubbing to keep the patient care areas clean, learned to set up sterile packages, and carefully set up food trays.

A highlight of her student experience was a rotation at the Multnomah County Poor Farm, which relocated to Troutdale in 1918. Unlike the hospital portion of her training, "Jakes" recounted her experience at the farm as more like attending a boarding school than a nurses' training school. The patients were chronically ill, generally bedridden, and treatments were few. Students did not take care of the patients in the tuberculosis facility located on the farm grounds. The minimal exposure to a serious contagious disease during this part of their schooling undoubtedly contributed to the general sense of pleasure as did the fact that they had successfully completed the probationary period. The "Hooker girls" as they were known, given the location of the School, made their own solutions for wound irrigation, supervised person-to-person transfusions and provided comfort measures.

The superintendent, Mrs. Singleton, who was described as motherly, created a uniformly pleasant atmosphere for the students. Meals at the farm were served formally. A houseboy, Au Duck, seated the students at small tables and served meals from the kitchen. Student nurses and interns found time to play as well.

Because it was the philosophy of the medical and nursing staff of the hospital that the patient came first, standards of care were high. Unfortunately, the standards tended to focus on conformity in procedures rather than individualized patient care. Mrs. Emerick related a story that is common in the literature of the period. She said that as a probie it took her six repetitions to make a bed correctly, i.e., with the pillowcases, creases and sheets aligned in the prescribed manner.

At some point after her experience at the Poor Farm, Mrs. Emerick was granted six months leave to care for her sister, who was terminally ill in California. In a time when students provided the only staffing for the hospital, granting a leave may seem extraordinary—but it would be in keeping with Mrs. Spaulding's teachings about treating students as individuals. Shortly after "Jakes" returned, still saddened by her sister's untimely death, she found herself in the middle of the flu epidemic. The hospital was quarantined; only flu patients were admitted. Mrs. Emerick reported whole families entered the hospital, but that often only one would go home; many times this was a child.

In more normal times at the hospital, students cared for a variety of sick poor patients. Mrs. Emerick recalled children with rickets, people whose appendix had ruptured, and young women with ruptured fallopian tubes from venereal disease. Everyone was very sick.

However, it was not all work and no play at the hospital either. Students had two, one-half days a week off. The Kiwanis had adopted them, and so there were often tickets for the opera, or "...trips to the Pig and Whistle for sweets." There were dances in the nurses home with live music and even a graduation dinner cooked by junior students for the seniors. Students were known to sneak out of the home and sneak back in. When they were caught they were reprimanded or even expelled if the infraction warranted. Many of these traditions have continued throughout the history of the School. And so, although students continued to work hard and be challenged by the experiences that made up their education, they also played hard and joined together in lasting friendships.

While Miss Phelps was in France, the coalition of civic leaders and university faculty and administrators she had been instrumental in convening moved forward with a program at the University of Oregon Extension Division, Portland School of Social Work. This program, instead of introducing university education at the beginning of the

student's experience as proposed by Mrs. Spaulding and Miss Phelps, provided a collegiate experience as an addition to the student's diploma. The model, developed at Teacher's College, Columbia University, was based on the rationale that collegiate course work was only necessary for those nurses interested in public health or district nursing, administration or teaching. Closely aligned with the settlement house and social hygiene movement, it was not an uncommon model especially among elite nurse leaders in eastern schools.²² In fact both Miss Muhs and Miss Phelps were products of programs in this model.

Upon Miss Phelps' return to Portland in 1920, she resumed her efforts to obtain a department of nursing education at the University of Oregon based on the model she and Mrs. Spaulding had proposed before the war. But the picture was not the same: The program in the School of Social Work was beginning, and there were substantial changes at Multnomah County Hospital. These circumstances would have far-reaching effects on how what is now known as the Oregon Health & Science University School of Nursing would develop.

Several changes had occurred in leadership at the hospital. Mrs. Spaulding retired in 1917; an interim head Miss Gertrude Creasey served for one year (1918) with Laura Thompson as assistant in charge of the School. In 1919, Mrs. Emma Jones was appointed as superintendent. No assistant is discussed in any of the available sources. Because it was the height of World War I, it is quite possible Mrs. Jones filled both positions.

There are also conflicting stories about the actual conditions at the hospital, but the need for a new hospital was widely recognized in the community. The hospital had first been publicly declared unsafe in 1914, and was again in 1920. After extensive debate, plans were made to build a new hospital on Marquam Hill near the new medical school. Ground was broken and the hospital completed in 1922. The diploma model was firmly established as the program for entry into nursing; the course work at the School of Social Work was additive.²³

Marquam Hill: Mackenzie's Dream

In 1912, when Kenneth A.J. Mackenzie, M.D., assumed the position as second dean of the University of Oregon Medical School, he had a dream. He wanted to establish a medical center for the Pacific Northwest. Establishing a medical center was understood by all to be an enormous undertaking because inadequate financing and no real

property on which to build the center existed. Those supporting the idea talked about “Mackenzie’s dream”; those who were less enthusiastic called it “Mackenzie’s folly.” The dream would come true but only with the work of a lot of dedicated people who would face adversity squarely and with perseverance.

Before his appointment as dean, Dr. Mackenzie had been a physician with the Southern Pacific Railroad. Mary C. Dickson reported, “He was on familiar terms with its directors and was well aware of the fact that this company owned a large tract of idle land on Marquam Hill”²⁴ (p. 9). He persuaded them to donate the land; it was deeded to the University, and a part of Mackenzie’s dream was realized. Raising money for the buildings was a more difficult enterprise. The \$35,000 annual allocation from the university and the legislature only covered ongoing expenses at the inadequate facility on Lovejoy Street.

The 20-acre tract on which the medical center was to be built had a colorful history. It was part of a larger piece of property originally purchased in 1883 by the Oregon-Washington Railroad and Navigation Company. The property was to become a depot and machine shop. Legend, but not fact, has it that the directors, who did not live in Portland, made the decision to locate the depot and its supporting facilities on Marquam Hill using only a map. Dickson said,

It was quite a shock to these men when they came out west to survey their new acquisition, for railroad companies have no use for hills. Of course they kept it, but in their estimation Marquam Hill was just another white elephant.²⁵ (p. 4)

The tract was surrounded on the upper side by property owned by Judge Perry Marquam and on the lower section of the hill by property owned by James Terwilliger and Sam Jackson. Marquam intended for his 298 acres to become a fine residential area, which it did.²⁶ The property owned by Terwilliger, who had been a blacksmith, was divided between residential and public spaces. In 1924, the family of Sam Jackson deeded the 88 acres adjoining the medical school property to the university. Originally known as Sam Jackson Park, it was to be kept in a natural state until such time as the medical school needed it for future growth.

Although building a medical center would prove to be a formidable challenge financially, it was not an unreasonable idea politically. In 1914, the UOMS was the only medical school “...west of Denver and

north of San Francisco to offer a full medical course”²⁷ (p. 12). And a gentlemen’s agreement existed in which Portland would have the medical school, and Seattle and the University of Washington would have the *Northwest Medical Journal*. This allocation of scarce resources in the sparsely populated Pacific Northwest undoubtedly made good common sense. And thus, Dean Mackenzie set out to raise the money to make the medical center a reality.

The first building to be constructed was the medical school. The legislature made a grant of \$110,000; private donors contributed the rest with the majority of the funds coming from prominent Portland citizens. The three-story, reinforced concrete structure was completed in 1919. In 1923, Multnomah County Hospital was completed and an additional unit added to the medical school. Additional buildings were added, each with their own story of intensive fundraising by private citizens to supplement state appropriations. The city was behind the medical center and its activities, a state of affairs that would serve and continues to serve the School well.²⁸

The Multnomah Hospital Training School: The Move to “Pill Hill”

With the completion of the new county hospital, the Multnomah Hospital Training School for Nurses had a new home—Marquam Hill. And the students were involved in hospital life from the very beginning. On August 29, 1923, within a period of four hours, 100 patients and all the equipment were transferred from the site at Second and Hooker to the new facility. This rather phenomenal venture was organized by Mrs. Jones and Dr. Harry R. Cliff. They were assisted by Mrs. Rose Weeks, superintendent of nurses and by the students and staff.²⁹

Until 1927, when the first nurses’ home was built (later named for Emma Jones), students lived on the third floor of the hospital itself. And for several years graduation services for these students were held in the major surgery area. Dickson said, “... graduating seniors filed in from the adjoining doctors’ and nurses’ scrub rooms. It is difficult to imagine a more impressive setting for this ceremony”³⁰ (p. 25).

The commencement program for the 1926 class suggests the ceremony was quite impressive. Beginning at 8 p.m. with the processional, the ceremony included vocal and violin solos, a male quartet, an invocation and benediction, addresses by Dr. H.C. Bean

and County Commissioner Erwin A. Taft and the presentation of diplomas and pins. After a formal recessional, guests were invited to a reception lasting from 9 p.m. until 11:30 p.m. Seven young women graduated in the Class of 1926. They were: Ida Augusta Witt, Aura Wood Johnson (Neely), Margaret Minnie Burnie (Fox), Marjorie Valorain Nickels, Louise Marie Hagen (Arneson), Marian Tarbell Johnson (Tichnour) and Esther Evelyn Wickman (Gray)³¹. Of the seven graduates, three were original Multnomah Hospital Training School students; four were transfers from the Sellwood Hospital school, which had closed.

No written descriptions of the curriculum leading up to this graduation ceremony exist. Oral histories from Aura Johnson Neely and Margaret Burnie Fox, both of the Class of 1926, provide the following information. Physicians provided most, if not all of the lectures. Nursing practice was taught by Mary Louise Wiley, the former superintendent of Sellwood Hospital. Her description of MCH as a new, modern facility and her presence at MCH prompted the students to select the School rather than one of the other programs in the city. By this time there were also head nurses who probably participated in the teaching of students. As well as providing comfort care and treatments, students were responsible for scrubbing patient units between occupants and making most of the hospital's supplies.³²

Mrs. Fox related that although their transfer to the School had been arranged without any loss of credits, she and her classmates were not immediately trusted to provide the level of care expected from the Multnomah Training School students. Wearing their pink checked Sellwood uniforms for two months while their grays were being made, the Sellwood "flower girls" were assigned with a "county student" to a patient care assignment. We must assume they successfully made the transition to a county student because all four of the transfer students not only graduated, they graduated on time.³³

Students worked split shifts providing morning care to five to seven patients between 7 a.m. and 11 a.m. They then had lunch and attended classes at the medical school or in the hospital until 4 p.m. At this time they returned to the wards until 7 p.m.

Both Mrs. Neely and Mrs. Fox reported they had at least one day a week off and an occasional weekend. The increase in time off from one-half day a week in 1910 to a full-day off in 1923 was the result of a larger national campaign in 1919 to improve the conditions under which student

nurses were trained.

The pioneering work, *Fatigue and Efficiency* (1912), by Josephine Goldmark, which addressed the issues pertinent to the protective legislation prevalent in industry, was widely cited by nurse educators for its applicability to the working conditions of pupil nurses. While considering everything from personal hygiene of the pupil and the deleterious effects of high collars on breathing and speech to the organization of the school and hospital as a whole, a major concern for pupil's health was the length of the day and the number of days worked. Nurse leaders believed that if they could gain control of the student's day, they could change the concept of student as worker to a concept of student as learner.³⁴ The response of Oregon nursing schools appears similar to that reported in the general nursing literature. Concerns for pupil health were acknowledged, but the costs to the hospitals to implement the needed changes were emphasized. After authority for student nurses' hours was assigned to the State Industrial Board in 1919, a 56-hour week became the norm. Repeal of protective legislation does not appear to have adversely affected the pupil nurse's life because the reports of both Mrs. Neely and Mrs. Fox were generally consistent with a 56-60 hour week.³⁵

As in earlier reports, both Mrs. Neely and Mrs. Fox spoke of close associations with the interns who were at the hospital. There were ice cream sodas, and help sneaking in and out of the nurses quarters when necessary. Help may have been necessary more often than not, because Mrs. Jones lived in the hospital in an apartment on 2 Center next to the infirmary. Known as a woman who was all business, students perceived that Mrs. Jones ran the hospital carefully and their lives in conformity with principles of propriety. Examples reported by Mrs. Fox included being lectured about being more careful after breaking a thermometer, and a description of the meal service at Multnomah County Hospital. A formal affair, Mrs. Jones sat at the head of the table; Mrs. Wiley sat at the foot. Students were not allowed to leave the table until Mrs. Jones excused them.

On their days off, students often went home or traveled downtown to shop. Transportation was by streetcar or an eight-person touring car that would drop them downtown on its way to the county poor farm where it delivered discharged patients. Both Mrs. Neely, who often went home to eat fresh lemon pie, and Mrs. Fox related that their parents often accompanied them back to the foot of the hill, waiting until their

daughters climbed the several hundred steps (approximately 600) back to the hospital.³⁶

By 1928, students had organized a student government. Congruent with Mrs. Spaulding's initial vision, its purposes were to: "...form a more perfect training school, to maintain order, to establish justice and to create a feeling of fellowship that may influence us in our wide field of service to others"³⁷(p. 2). There was an elected Honor Board to deal with infractions of the "Standing Rules" of the School. While there was still great concern for lights out, sleeping when one had worked nights, and clean rooms, there were also changes reflecting greater flexibility in requirements for how one spent one's free time. Saturdays were regarded as "Open House," there was a parlour for recreation and entertaining, and professional conduct with medical students and interns was only addressed as a function of interaction in the hospital. This carefully worded section of the rules must have been useful when students needed to arrive late at the residence and find a window to get in.

Both Mrs. Neely and Mrs. Fox had long and productive careers in nursing. In many ways they were not atypical of the time. They retired when they married, expecting to stay at home and raise their families. Personal and professional factors intervened, and both returned to the work force where they served as leaders; Mrs. Fox at MCH, Mrs. Neely at the State Board of Health.

In 1926, most graduate nurses still sought work as private duty nurses. When Margaret Burnie graduated in 1926, she was selected by Mrs. Jones to become a head nurse and to initiate a new men's surgical unit on 3 West. She lived in the newly completed nurses residence, Emma Jones Hall, until her marriage to Charles Fox in 1931. At this time, she was required to resign her position as head nurse because Mrs. Jones, a widow, did not allow her head nurses to be married. Mrs. Jones' position proved to be short-lived; she recruited Mrs. Fox back during a nursing shortage in 1933 or 1934. She was appointed as the head nurse on 2 South and 2 Center, where she remained until the birth of her daughter in 1935.

In 1942, the nursing shortage caused by World War II brought Mrs. Fox back to MCH once again. This time she remained until her final retirement in 1969. Recruited by then director Katherine Sears, Mrs. Fox worked briefly on 3 West then moved to the nursing office where she was the assistant director of nursing for Miss Sears, Roberta Mitchell

and Gale Rankin ('48). Her organizational skills were clearly valued by the hospital administration, but it was her caring attitude that later students remember. She could always find a place for them to do "service time" to earn that elusive spending money or gain the experience they needed.³⁸

Aura Johnson Neely ('26) wanted to travel and to further her education in maternity nursing upon graduation. She took a position in a 10-bed maternity home in Forest Grove and started to save her money. She returned to the East Coast where she had been born and enrolled in a six-month post graduate course in obstetrics and gynecology at Woman's Hospital in New York. After completing the program she worked as a night supervisor in Fitchburg, Massachusetts, until her family drove across country, picked her up, and she accompanied them home. For a short period of time, she was in charge of obstetrics at MCH. A shortage of help proved detrimental to her health, and she resigned. A short, five-year marriage during which time she volunteered for the Red Cross left her a widow, and she returned to active nursing.

Mrs. Neely obtained a position with the State Board of Health. Her duties included interpreting the federal regulations just promulgated for the licensure of hospitals, maternity homes and nursing homes, and monitoring institutional compliance. The position suited Mrs. Neely well. She traveled the state from Tillamook, to La Grande and Drain. A member of a multi-disciplinary team, she found her work stimulating. She attended national professional meetings, seminars in Washington, D.C., and did additional course work in Michigan.³⁹

As related in the accounts of the first superintendent and the early directors of the School, these were women who had high expectations for themselves, the students and the School. Students like "Jakes," Mrs. Fox and Mrs. Neely did not disappoint them. Each was a highly successful nurse exerting leadership in a variety of situations.

The circumstances surrounding World War I provide one explanation for the reason that baccalaureate education as it developed at the University of Minnesota did not become the initial model at the University of Oregon. With Miss Phelps' absence, the more prevalent Teacher's College model would have greater familiarity and perhaps comfort to the supporting members of the community and faculty at the Portland School of Social Work. And, Mrs. Jones' position on collegiate nursing education remains an unknown. Shirley Veith, a nurse educator, argues that physicians were threatened by baccalaureate

education because it blurred the practice boundaries between medicine and nursing.⁴⁰ If Mrs. Jones believed diploma education was the appropriate model for nursing, she was not alone—she would undoubtedly have found physician and community support as well. While it is likely the decision to continue the diploma program and begin a separate “graduate” program was the result of many factors, it is probable Miss Phelps’ absence was a key determinant in the process.



Maybelle Jacobs
"Jakes" Emerick
Student, 1917



Grace Phelps, R.N.
Chief Nurse,
UOMS Base Hospital
France, 1918

***The University of Oregon
Extension Division,
Portland School of Social Work:
1920-1932***

When World War I came it donned Portland with a Public Welfare Bureau with the well-prepared social worker, Amene Depery, as case work supervisor; a long established Visiting Nurse Association with Marion Crow[e] as Director; an Oregon Tuberculosis Association with a broad public health nursing program throughout the State, of which Mrs. Saidie Orr Dunbar was Director; a Portland Center for the University of Oregon, of which Dr. George Rebeck[Rebec] was the Dean; and a well-developed and forward-looking Extension Division, the Dean being Mr. Earl Kilpatrick¹ (pp.1-2).

Miss Thomson Arrives

It was this dynamic group of people and programs that Miss Elnora E. Thomson joined in 1920, when she accepted the directorship of the public health nursing program at the University of Oregon's Portland center. Miss Thomson fit right in. Her experience was broad, and she enjoyed new challenges. In 1947, Elesa Simonson submitted a bachelor's thesis to the department of nursing education titled, "A Great Personality, Elnora Thomson."² As part of her data collection, Simonson interviewed both Miss Thomson and Mrs. Sadie Orr Dunbar.

Miss Elnora Elvira Thomson was born in Illinois on November 4, 1878. The child of affluent parents, her early education was in private schools and with tutors. Because of her mother's illness when she was 16, she abandoned her plans to attend Wellesley College. Instead she completed the Wellesley curriculum with tutors. After making her debut at 18, she became interested in psychology and completed the Harvard psychology curriculum using the assignments sent to

her by a friend who was enrolled in the Harvard program. William James, who was a professor at Harvard during this period, corrected some of her assignments. Miss Thomson said: "It was at this time that I went to see my sister, who was expecting a baby. I had never seen a wee baby, and I was more interested in books than newborn infants" (p. 7).

About the same time as her sister's delivery, Miss Thomson had two experiences with acquaintances who were ill. This series of incidents convinced Miss Thomson of her "...inadequacy for meeting life's situations. I kept thinking how unquestionably well the nurse [her sister's nurse] would have handled this last situation, and began to think of nursing education for me" (p. 6). After a brief visit with her sister's nurse, Miss Thomson found herself accepted into the school of nursing at Presbyterian Hospital in Chicago. A nursing leader was in the making!

After a summer institute for public health nurses in 1919, Mrs. Sadie Orr Dunbar returned to Western Reserve to recruit a nurse faculty member for the permanent offering of courses at the Portland School of Social Work. She related:

This time none of their faculty was interested; the work was too pioneering. So the NOPHN (National Organization of Public Health Nurses) referred me to the Civic and Philanthropic Society in Chicago; it suggested one of its staff members, Elnora Thomson. I went up a winding stair to find her. She was short, gray-haired, enthusiastic and cordial. My suggestion that she come to Oregon to give a refresher course to nurses was like a bolt of lightning out of a clear sky. Because of her family solidarity, she hesitated. She had just returned from a year in Italy where she had assisted in organizing public health nursing, and she disliked leaving her mother, whose health was frail, but she did not completely discourage me. We had correspondence regarding the details. She wrote she was eager to try a creative job. She came.

People liked her. She was skilled at establishing good relations. She was congenial and made friends easily. Gradually she built up a professional leadership in the State (p. 8).

When Miss Thomson arrived in Portland, she came on loan and to what appears to be a part-time position. She was also responsible to NOPHN. She found herself an integral member of a bustling institution. The Portland Center offered a wide variety of courses in liberal arts, sciences, fine arts and professional studies.

The Portland School of Social Work was part of this latter complex. Throughout the bulletins describing the School of Social Work (1919-1930), the cosmopolitan nature of the city of Portland is stressed, suggesting that the training received would have sufficient breadth to prepare the student to cope successfully with "...practically all of the social problems of a modern city"³ (p. 2). Later bulletins in the series present a stronger position, stressing the necessity of training in the West if one wished to work in the West. From the beginning of its offerings the public health nursing option recognized the need for rural field experience. Publications of the center suggest that as other programs within the school realized the needs of Oregon's rural population, the strong sense of a western approach to preparation became a strength of the school.⁴

The First Class and Program of Study

Twelve students were admitted in the first class in 1920. The program, which was nine months long and culminated in a certificate, included the following course titles: (1) Principles of Public Health Nursing, (2) Applications of Preventive Medicine in Nursing, (3) Hygiene and Sanitation, (4) Nutrition, (5) Practical Sociology, including Modern Social Problems, Social Work, Rural Social Conditions, Racial and Cultural Equation, and (6) Field Work in Public Health Nursing.⁵ (Complete course descriptions for these first theory courses are included in Endnote 5.) The course descriptions for the first course and for the field work are presented here as illustrations of the scope of the program and the influence of Miss Thomson's interests on the conception of the public health nursing option:

Principles of Public Health Nursing. Deals with the problems in nursing in poor families, and the measures to be followed in various types of families, including hygiene and preventive methods, and the handling in the home of acute, chronic or contagious illness. The relation of the district nurse to the physician, the health authorities, the public school, the hospital, and the various other co-operative agencies, municipal and philanthropic, will be considered, as well as the special problems of nursing in social service, industrial welfare, and the rural district (p. 31).

Field Work in Public Health Nursing. The field nursing in its various branches will be under close supervision of experienced visiting nurses. It will include visiting nursing of surgical, medical, maternity, and infectious cases. Time will be spent in the schools, in tuberculosis and contagious nursing, and in infant welfare work. Record keeping in the various branches of public health nursing will be a subject of special study. There

will be ample opportunity also for experience in rural nursing in its various branches (p.32).

The “Principles” course reflected the need for the public health nurse to understand how to cope with the very type of experiences that first drew Miss Thomson to nursing. As suggested in the language in the course descriptions, any woman who could work with families coping with diseases as well as with healthy families, relate to various public and philanthropic agencies, and be comfortable in an urban or rural environment would be well prepared for life. But it is the “Field Work” course that provides insight into real differences in this educational undertaking.

First, the supervision by skilled clinicians would ensure that students would be treated as learners, not staff as they were when students in their hospital diploma programs.⁶ The academic nature of the learning was stressed. These students, at the completion of their program would experience substantial autonomy in their work, necessitating a firm grounding in theory. They would manage a case load of clients with minimal physician support, would focus their practice on prevention and health education, and would practice in many settings where they might be the only health care provider. Supervision from an experienced visiting nurse meant these nurses could become comfortable in these new roles.

Second, the people who served as early supervisors for the field work would shortly be recognized as faculty. By the second year of the program, two additional nurses had been added to the faculty roster: Jane C. Allen, R.N., director, Bureau of Public Health Nursing and Child Hygiene, State Board of Health; and Marion G. Crowe, R.N., superintendent, Visiting Nurse Association, Portland. In 1922, seven nurses in addition to Miss Thomson and Mrs. Crowe served as faculty. They were field work supervisors; areas in school nursing, rural nursing, and medical social service were identified as well as urban public health.

Mrs. Sadie Orr Dunbar also joined the faculty in 1922. A non-nurse, special lecturer on tuberculosis programs, Mrs. Dunbar was also the executive secretary, Oregon Tuberculosis Association, and chairman of the Tuberculosis Committee of the Oregon Federation of Women’s Clubs. She was not only instrumental in recruiting Miss Thomson to Portland—she also funded the original nursing faculty positions that made the program possible. Miss Thomson related that, shortly after

her arrival in the fall of 1920, she was visited by the principal of Buckman School, who needed a school nurse. Four nurses served all the schools and were unable to provide the needed services. After discussion and study of the need, it was clear that a school nursing student placement would be useful. Once again Mrs. Dunbar funded the position, broadening the base for the public health nursing education program.⁷

Prominent Supporters

The schools would call on Mrs. Dunbar again for help. Beginning in the summer of 1922 and continuing through 1923, the public health nursing faculty provided health education seminars to the principals and teachers of Portland's schools. Convinced by what they had learned, that they needed school nurses on a regular basis, the principals, "in a body," asked Mrs. Dunbar to fund three more positions. She did. They promised not only to take over the funding of these positions as soon as possible but also to hire more public health nurses to school services. Miss Thomson reported this was eventually accomplished.

A prominent Portland woman with an extensive network, Mrs. Dunbar was an invaluable asset to the School. She was an early and constant advocate of collegiate education for nurses. Before and after WWI she corresponded regularly with Miss Phelps and local physicians to garner the necessary support. She funded most of Miss Thomson's work and facilitated the growth of the program. In recognition of her continued interest, the Oregon Tuberculosis Association (Oregon Lung Association) and the Oregon Federation of Women's Clubs established the Sadie Orr Dunbar Nursing Education Fund, which awards scholarships to collegiate public health nursing students. Mrs. Dunbar said of the fund, "It will endure, and I am grateful"⁸ (p.4). Several OHSU students have received the award, and faculty have served on the selection committee on a regular basis.

Although the Portland School of Social Work and the public health nursing option were flourishing, the desire to have a nursing program at the university's medical school was still alive. A series of letters in one of Miss Phelps' files suggests several proposals were being discussed at one time. Mrs. George Gerlinger of the University Board of Regents, who also worked with Miss Phelps prior to Miss Phelps' World War I experience, was now in correspondence with Dr. Frederick Kiehle. His goal in March of 1920 was to transfer control of the Multnomah Hospital Training School to the university's department of medicine when the

new facility was completed on Marquam Hill. Dr. Kiehle invoked former Dean Mackenzie's support for a school but was silent on the nature of the program. He said: "Several of us are particularly interested in arousing the proper interest among the Regents, and I have suggested to Mrs. Spaulding and Miss Phelps that they call upon you, and talk over with you the entire plan." At the time of this communication neither Mrs. Spaulding or Miss Phelps were employed by the School, but Dr. Kiehle thought it appropriate for them to present the "plan" to a university regent. In her response, Mrs. Gerlinger was also silent on what might be the nature of an appropriate program; she thanked Dr. Kiehle, agreed to the meeting and reminded him of her longtime support for the proposal as well as the support of university President Prince Campbell.⁹

On May 3, 1920, Dean Richard B. Dillehunt wrote Miss Phelps at the Red Cross, praising her interest and activities on behalf of professional nursing. He went on to express concern about how the medical school might cooperate to bring the "graduate nurses" of Oregon the education they desired. To this end, he asked Miss Phelps to chair a committee made up of Miss Jane V. Doyle, also of the Red Cross; Mrs. Spaulding, who was then at the Portland Women's Hospital; and a Ms. Campbell and Mrs. Emma E. Jones of Multnomah Hospital. The committee's task was to:

...investigate and formulate plans for the possible coordination of Medical School activities with nursing activities looking forward to eventually incorporating into the function of the Medical School that of training nurses under the highest standards available.

Miss Thomson was noticeably absent from the committee, despite the fact that the program described was intended for graduate nurses. Whether this was a deliberate oversight or whether Miss Thomson was unavailable or simply unknown to Dean Dillehunt is unknown. In a report to Miss Doltz in the 1940s, Miss Thomson said Miss Phelps and Miss Doyle informed her of their plan, which she found well thought out.¹⁰

Less than three weeks later on May 20, Miss Phelps had submitted a program proposal to the committee for their consideration at a May 29 meeting. The recommendation was for a "...School of Nursing and Health to be made a department of the University of Oregon Medical School." The elements of the proposal were: (1) a five-year program that resulted in the graduate receiving a degree from the University of Oregon and a diploma from the hospital school; (2) a free-standing

diploma program for high school graduates; and (3) certificate programs for affiliates from smaller hospital schools and for selected post graduate work.

All programs would be under the direction of the university; the Multnomah Hospital Training School would be the “nucleus” of the of the new school; additional laboratories would include the Visiting Nurse Association, Open Air Tuberculosis Hospital and other agencies needed to meet the standards set by the then National League for Nursing Education. Suggestions for private and philanthropic funding were made. The proposal was approved and submitted to Dean Dillehunt on June 17, 1920. There is a gap in the correspondence until January of 1921, when Miss Phelps, who was at that time president of the Oregon State Graduate Nurse Association, responded to University President Prince Campbell that she would be only too happy to talk with him about the “...training of nurses with the University School of Medicine.”¹¹

Although additional records of the transactions are not available, we know that formal changes in control of the Multnomah Hospital Training School or the public health nursing program of the Portland School of Social Work did not occur until 1932. Miss Thomson suggested the issue was one of insufficient funding.¹²

Miss Thomson related a wonderful story about the first nine students who finished the certificate program in 1921. The certificates were to be awarded at commencement at the university. There was no prescribed regalia for certificate students, and the issue of dress for this first class was the subject of much discussion. White caps and gowns were chosen. Not readily available, they had to be made and paid for. Of course there was no money in the budget, and private funding was sought. It was secured by Mrs. Fanny Frank, another prominent Portland woman active on the board of the VNA and longtime friend of public health nursing. Miss Thomson related about the gowns, “...when worn in the academic procession at Eugene, aroused much interest and comment. There was feeling that probably this was a new kind, a very special Dr. of Philosophy regalia.” Miss Thomson went on to say, “Mrs. Frank continued her interest in public health nursing education and in her will remembered the department with a bequest of a fund to be used for scholarships or loans”¹³ (p. 4).

According to a record of graduates from the department of nursing education files, eight students qualified for certificates in 1922, and two

students attained the B.S. degree. Candidates for these early B.S. degrees had completed two full years of college, were registered nurses, graduates of accredited training schools, and had successfully completed the year-long course at the School of Social Work in public health nursing. In all, five B.S. degrees were awarded in 1922 and 1923. Three of these degrees were awarded to women who took positions in New York, Kentucky and Washington; the other two, Marion Crowe and Helen Hartley, were leaders in Oregon nursing.

The difference between these early graduates and those from the five-year baccalaureate program initiated in 1926 was that the first graduates were already nurses. While it is possible to argue that the fact that there were baccalaureate degrees awarded in 1922 means that 1922 should be the founding date for the School, an alternative argument is more plausible. That is, it was the purpose of the proposal presented by Miss Phelps and accepted by the university that the university offer a collegiate program that would prepare students for entry into the practice of nursing as well as provide post-graduate training for nurses wishing to make career changes. This multipurpose program, which began in 1926, is commonly accepted as the program constituting the founding of the School as we know it today. The data support this assertion. Confusion, where it exists, is most likely associated with the availability of alternative credentials from the university such as the junior certificate and the diploma from the Multnomah County Hospital for non-university students. Documents used for a variety of purposes over the years counted students differently, leading to the confusion.¹⁴

Perusal of the bulletins of the Portland School of Social Work, like Miss Phelps' report to Dr. Dillehunt, illustrate the extent of the dilemma about the appropriate preparation for nursing that existed in the early 1920s. Women's roles were changing. Young women were entering the work force in large numbers, at least until marriage. Increasing urbanization and industrialization meant new social problems as well as new health. The settlement house movement, the Shepard-Towner Act, other protective legislation, and the work of Lillian Wald and Mary Brewster at Henry Street suggested new roles for nurses in community health, industrial nursing and public health nursing.

Oregon wanted to respond to the need and opportunity presented by this changing society. At issue, however, was the lack of high school women qualified to enter college or nurse training programs, the disagreement about whether nursing was the base for college course

work or college course work was the base for nursing, the desire of medicine to control the preparation and practice of nursing, and the lack of a clear delineation between the practice of nursing and social work. These factors probably prompted the multiple program approach because it would allow young women more opportunity to enter the field and pursue diverse goals.¹⁵

The public health nursing program at the Portland School of Social Work underwent a number of changes during the years from 1922 to 1926. Course work was expanded, but admissions were still limited to 15 students to accommodate the need for strong clinical supervision in field placements. Public health nursing students and social work students took many of the same courses; all belonged to the Social Workers' Association of Oregon. Miss Thomson and her associate Miss Hartley taught students across both disciplines; community volunteers were trained; and a second year of course offerings for nurses with previous public health experience was available. This course work included advanced public health nursing theory and field work, courses in research, statistics and graphic representation, and mental hygiene. This blending of public health nursing and social work would persist in public and community health nursing courses in later baccalaureate nursing education, although it would be called into question at periodic intervals when competition for jobs was high and when both groups were seeking recognition in institutions of higher education.¹⁶

The Five-Year Curriculum

When the five-year curriculum was introduced in 1926, it was described as follows:

As there are many opportunities in nursing for the woman who is well prepared, and as such preparation means professional education of a high order, the University is this year offering a five year course in nursing which leads to the Bachelor of Science degree from the University and prepares the student for nurse registration. The first two years of this course will be given on the campus at Eugene, followed by two years in a hospital school of nursing, with the fifth year an elective in Public Health Nursing, Hospital Administration, or some other special type of nurse education¹⁷ (p. 8).

Several of the women who had been instrumental in bringing the initial post-graduate and five-year programs to fruition were still in positions of influence and able to be of assistance to the newly-

configured program. These women included Mrs. Gerlinger, who was a member of the executive committee of the Board of Regents and Mrs. Frank and Mrs. Campbell, who were members of the Advisory Board to the School of Social Work. And Mrs. Dunbar, still executive secretary of the Oregon Tuberculosis Association, was not only still funding the school's assistant director position—she had joined the regular faculty with the title instructor in community organization. The combination of public and private support was used as an effective argument in Miss Phelps' and Miss Thomson's petition to the Rockefeller Foundation for monies to build a nurses residence, Emma Jones Hall, that allowed student nurses from around the state to affiliate with Doernbecher for pediatric nursing. Both Miss Thomson and Miss Phelps saw these affiliations as a way to positively influence the public health of the state.¹⁸

Also of interest in the correspondence filed with the proposal to the Rockefeller Foundation are a series of letters from Miss Phelps and Miss Thomson to Adelaide Nutting and other nurse educators of note. These letters stress how different it is to organize a collegiate program in a state that is long on beauty, short on people, and has expectations for roads, schools and institutions more prevalent in more densely populated regions. It was their hope to establish an independent school similar to Yale or Western Reserve. They appear to have sought counsel from Miss Nutting and Annie Goodrich as they tried to solve the problems associated with their Oregon location and their eastern expectations.¹⁹

The faculty roster introduced the 1926 bulletin. Brief resumes were included demonstrating the depth and breadth of faculty experience available to students. Miss Thomson's entry is most impressive.

Elnora E. Thomson, R.N....Director of Public Health Nursing One time Executive Secretary, Illinois Society for Mental Hygiene; one time Director, Public Health Nursing Course, Chicago School of Civics and Philanthropy; Member, American Red Cross Tuberculosis Commission to Italy 1918-1919; Vice-president, American Nurses Association, 1922; Member, Board of Directors, National League for Nursing Education, 1922; member, Board of Directors, National Organization for Public Health Nursing, 1922; Director of Public Health Nursing, Portland School of Social Work, 1921-23; Director, Far Western Extension Office, American Child Health Association, 1923-25; Director of Nursing Service, Marion County Child Health Demonstration, 1925; Director of Public Health Nurse Training, 1925-(p. 4).

Other regular nurse faculty supporting Miss Thomson included Miss Crowe of the VNA, Pauline Knudsen, R.N., a school health nurse, and Cecil L. Schreyer, R.N., supervising nurse at the Portland Free Dispensary. Bess Brown, B.A., R.N., who had been educated at College of Puget Sound and Columbia University and who was currently a student in public health nursing at the University of Washington, was responsible for the five-year nursing course. Women like Miss Doyle and Miss Phelps continued their support for the programs serving as uncompensated “associate faculty.”²⁰

The Program Reaches Out

Along with the five-year curriculum, several changes in the post-graduate program were made explicit in 1925 and 1926. Each of these can be attributed to Miss Thomson’s leadership locally and nationally. She was on the boards of the American Nurses’ Association, the National League for Nursing Education, and the National Organization of Public Health Nurses at a critical time in nursing education.²¹

The first change involved nurses enrolling in the public health specialty and interested in the baccalaureate degree. These nurses “may be allowed one year of academic credit for her three years of nurse education if the school for nurses meets the standard number of hours of theoretical work of standard grade” (p. 7). Supplementary programs awarding academic credit for diploma school education were new at this time. They would become widespread existing until 1970 when alternative examination procedures would become the norm.²²

Second, clinical field placements with the Marion County Child Health Demonstration began. This early initiative of the Commonwealth Fund, devoted to improving the public health, was one of the first in which the nursing demonstration grant acknowledged the full importance of public health nursing in organized health departments. The 1925 bulletin states:

A notable addition to the list of co-operating agencies in 1925-1926 will be the Marion County Child Health Demonstration. The students in public health nursing will move to Salem in the spring quarter for intensive field work with this organization, supplemented by organized lectures from the many experts of national reputation who compose the staff of the demonstration. During this term they will continue to be under the personal supervision of the director of public health nurse training who is also director of nursing services for the Marion County Child Health Demonstration²³ (p. 8).

Third, students in all programs of the School of Social Work were told that a “western spirit” was dominant in the school and that this sense of the West would be of great value to them as they entered the work world and tried to understand the nature of their clients’ problems. The best example of the western spirit is the early inclusion of rural experiences to assist students understanding of the issues of resource access and distribution over vast expanses of geography.²⁴ Unfortunately, for the nursing program this orientation would be short lived, being lost when the School moved to the Hill and the control of the UOMS. It would not be until 1957 and participation in the Western Council on Higher Education for Nursing that the western school originally envisioned would again develop. And, it would not be until 1976 with the beginning of the EOSC campus that real meaning would again be given to rural nursing.

A fourth change, and one that would persist, was the gradual change from an extension program with part-time and late afternoon and weekend offerings to a full-time program. In 1925, students were told it was “inadvisable” to try to combine full-time study with even part-time employment; in 1926, while not forbidden, “inadvisable” was replaced with “impossible.” Contact hours were specified with a 3:1 clinical ratio with 16 hours required in the first year and 15 hours plus other courses required in the second year of public health nursing specialization.²⁵

In 1927, the bulletin elaborated the purposes of the first two years on the Eugene campus.

The two years are designed to accomplish two things. First, the courses have been selected with a view to their cultural value, equal to that of the customary freshman and sophomore years. Second, they have been arranged to provide the student with that special preparation which enables her to complete her hospital training in two years instead of the three, as in the usual hospital course leading to the R.N.²⁶ (p. 16).

The nursing program, under Miss Thomson’s leadership, was following the general pattern of nursing education recommended by the NLNE and popular in higher education. Lower division studies preceded the upper division major and in the cases of professional courses provided the base for a fifth year of specialization or graduate school. It was the thinking throughout the country that collegiate programs of this type would be useful in increasing a flagging interest in nursing by educated young women. Harriet Edna Osborn, who completed the hospital portion of her program at the St. Vincent training

school, is acknowledged as the first graduate of this program, finishing in 1929.²⁷

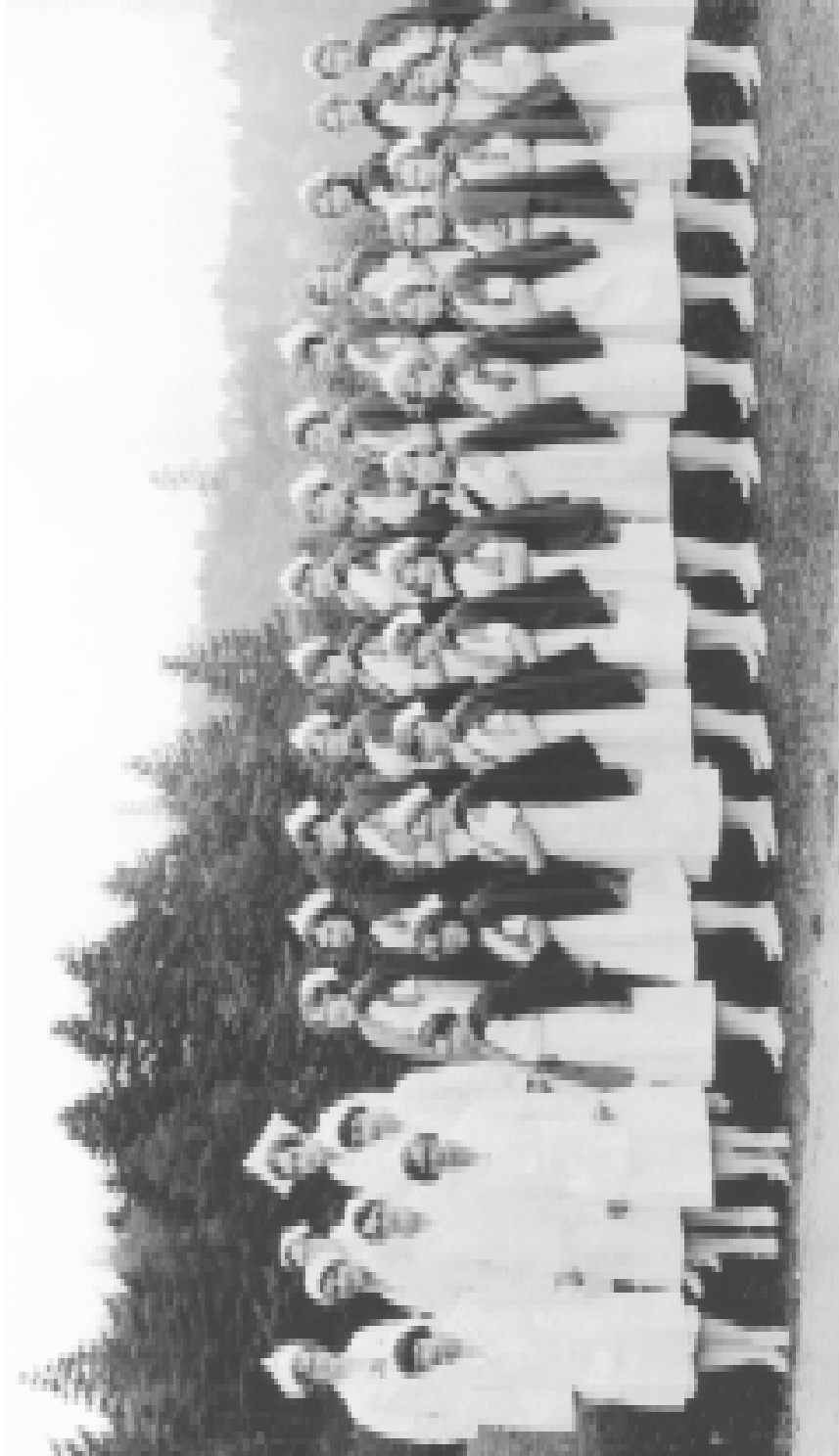
Some students would clearly remain exceptions to this pattern, seeking experiences that would result in options other than the baccalaureate degree. And funding would be available to them because so many nurses did not hold a university degree. Gwendolyn Johnson, who earned the PHN certificate in 1928 and who would later be employed by Miss Phelps at Doernbecher was one such person. Miss Phelps was invited to submit a candidate for one of six original Rockefeller Foundation Fellowships for faculty development. The fellowship allowed Miss Johnson to study with Miss Goodrich at Yale, gain supervisory experience in mental health in Rhode Island, and additional public health administration in Alabama and Harlem.²⁸

Experiences like Miss Johnson's and the desire to ensure that the program would serve as a statewide resource makes the immediate success of the five-year program difficult to evaluate. In 1928, a three-year "Certificate Course in Nursing for Students in Accredited Hospital Schools" was added. Duplicating many of the courses in the first two years offered in Eugene and providing theory in areas such as obstetrics; professional trends; psychiatric nursing; and eye, ear, nose and throat, it awarded up to 50 academic credits to these students. Whether the curriculum was initiated to provide placebound Portland-area students with the same opportunity as those who might move to Eugene or to provide Multnomah County Hospital diploma students with academic credit is unknown. The latter explanation is plausible because the 1929 and 1930 bulletins acknowledge the substantial contribution of UOMS faculty who were the primary teaching faculty in the county diploma school. The program was discontinued only two years later in 1930 when additional organizational changes occurred in the larger extension division.

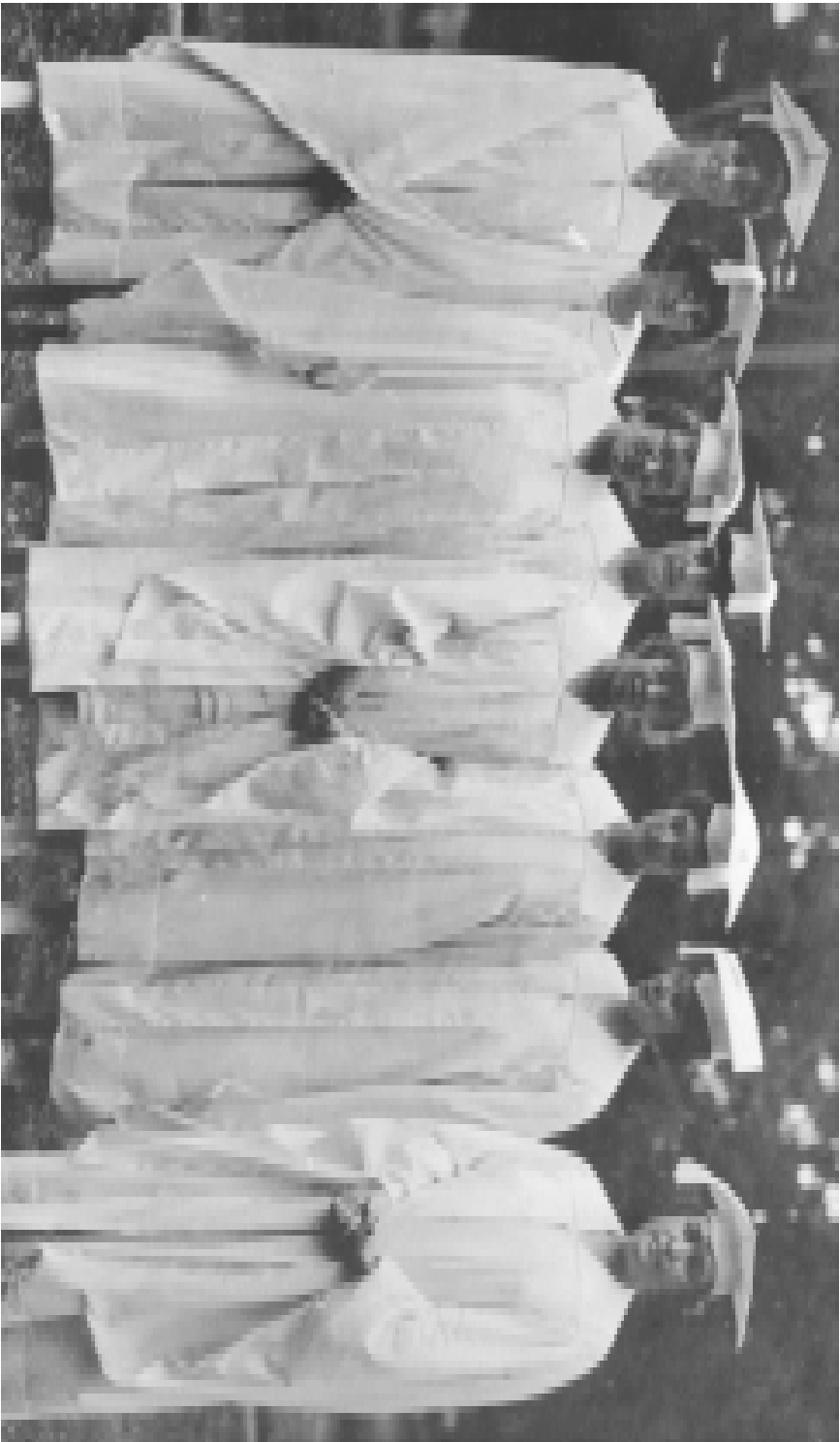
In 1930, the University combined the Portland School of Social Work with the Eugene School of Sociology into a single School of Applied Social Science with branches in Eugene and in Portland. More than a name change, the reorganized program had as its purpose exploring the relationships among teaching, research and practice to the "problems of the State of Oregon." Nursing and Health Education, under the leadership of Miss Thomson, director and professor of applied sociology, was one of five departments.

To accomplish its practice aim the new school planned to undertake a coordinated statewide program of health education, begin research programs in each department and move selected course offerings to graduate status as appropriate. It was Miss Thomson's hope at this time to move all nursing education into a single unit within the university. Miss Phelps would be made a member of the faculty with academic rank. As Miss Thomson said: "I feel that you and I together have made such developments as have already happened and that we shall continue to work together, you on the hospital end, and I in the outside promotion." Rosenwald Foundation support was solicited to fund the new School of Applied Science as a demonstration project for five years including funding for the department of nursing and health. At the time of the request, 124 students had completed the programs of the Portland School of Social Work. Sixty were nurses, showing the need and acceptance of the public health nursing program.

It does not seem likely that the funding request was successful because the changes that resulted in the School of Applied Social Science were not sufficient to sustain it through the next major reorganization of higher education in the state. Portland would be left without substantial collegiate program offerings until after World War II when Vanport College (now Portland State University) would be established. The fate of collegiate nursing education would again be debated as the state system was organized.



Full Uniform, Marquam Hill, 1931



Public Health Nursing Certificate Students University of Oregon Commencement, 1921

The Creation of a State System: 1930-1940

Introduction

Eugene—The revolt of the taxpayer, long rumbling, took form...It was as a taxpayer protective measure that the new bill won statewide support so stout that it went a flying through both houses.¹

It is not necessary that every university do everything. What ever is done should be done in the best possible manner. In every human institution projects and services have a way of staying on after their maximum usefulness is passed. Programs can be reduced. But they should be reduced by analysis from the inside.²

Rhetoric, such as that above, is common again today. In 1929, the need for statements like these can be attributed to the beginning of the Great Depression. But people in the West, especially those dependent on land and agriculture, had experienced the effects of a worsening economy for several years. The return to prosperity would be slow. And although Margaret Castlio, follow-up nurse for the Portland Veteran's Administration would find women in eastern Oregon coping well in 1932, she would also hear over and over that times were hard.³

Oregon had no income tax in 1929, deriving its revenues primarily from property taxes. Lack of revenue and the generally poor economy meant cost-saving changes in state institutions would have to occur.⁴

Higher education came under legislative scrutiny because of long-standing turf wars between the University of Oregon and Oregon State College (now Oregon State University). The solution proposed was a single, well-coordinated system of higher education. In

the analysis done to provide the structure for the new state system, the surveyors said: "During twenty years hundreds of pages of 'briefs' had been submitted at various times to the State Board of Higher Curricula by the University and the State College, each in defense of its own claims and in refutation of the claims of the other."⁵

The surveyors went on to lay out a series of recommendations that would assign programs (undergraduate and professional) to each institution based on their ideation of life careers and the essential knowledge base of each program. Additionally non-essential programs would be discontinued and the necessary authority provided to the coordinating body. Medicine and public health nursing were assigned to the University of Oregon because the surveyors believed those programs "resting essentially upon the arts, literature, and the social sciences" belonged at the university while those "resting essentially upon the natural sciences" should be housed at Oregon State College, the land grant institution. Program reassignment, such as this, is an example of a policy of the Board of Higher Education that has continued to have far-reaching effects; that is, the policy of non-duplication of programs.⁶

Three programs were slated for closure at each campus. Among those at the University of Oregon was the School of Applied Science in Portland, which included the degree and certificate work in nursing. The newly initiated five-year degree curriculum would be lost. In her master's thesis tracing the evolution of the basic professional degree program, Lois Abeltore Epeneter said several people interested in nursing, including University of Oregon Medical School Dean Richard B. Dillehunt, argued successfully for reassignment of all nursing programs to the medical school thus avoiding discontinuation of the five-year program. In what appears to be a supportive stance for the "graduate" options, *Oregon Nurse* reprinted excerpts from an editorial in *Women's Work and Education* suggesting that college graduates could now find interesting careers in nursing in public health, teaching and supervision.⁷

Creating the Department of Nursing Education

On March 18, 1932, Miss Thomson wrote Dean Dillehunt. She said:

As I understand it, through a conference with Dr. Parsons, and from the brief account I had of the reorganization of the schools of higher education

which appeared in the newspaper, all courses in nursing will now be in the medical school. May I digress to say that this seems to me a very desirable thing, for nursing is not an independent profession but is supplementary to the medical profession, and I would anticipate a sounder and more rapid progress for nursing in the Medical School than anywhere else, if it is possible for the Department of Nursing to have an independent budget. Otherwise, it would seem to me with all the needs and demands of medical education, which, after all, are more important than nursing education, it would be almost impossible to secure the necessary funds to carry on such education effectively. You doubtless have some very definite plan in mind and under such circumstances would feel free to disregard anything which I might suggest but under any circumstances, I felt sure you would like to have such thinking as I have done with the help of Miss Phelps on the subject of curriculum which is now in effect and of the budget for the Department of Nursing.⁸

One might ask what prompted Miss Thomson, who was president of the American Nurses Association at this time, to write a letter that today seems at best conciliatory and at worst apologetic, especially because we have evidence that Dean Dillehunt had long been interested in acquiring the collegiate nursing program. One possible explanation follows.

The exponential growth of diploma schools of nursing in the first two decades of the century meant that at the time of depression there was an oversupply of nurses. As the depression deepened many people were going without health care, prompting the social hygienists to increase their cries for more emphasis on prevention. Public health nurses were deemed the best providers for prevention and health education not only because of the access to the poor but also because of their education. Private duty nursing, the mainstay of graduate nurses, was also undergoing tremendous change as “staff nursing” was just being introduced. And nurses who had been trained in medically oriented hospital-based diploma programs found a need to go back to school to find employment in this rapidly changing health care system.⁹

If Dr. Dillehunt was to have adequate nursing staff for Multnomah County Hospital, he needed control of the new affiliate baccalaureate program.

Affiliate programs like that of the newly initiated five-year program at the Portland School of Social Work were becoming common.¹⁰ At the time of the reassignment, both the St. Vincent and Multnomah County training schools were involved as affiliates with the Portland School of Social Work. Both were productive sources of much-needed revenue.

In addition, Miss Thomson was also directing two certificate programs—the one in public health nursing—and a new junior certificate program.

It is therefore likely that Miss Thomson took this conciliatory posture thinking it most advantageous to all the programs that would be under her direction. Invoking Miss Phelps' aid, to try to obtain a separate budget in a time of financial exigency in the state was both logical and politically astute. Budgetary authority equaled control of student learning and support for adequate faculty and resources for the variety of programs under Miss Thomson's direction. Given that there were only 13 books on nursing in the medical school library in 1932 confirms Miss Thomson's concern that her budgetary needs were real. If her budget was to remain entirely based on student fees, she needed to maintain any and all program options open to her. However, the ploy did not work. The department did not achieve a separate budget until 1938.¹¹

Generally, an affiliate program meant that after a defined period of time on a college or university campus the student entered a hospital diploma program. Control of student learning between the university and the hospital varied considerably across programs. In most schools the balance was still toward the nursing service commitment. Much of the classroom instruction was done by physicians, and the clinical supervision was done by a few unit supervisors and more senior students. This pattern, much like Miss Thomson's comment to Dean Dillehunt, assumed that medical knowledge was dominant, and that basic nursing practice existed only to be assistive to the successful medical regimen.¹² It was only in public health nursing, Miss Thomson's area, or in the other advanced specialties that the social aspects of the illness experience were addressed. This teaching was done by nurses.

The first faculty of the department were appointed by the Board of Higher Education upon recommendation of the medical school in July 1932. They included Dean Dillehunt, Miss Thomson, Miss Phelps, Catherine Sylvia Bastian as assistant director of nursing education, and six physicians from the medical school and county hospital. All three of the nursing faculty were given academic rank, an uncommon position for nurse faculties. The appointment of Miss Bastian was also significant in that, up until the reorganization, the salary for her position had come from the Oregon Tuberculosis Association. It was to have been picked up by the university; transfer of the program to the medical school did not jeopardize this prior commitment.¹³ Although speculation, the financing of Miss Bastian's position may have served

as argument that the value of the nursing program was apparent and a separate budget unnecessary.

The Move to “Pill Hill”

As might be expected, the transition to a state system required much patience on everyone’s part. Curriculum change albeit minor was frequent to accommodate the movement of programs to new authorizing bodies and to more fully exploit the resources of new agencies. Despite original assignment to the university on the basis of the essential knowledge, by 1933, nursing students could be awarded the B.A. or B.S. at either the University of Oregon or Oregon State College.¹⁴

The junior certificate and a 45-blanket-credit policy were also available,¹⁵ and advanced specialty course work had increased. The junior certificate option in the department of nursing education served to strengthen diploma offerings for Portland based students. St. Vincent, Multnomah County and Good Samaritan hospital schools all used the option at one time or another. Students in this option took one full term in the department before entering the hospital portion of their programs and took additional didactic course work at the medical school throughout the clinical portion of their training. Pre-hospital courses included: Anatomy and Physiology, Drugs and Solutions, Elementary Chemistry, and Personal Hygiene. Other required courses included: Bacteriology, Elements of Pathology, Nutrition, Communicable Disease Nursing, Materia Medica and Therapeutics and Medical Diseases.

Advanced specialty options in orthopedics, obstetrics, and pediatrics were in place in addition to the offerings in public health nursing and offerings in Eugene. All clinical options had some focus on ward/hospital administration.

The structure of the baccalaureate program fulfilled Mrs. Spaulding’s 1914 dream. Whether or not it met expected standards for collegiate nursing education at this time is moot. The fact that it was organized as an affiliation program argues against the quality expected of collegiate programs as does the fact that degree and diploma students were mixed in classes.¹⁵ Degree students like Catherine Prideaux (’33) were graded on “Efficiency Reports” that valued in descending order “Punctuality, Interest, Deportment, Attention, Obedience, Memory,

Neatness, Conscientiousness, Thoroughness, Reliability, Observation, Manner, Practical Work, System, and Executive Ability.” She was also allowed to sit for the licensure exam (which she passed) and invested with membership in the Oregon State Graduate Nurses Association after completing the diploma portion of the program. However she would not attend the “First Annual Convocation” of the department of nursing education until June 1933 when she completed the fifth year and was eligible for the bachelor’s degree from the University of Oregon.¹⁶ For the students, messages were mixed and would continue to be so for years to come.

Several points illustrate the quality of the collegiate program. All emphasize the amount of control over student learning the department of nursing education had.

Students took two years of university and departmentally prescribed preprofessional and liberal arts course work at the university or the college. They then completed a three-month preclinical term in the department of nursing education at the medical school before attending the affiliating program of their choice. Students could attend programs at the Multnomah County or St. Vincent hospitals during the years 1932-1936; Good Samaritan participated from 1934-1936. These students’ earlier educational backgrounds were recognized by shortening the program and reducing the service component.

Theory courses were taught at and controlled by the medical school. The bachelor’s degree and a certificate in one of the clinical specialties or in a program at Eugene was awarded at the end of the fifth year. In a later National League for Nursing tribute Elizabeth S. Soule, Dean of University of Washington School of Nursing, confirmed Miss Thomson’s commitment to quality saying: “Miss Thomson’s ability to inspire others to do their best is reflected in the success of her former students and graduates who are to be found in all parts of the country.”¹⁷

Most of these students also completed a paper that was either titled a “seminar paper or thesis.” The state system catalog for 1931-1933 describes the thesis as a part of a departmental or school honors program. The project, which could be research-based, involved wide reading and “intensive specialization in one subject”¹⁸ (p. 31). Eleven volumes of these papers (1932-1941) are available in the OHSU library. Topics cover the spectrum of specialty preparation offered in the fifth year. A few were specifically directed to issues in rural nursing. The majority are reviews of the literatures with a few surveys, experiments

and essays included in the collection.¹⁹ Katherine Bisbee, whose paper “Role of the Public Health Nurse, Youth Problems” appeared in volume 7, 1936-37, wrote of her experience.

The first time this seminar, whose purpose, it seems, is thesis writing, met I dare say not over three students had an idea of their topic. As, one by one, it grew closer to announcing my choice, I made desperate casts for hungry ideas. Finally I had a nibble which seemed irrelevant at the time, in recalling an overheard conversation of two boys. They were talking of war; no, they didn't want to go but 'we'd go all right because people would expect us to go.'

The adult world places a multitudinous demand upon them, for adjustment, for learning, for meeting standards. We must admit that the rapidity of emphasis and the shifting scenes must present a bewildering front to youth. Have we as Public Health nurses who recognize the place of maternity and infant welfare, the school child, the ill, overlooked the opportunity in giving assistance to one of the most promising and valuable groups in the world? Have we missed an opportunity to educate this group in the practical importance of health, and consequently develop an understanding in our field?

The first time I blurted out this topic, it was very nebulous, but it developed itself into a real subject, in fact so much a real subject that I doubt my ability to handle it completely. It has, however, given me cause to think and it has been a fascinating subject on which to read. From my self-evaluation it has been most worthwhile; as for the literary efforts—that you may question²⁰ (Preface).

Theses were written for a course titled “Seminar in Nursing” that was taught by Miss Thomson. The course required two credits each term for an academic year. It probably grew out of an earlier seminar offering (1922-23) for advanced students in public health nursing, also taught by Miss Thomson, at the Portland School of Social Work. Miss Thomson valued scholarship as evidenced by her own publications. She also expressed on many occasions the need to assure that the affiliation program was one of quality. Creating a vehicle through the thesis for students to display their scholarship would encourage them and others to view the quality of the program positively.

Those studies concerned with nursing education and especially with the development of the program at the UOMS considered the concerns and issues important during this decade: raising the standards of nursing education programs; endowment for student education; characteristics necessary in student nurses, supervisors, and faculty;

the five-year curriculum; the need to consider the patient as a person; and thoughts on teaching and learning. Esther R. Scott said, for example, in introducing her paper, "Patients Relation to Society and its Importance in Nursing Education" (1936-37):

One of the most potent results of education is the knowledge that a man may benefit himself by serving society. This paper is written to show that the education of the student nurse would be enriched by the additional study of the relationship of the patient to society²¹ (Foreword).

The thesis continued as an integral part of the program until World War II when the program was once again shortened.

In 1934, a four-year option was introduced. This degree program (1934-1936) did not provide for the fifth-year certificate in an advanced specialty. The diploma was still awarded by the affiliating hospital school. By 1937, the four-year option only included one year on the university or college campus; necessitating a change in the degree structure. The student in the four-year program could only be awarded a B.S. degree. The 1937 catalog says strongly, the five-year program that resulted in the B.A. degree and the certificate was preferred.²² Both programs now required three full years in the department of nursing education with Multnomah and Doernbecher hospitals serving exclusively as clinical sights. The junior certificate was dropped when the affiliating schools no longer were part of the departmental program.

From 1938-1940 only the five-year curriculum was available; the B.S. was reinstated and awarded as well the B.A. It was during this period that Miss Thomson began to argue for student experience in the Out Patient Clinic. Associate director of the hospital and later dean of the medical school, David W. Baird's response was not favorable. He was skeptical that an outpatient experience would be useful to students, questioning whether the experience would be instituted "simply to fulfill some nursing requirement." And he wondered "What rearrangements are contemplated in the Hospital regime to compensate for the student nurses' assignments at another place?" Dean Baird further advised calling the entire Curriculum Committee together to discuss "future plans" and "your ultimate objectives," a model instituted and enjoying success in the medical school.

Miss Thomson responded resubmitting a revised 1936 plan with 10 objectives for student learning and inviting Dr. Baird to attend any Curriculum Committee meetings he could. She also assured him she had hired a faculty member, Maizie Wetzel, who had Out Patient Clinic

experience and would supervise students. With the exception of an undated agreement allowing graduate nurse students in advanced specialty work to use the clinic as a learning milieu, no more correspondence suggesting the resolution of the request exists. Epeneter reported that Out Patient Clinic experience for basic students was not available until 1952.²³

Regardless of the structure of the program or the negotiations for placements, students had some uniform recollections of the program. It was strenuous, and it was clear that work came first. Zoe Lauder ('40), a diploma student, says she never saw a whole movie during the time she was in training. Split shifts meant you were late for an early evening movie and an early curfew, and poor bus service meant you couldn't attend a late one. She remembers that it was more difficult to sneak in and out because Mrs. Jones and two other faculty occupied the rooms by the fire escapes in the residence and were ever alert to the noise of the door opening.

Lauder also reported differences she observed between degree and diploma students. She found the degree students less willing to help others get their assignments done, leaving the unit for class when assignments were incomplete (but not without reporting off) and less willing to do the mandated cleaning in the nurses' residence.²⁴ These differences made for some tense times for students but clearly exemplify the much deeper tension the School would continue to experience as it made the transition from a diploma school and affiliate collegiate program to a standard collegiate program. Nurses on units would be taken aback for years when students signed off for class and patient tasks were left undone. Hospital administrators and nursing faculty spent many hours sorting out education and service as they changed their thinking and the staffing to permit the School to become an educational institution.

Despite her problems on the Hill, Miss Thomson considered the degree option and advanced specialty course work a state resource. In his 1932 report to the state system, Dean Parsons of the School of Applied Social Science commented not only on the quality of the offerings and the interaction between faculty and students but also on Miss Thomson's ability to bring "...about a coordination and unification of the Portland schools of nursing as to length and content of courses and the quality of students on admission"²⁵ (p. 93). She extended this thinking to students who did not have the opportunity for schooling in Portland or who came to the university after award of the diploma. The

45-blanket-credit option was an attempt to balance quality nursing education with a flexible option for young women to achieve new levels of success in the field.

That Miss Thomson balanced her teaching and administrative duties as successfully as it appears she did is somewhat remarkable because she was also president of ANA from 1930-1934 and by virtue of this office an ex-officio member of the National League for Nursing Education and National Organization of Public Health Nurses boards. Added to the usual burdens associated with holding three national offices that included international travel were the facts that Miss Thomson was only the second president from the West and that this was the time of the depression when circumstances and travel were difficult everywhere. Miss Thomson spoke out on issues affecting nursing on a regular basis, providing her personal as well as an organizational perspective. It is therefore interesting to try to understand the dilemma she must have faced in a confrontation with Janet Geister.

Janet Geister, director of ANA headquarters, had come up with a unique plan to organize private duty nurses in independent group practices. They would provide community care under the National Recovery Act, lessening what for them were often lengthy periods of unemployment. However, Geister's plan would effectively lessen the control of public health nursing educators, because the further education necessary would be done through ANA rather than the universities. The organizing proposal also had the potential to move hospital nurses to the community, decreasing medicine's influence. A threat to most everyone in control, it engendered much emotional debate and ended in Miss Geister's resignation in 1933. In a column titled "Lessons from the Past," Lynne Hector (1995) commented:

Thus, in one fell swoop, Geister antagonized the powerful public health nursing groups as well as nurse educators and the entire board of ANA—which was eager and willing to embrace the American Hospital Association's proposals for hospital-employed and ultimately dependent RNs. Elnora Thomson in her ongoing statement as president in 1934 would comment Relationships with the American Hospital Association have been maintained in a most cordial manner²⁶ (p.19).

None of Miss Thomson's available papers address her personal position on Geister's proposal. She must have been ambivalent at best because she was sincerely concerned that nursing practice be elevated to the best level possible, and she was president of an association with

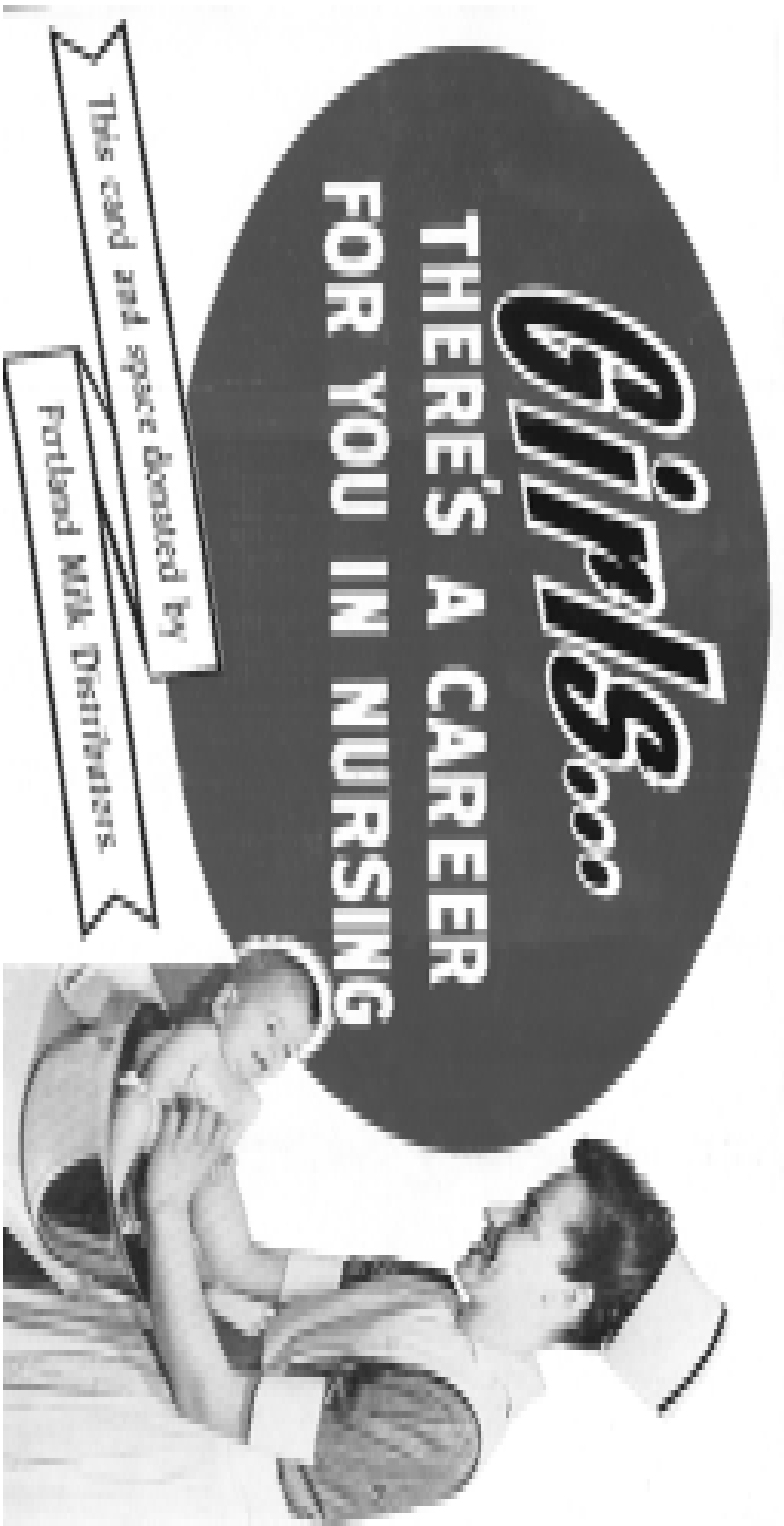
a large group of private duty nurses as members. Yet the plan negated the importance of formal education for public health and community nursing. On one hand she would have seen it as lowering standards; on the other it would provide another option for undereducated nurses to advance. Her professional response appears to have been pragmatic. New coalitions were necessary if the best possible future was to come about. The association response, aligning themselves with outsiders, suggests that they either found the plan flawed or poorly timed. Dean Elizabeth Soule of the University of Washington commented on this difficult period saying of Miss Thomson:

Her keen understanding of people and her disregard of personal criticism made it possible for her to secure active representation of all groups of the American Nurses Association on the Board of Directors. Her sound judgment and constructive leadership during a period of rapid changes contributed in great measure to the success of nursing organizations.²⁷

Miss Thomson remained active locally, nationally and internationally after finishing her second term as ANA president. For example, she chaired and served on committees of the Oregon Mental Health Society, on what is now the American Association of Colleges of Nursing, and on the 1939 national conference on "Children in a Democracy." She also chaired and served on a number of advisory committees for ANA including the advisory committee for the American Nurses' Memorial at Bordeaux France, the Joint Committee to Study Health Insurance and the program committee for the International Council of Nurses.

Miss Thomson's contributions at the School continued until her retirement in 1947. At that time she joined the faculty at the University of California, Berkeley. Considered a genius by some and remarkable by most, the student thesis by Elesa Simonson, "A Great Personality, Elnora Thomson," perhaps sums up Miss Thomson's contributions best.

This work...tries to show that a shy, sensitive, sheltered child can develop into a superior personality, great because it manipulated people and their environments so that fuller, richer living resulted. Another aim was to point out the power of motivation in shaping one's personality. She was motivated to be useful, and this urge dominated her. Had her aims, her desires run in other avenues, her personality traits might have been those of a selfish, self-centered, snobbish socialite, instead of a patient, purposeful, persevering leader²⁸ (p. 17).



Recruitment Advertisement for Nursing Programs in Oregon, 1940s. Student model is from UOMS Department of Nursing Education.

The War Years: 1940-1946

Hotel Winthrop, Tacoma, WA: January 11, 1940

Dear Olga, So you want to know all about this Army nursing...we have grand hours... Our work isn't difficult... The poor corps men do all the work... There are outside activities of all kinds. Since we are officers, we are permitted to ride the Army horses... As yet we haven't received our uniforms or shoes... Our chief is wonderful... Best wishes, Marguerite Clark¹

Introduction

The letter from Marguerite Clark, an accompanying one from Hazel Carter, and comments from alumni suggest military nursing was a good career. There was adequate staffing, the hours were good, there was life outside the hospital and a supportive supervisor. While things would change dramatically with the bombing of Pearl Harbor and the United States' entry into the war, in January 1940, U.S. Army life was good.

The military nursing scenario could not, however, be extended to the experience of people in general. Doris Kearns Goodwin, presidential historian, wrote that in 1940, America was in the eleventh year of the depression and that, while the worst was over, there was still 17 percent unemployment. Of those men and women who had jobs, most earned less than \$1,000 per year. Roughly one-third of all housing units lacked the now assumed necessities of running water, indoor toilets and tubs or showers. Over one-half had no central heating.²

In nursing, the transition from private duty to hospital staff nurse was occurring. The transition was not without pain as witnessed by Miss Thomson and the ANA encounter with Janet Geister (noted in Chapter III). Mary Roberts said that from 1935 until 1941 increases in social legislation through the New Deal, advances in medical science and the concomitant transfer of medical procedures to nurses meant that the art of

nursing was being lost as “nurses raced to keep up with the technical demands of scientific and often impersonal medicine” (p. 259). The advent of the war would not make these conditions any better. Susan Reverby reminds us that it would be during these years that underpaid and overworked nurses would move “farther away from the patient’s bedside” (p. 195) becoming coordinators of care, and although they would gain some unrewarded authority in the bureaucracy, they would also consider collective bargaining to redress wage and workplace conditions. An image problem would exist; the earlier oversupply would become a serious shortage as the “war” put a heavy strain on the system.³

The period from 1941-1945 was a time of tremendous change in the West. Significant amounts of federal funds flowed west in response to military needs. Western universities adopted new research programs. Aluminum plants flourished in the Pacific Northwest with its cheap hydropower, Henry Kaiser built a shipyard, and people in need of jobs followed. Richard White says Vanport (now Swan Island) “went from mudflats to a city of 40,000 people in just three years with the usual problems of inadequate housing and overcrowded schools”⁴ (p. 508). Although settlements like Vanport meant new learning experiences were available to students in public health nursing, for many students, “patients” in Vanport also provided a first contact with people of different racial, ethnic and cultural backgrounds.⁵

Capt. Fitzhugh Mullan, M.D., director of the public health history project, noted that the entry of large numbers of women into the work force during World War II initiated one phase of a sweeping social revolution in the nation.⁶ Hospitals were not exempt; they had to compete with more lucrative wage work available to women. Nursing students were in short supply.

At the department of nursing education, the Class of June 1942 found itself a class in transition. As Harriet McRay LeCours reported in their 1993 collection of memories, they had a “preliminary graduation” with one of the final classes of the Multnomah County School of Nursing in 1941 and their official graduation from the University in June 1942 after a year of further study.⁷ While they were clearly not the first students to receive the bachelor’s degree, they represented the new era; all course and clinical work was under the control of the department of nursing education in the medical school—affiliations with St. Vincent, Good Samaritan and Multnomah County were a thing of the past. This “tightening” of control over student learning would be very important to

the department in its later efforts to achieve a solid accreditation status and develop as an independent school.

1942 brought another change. America's entry into the war meant nurses were recruited in large numbers to active duty. Five members of the 14-member degree Class of June 1942 served in theaters in the Europe and the Pacific. They spoke of their service very matter of factly. Although at least one reported serving on Luzon and one at Utah Beach, no one reported being a prisoner of war.⁸

The enormous voids in the predominantly hospital-based workforce prompted several actions nationally. A massive marketing campaign occurred.⁹ The Cadet Corps was introduced.

The Cadet Corps

The United States Cadet Nurse Corps began in July 1943 under the initiative of the Bolton Act. Between 1944 and 1946 the Cadet Corps, under the direction of Lucille Petrie Leone, "oversaw the education of some 170,000 cadets, who constituted 90 percent of the total enrollment in nursing programs for those years and nearly doubled the number of nursing students previously enrolled..." (p. 165). The program was designed to eliminate nursing's image problem and make nursing attractive to young women who might otherwise enter other war-related jobs. To that end, it offered students "a free education," "a proud profession," and "an attractive uniform to make them a visible part of the war effort"¹⁰ (p. 167).

Significant attention was given to the uniform as a recruiting tool. Styled by a top fashion designer, Molly Parnis, students had both winter and summer or outside and inside uniforms. Described as "handsome," "well-cut" and "arresting" by various authors, they were meant to attract young women who might otherwise enter another branch of the service where the need was also great. Katherine Sears, then director of nurses at Multnomah County Hospital, found these uniforms "funny" and probably unnecessary trappings of war. But then she had a busy county hospital to run with only a few head nurses and students.¹¹

To schools, participation in the Cadet Corps meant money to significantly increase student enrollments to provide the necessary nursing service.¹² In Oregon, as in the rest of the nation, however, the response of college women to the Cadet Corps advertising campaign

had been limited. Stella Goostray, then president of National League for Nursing Education, stated that this would remain the case as long as programs were not intellectually challenging and disciplinary regime refused to recognize these college women were “mature adults.”¹³

The debate at the University of Oregon Medical School Department of Nursing Education around how to participate in the war effort and receive the much needed and available monies, participation in the Cadet Corps must have been difficult. The diploma program that had identified the School since 1910 had just been closed in favor of a baccalaureate-only program, so enrollments were down. The baccalaureate program was certainly challenging enough, but the pool of eligible women was small. Participation in the Cadet Corps could only occur if a diploma program was reinstated on a temporary basis to provide a larger pool of eligible young women to meet the requirements for an immediate increase in enrollment.

The Oregon Nursing Council, of which the department of nursing education was a member, used several strategies to attract students to both degree and diploma programs. One strategy, sponsored by local merchants like Lipman Wolfe and Co., was radio appeals. Homefront contributions of nurses in private duty, hospitals, and public health were recognized as a means of attracting those young women for whom active duty was not an option, but the emphasis was on the nurse in war.

Announcer: American women are writing a new page in the book of courage. As nurses with our armed forces they are facing calmly and bravely the violence of battle and the dangers of the jungle. Bombed out of their hospitals, they work quietly on under tents...in caves...under the blazing skies of the tropics. They represent in the front lines the mothers and sisters and wives of the men under their care. Their whole purpose is to bring comfort and healing to sick and wounded fighters, to save lives and to keep men fit. They are making history. Yet Miss _____, who is in our studio today, tells us they are only doing their duty, as they do it year in and year out, and that it is the circumstances that have changed.

Nurse: That's right Mr. _____. One of the first requirements in a nurse is courage; the nurse must be prepared for anything. She needs imagination, to meet the emergencies that are sure to arise. Intelligence is necessary, because the nurse today is a highly trained technician. She should also have a sense of humor, because she will encounter many situations that will try her patience. And I think that brings us back to courage again, for a real sense of humor is a sort of courage to meet the little trials of life.¹⁴

Miss Thomson and Miss Henrietta Doltz, who had been hired as a recruiter, tried other strategies. They traveled the state talking with

young women in colleges and high schools. They were responsive to Goosestray's comments about discipline and mature women even if their response was somewhat covert. Bernice Orwig Cochran ('46), who was a college graduate at the time of her recruitment, reported she was given a key to the residence because she was much older than her classmates, and it was assumed she should be able to come and go at will.¹⁵

And their assumption that young women with high school diplomas and uncertain career plans would be more likely to enroll materialized. As Shirley Franzen Schumann ('46), a member of this first Cadet Corps diploma class and long-time head nurse at the hospital, reported in a group interview:

I entered training right out high school, about 10 days after high school. I was accepted at Emanuel and at Good Sam, but one was in August and one was in September, and the one on the hill at Multnomah County was in June—so I decided to go in June. I didn't want to work that summer.¹⁶

When Mrs. Schumann made this comment, her assembled classmates roared with laughter. For work they did! Mary Roberts wrote that students in the participating schools provided 80 percent of nursing services. She said, "Such excessive use of student service...could be condoned only by exigencies of war" (p. 390).

Katherine Sears brought real meaning to the statistic when she recalled the non-survivors of the program: "Lots of them came in and about half of them left again when they found out they were not just going to sit around and hold patients' hands...they didn't know it was hard work."¹⁷

For most schools, the dollars associated with participation in the Cadet Corps constituted their first school-controlled monies requiring them to develop their first budgets. Miss Thomson had first requested a separate budget in 1932 when the public health nursing program moved to "the Hill" as a part of the creation of the State System of Higher Education. Originally denied, a separate budget was finally established in 1938, five years before the 1943 date reported by Leone. The fact that the UOMS department of nursing education obtained a separate budget when most schools did not have one may provide an indicator of its increasing status as an academic department of the medical school. The fact that a budget existed also supports the notion that the decision to reinstate the diploma program so soon after the decision to

close it was driven by the desire to contribute to the “war effort” and by the promise of additional monies that would contribute to a further increase in program quality.

Eleven hundred of the 1,300 nursing schools still in existence in 1945 participated in the Cadet Corps programs. All profited monetarily. For many, especially those in small towns, it meant they were no longer so isolated from mainstream nursing education. Curricula were revised, shortening programs by eliminating needless redundancies and requiring improved instruction. New concepts like psychiatric nursing were added to many programs. Teachers, supervisors and administrators were prepared. Nursing education was on the move.¹⁸

Many of the changes in women’s roles associated with this period in time would have far-reaching consequences. Winnifred deWitt Tyler (‘42) and Louise Cavagnaro (‘43) provided understanding of some of the issues involved in bringing about a beginning change in attitude in the nurse-physician relationship that occurred between 1939 and 1946. Tyler reported:

There was a change in the subservient behavior during the time we were in ‘training.’ When we entered (1939) all nurses were expected to pop to their feet whenever a doctor walked onto a ward. When we left (1942) the charge nurse rose as a courtesy to offer her assistance, and the rest of us kept on working. I don’t know what caused it, but I was very glad to see that foolishness put aside. We still had a long way to go to get rid of the ‘handmaiden’ concept¹⁹ (p. 49).

On her return to the Hill after serving stateside and in England, Ms. Cavagnaro recalled an incident with the chief of surgery and a group of nurses who were quite deferent to him. It seems the chief or a resident had cut a drainage tube too short so that there was a persistent leak and as a result an inadequate record of Intake and Output. The chief was quite angry at the nursing staff for their inability to solve the problem with the equipment at hand. When confronted by Ms. Cavagnaro with the statement, “Well the surgeon cut the tube too short,” the nurses were appalled that she would “talk back” to the head of service.²⁰ It seems Mrs. Tyler was right; change from the handmaiden status would be slow, but those nurses who learned to value their knowledge and experience in World War II would continue to push the cause of professionalism, bringing about steady change in attitudes.

Because of its strategic location on the West Coast, the faculty and students experienced the full impact of America’s entry into the war. Ms.

Cavagnaro recalled working the night after the bombing of Pearl Harbor. Makeshift blackout curtains were everywhere. She worked that night by flashlight and did so for a few more nights until the hospital could assure its compliance with blackout regulation. Other alumni told of walking home from evening shifts and feeling the isolation of walking on the totally dark streets of the Hill. And some remembered the fun of helping with bond rallies and parties for soldiers leaving for the front. As they talked about the difficulty and generally traumatic nature of being an “exploited” nursing student staffing a large county hospital, they all agree it was their initial war effort.²¹

Elaine Teutsch ('44) began her training in January 1942 less than one month after Pearl Harbor. She provided insight into understanding the helplessness students often felt as they learned when they could and could not confront authority. She described the fate of two Japanese-American classmates. Mrs. Teutsch reported that while she and her classmates considered themselves a close group, they did not question the sudden and unexplained disappearance of these two young women. She later learned they had been moved to an internment camp in Denver, Colorado, where at some later time they were allowed to attend another nursing program completing their studies.²²

Influences of the War

The intense activity and changing sensibilities associated with the department's participation in the war effort resulted in a fragmentary written account of the changes in the nature of the programs of the School in the years immediately preceding and during the war. Yet several significant changes occurred. They are listed here in as much detail as is available to illustrate their scope and long-lasting effects on the programs of the School. Alumnae Association activities supporting members who were in the military is reported in Chapter IX.

Students from the Class of 1942 came from a variety of college campuses around the state. Most appear to have had their degrees awarded by the University of Oregon or Oregon State University, but a few had degrees awarded by their respective “feeder” college. In a 1950 article explaining the closure of the diploma program, Henrietta Doltz commented that the School had direct agreements with several independent institutions in the state. The feeder college arrangement remains today making the School an important state resource.²³

The senior experience associated with the Cadet Corps originally shortened the total time in the department of nursing education program to two years and six months. The last six months involved experiences in any number of agencies and institutions throughout the state and region. Students found these experiences invaluable. For example, May Rawlinson ('43) recalls four months in the Medford area in a thriving public health agency. She had experiences in clinics of every variety and community development activities in Jacksonville. It was here and in her interactions with Miss Thomson that her interest in mental health nursing began.²⁴ The value of an intensive clinical experience was once again recognized in the 1950 degree curriculum revision. Although the curriculum would again be extended to three years at this time, the decision also included a three-month elective senior experience for enrichment.²⁵

The "redundancies" that had been eliminated in shortening the program were primarily associated with nursing service needs. Participation in the Cadet Corps program would make that very clear to nurse educators. Nevertheless, these patient-related and non-nursing tasks were still necessary to the service needs of the hospital. Rather than returning them to nursing curriculum in the 1950 revision, the department of nursing education supported the introduction of a new career worker the licensed practical nurse. Recognition of the need for nurses to be available for "delicate and intricate duties" meant persons with lesser training would be necessary to do "routine bedside nursing."²⁶

Miss Thomson would resign as director of the program, return to the faculty and receive yet another honor for her recruitment of students to the Cadet Corps.²⁷ Miss Doltz would replace her in the leadership position at the School.

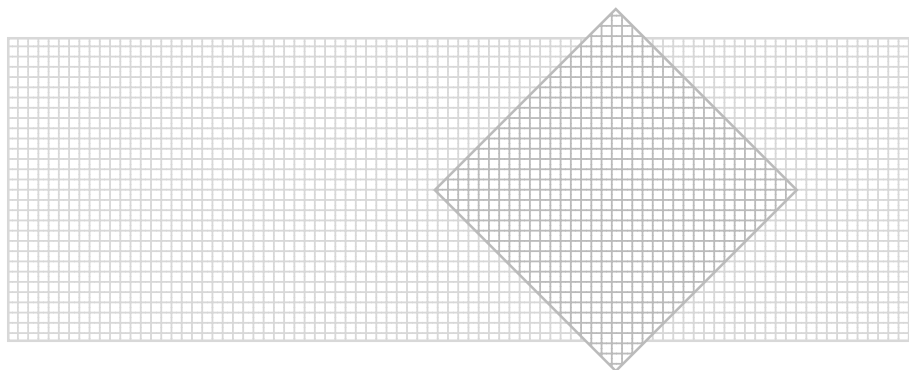
Miss Thomson's thesis program for the baccalaureate student would be waived in 1943 and finally disappear. Yet students from the Class of '42 recall it fondly because it provided them an opportunity to know Miss Thomson better. "She always served tea from a silver service and china cups at her seminar class" (p.12); and occasionally dozed off as "the droning voices continue...and when the droning stops, she rouses herself, smiles and says 'very interesting'" (p.21). Each student credits Miss Thomson with pointing them in the right direction and instilling a sense of the profession in the seminar class. Shirley Howell O'Connor ('42) reported she was offered a job in Washington, D.C., on the basis of her cutting-edge thesis work on occupational health nursing.²⁸

At least one graduate student would undertake a “circulating teacher program...in eastern Oregon and Astoria.”²⁹

Although not the norm in the nation, only one member of the Class of '46 would receive an official discharge from the military—and this only after they found her years later and recalled her for service during the Korean conflict.³⁰

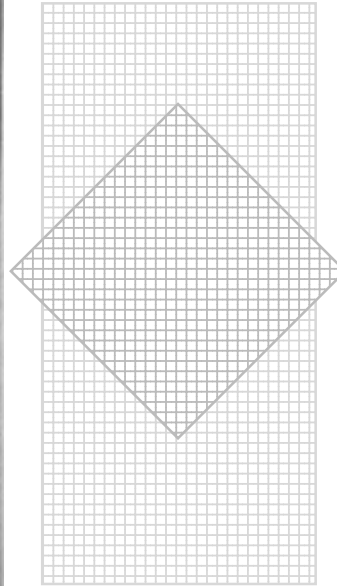
And finally, while students would leave school in 1941 and '42 to be married; students in the Class of '46 would be married while in school, and married transfer students would again be admitted. Miss Doltz reported that despite the School's official policy allowing married students, marriage was the biggest reason degree students provided for leaving the School. Married students would continue to be an issue for at least a decade. Whether the School's policy actually changed or was just put into practice in a negative way is unverifiable. Many alums reported being married during the last six months or year in the School. Larrie Noble ('63) remembered being told she was the first married student the School had accepted and then was treated punitively when she missed school to be with her husband who was in the hospital.³¹

In summary, these years were years that would provide the School with the data and experience that would allow it to confront its destiny as a degree program and to gain financial resources that would allow it to hire faculty and improve its control of student learning. It would begin to deal, although not very successfully, with student concerns such as marriage and the profession's concern with education versus training. It was the beginning of a new era, a time that would witness the introduction of significant change in the lives of women, women nurses and the discipline of nursing.





Recruitment Advertisement,
World War II
U.S. Cadet Nurse Corps, 1943



"Probies" with Guhli Olson in the nursing arts lab, 1945

The Growth of the Discipline: 1946-1960

Introduction

The impact of World War II on nursing cannot be underestimated. Although the end of the war meant many women lost high-paying industrial jobs, many women also freely chose whether or not to remain employed outside the home. Work, as a substantial challenge to domesticity as the only appropriate sphere for women's efforts, would provide a tension that Miss Doltz and the faculty would struggle with as they worked to build the baccalaureate program.

High-paying supervisory and instructional positions were unfilled as were entering classes of nursing students. And those students who were entering were not as docile or compliant as those of earlier years. They expected programs like those of the Cadet Corps and the same privileges those students had enjoyed. These new students, unlike many faculty and supervisory nurses, did not see the changes brought about as part of the "war effort" as temporary. They were interested in being students—not hospital labor. They were ambiguous about the fit between marriage and nursing as a career but thought the choice should be theirs to make.

Scientific and medical advances, achieved in support of the war effort, increased expectations of patients about the level and types of care they received. In turn, patient expectations necessitated that nurse educators consider new ways of thinking about curriculum and what students needed to know. A number of studies went forward that would shape nursing education for decades to come. These included the study of the National Nursing Council prepared by Esther Lucille Brown and known as the Brown study or

report, series of studies by the National League for Nursing Education and the National Organization of Public Health Nurses, and the University of Washington curriculum study under the direction of Ole Sand. This latter study, which introduced the nursing educators to the work of Ralph Tyler and Benjamin Bloom, had long-reaching consequences on the structure of programs.

And the movement to embrace the scientific method as the primary means to know what nurses needed to know to practice effectively and efficiently gained momentum. *Nursing Research* was introduced. Emphasis on graduate education and specialist preparation increased, and accreditation came into its own. All this happened in a context in which less than 10 years earlier, fewer than five percent of Americans held college degrees; and only 10 percent of all women ages 24 to 29 had completed as much as one year of college. In 1945, only five percent of those entering nursing programs had any collegiate experience, making University of Oregon Medical School Department of Nursing Education graduates part of the elite.

The advent of the GI Bill made a college education possible for many more Americans. As women's enrollments in colleges and universities increased, and as women increasingly decided to pursue careers outside of the home, nursing educators once again sought to increase enrollments in collegiate programs. By 1947, only four percent of 40,744 nursing school graduates received a degree at the end of their nursing education. In the face of a rapidly changing health care delivery system, increasing the number and type of nursing graduates was a paramount concern nationally.¹

Miss Doltz's Tenure and the New Student

Henrietta Doltz was the only inside candidate considered for the director's position when Miss Thomson retired. She moved from an acting director position to the position of director in July 1944 after a national search by members of the administration of the medical school. Born in the Philippine Islands where her parents were missionaries, Miss Doltz obtained her diploma from Presbyterian Hospital, New York City; her B.A. from Park College, Parkville, Missouri; and her M.N. from the University of Washington. She was well-known and liked by students and the local nursing community and a popular choice as Miss Thomson's successor. She would achieve a national reputation, serving as treasurer and board member of the National League for

Nursing Education. But her many contributions to the School would win her the “Woman of the Year” award for 1951 and be her legacy to the students and alumni who loved her.²

To bring about yet another increase in enrollments in the University of Oregon Medical School Department of Nursing meant that changes in attitudes as well as changes in programs would have to occur. While many young women were still choosing between teaching and nursing, increasing numbers were considering other careers. Recruitment strategies needed to be reconceptualized, how the baccalaureate program was understood on the general campuses required attention, how to close the wartime diploma program needed discussion, the realities of a nursing student’s life required clarification and change, and the status of the program as a department within the medical school needed resolution. Available correspondence and reports suggest Miss Doltz, with the support of the faculty, faced this overwhelming agenda squarely. It would not be without cost; however, ultimately her health would fail, causing her to resign prematurely from her position as director.³

The concerns about the understanding of the program on the general campuses were outlined in a 1946 memorandum to Dean Baird.⁴ The University of Oregon and Oregon State College were the main feeder schools for the baccalaureate nursing program. Of the seven students to be admitted in April 1946, five would come from UO or OSC. Yet on these campuses, nursing was not included in the fields presented during freshman week orientation for consideration by those women students who had not yet selected a major. In fact, it was the opinion of the faculty of the nursing department that students who were not doing well in other majors were advised to pursue nursing. As evidence they commented that as of spring quarter 1945, “one-third of the pre-nursing students on each campus had less than 2.0 GPA.” Suggesting that students who were less than able by college standards should enter nursing education reflected a long-held view that nurses worked in situations where “a passive, obedient, and unquestioning individual,” was desirable. The post World War II view held that, “In a rapidly changing world the nurse’s activities will require that she be alert and self-directing.”⁵ If the new nurse were to display these characteristics, she would certainly have to be able to satisfactorily complete lower division requirements.

Potential remedies suggested by the faculty included the initiation of coordinating committees between the general campuses and the

nursing program, and a separate catalog from that issued by the medical school. The assumption, in both cases, was that if public understanding about the program increased and if the program were more visible, enrollments of well-prepared young women would follow.⁶

Additional measures directed to alleviating low enrollments included the initiation of a campus-based advisor at UO and OSC in 1945, a newspaper campaign in 1946, and traveling the state to visit high school students. Miss Olive Slocum, who was a graduate of the University of Southern California and Methodist Hospital School of Nursing in Los Angeles, was the first person to fill the on-campus assistant director's position. Although she also initially visited other college campuses and high schools to explain the baccalaureate program in nursing, in 1947 that function was assumed, at least temporarily, by Bernice Orwig Cochran ('46). As Mrs. Cochran described it:

The first job I had for the School was to drive Henrietta's car all around the state stopping at small high schools. She called her car 'Shasta' because she told me 'she has to have gas and oil.' That was Henrietta. And Charlotte Best...was with me...She ran the projector, and I gave the talk.⁷

It appears Miss Doltz did everything in her power, including donating her own car, to help the program survive and grow.

A 1950 report tells a bit about the influence of Miss Slocum's presence on the campuses and the number and type of students who considered nursing as a major. Not only did enrollments increase substantially, Miss Slocum informed the department that "poor scholastic attainment" and discouragement over the rigors of the chemistry requirement now accounted for only some of the dropouts during the first two years. A lack of scholastic achievement was a no more or less powerful reason for not entering the nursing program than the "attraction of sorority life and general campus activities" or families moving or marriage. The attraction of general campus life was viewed as more important at UO, with its "greater social emphasis," than at OSC. Students who married while on the general campus and elected not to enroll in the nursing major illustrate the slowly changing societal norm that women who could afford to could again choose to stay home to raise their families. These young women were not examples of a school policy not to admit married students. The policy was to admit married students and to allow students to marry at any time during the program.⁸

Marriage would continue to play an important role not only in young women's decision to enroll but also in their plans to establish a career after graduation. Insight into this phenomenon is available through commentaries in *The Lamp* (1949-1954). Anticipated weddings and homemaking were addressed in almost all graduates' plans. In many cases it was suggested that nursing when practiced would be adjunctive to marriage. For a few students, especially those who had married early in the nursing program or before admission, the descriptions suggest most planned to actively combine marriage and practice. These anecdotal data illustrate that students in the department of nursing education were not immune to the societal tension around women's changing roles.⁹

Diploma, Degree, Department or School

The issue of explaining the differences between degree and diploma education on "The Hill" was more difficult. Although there had been a conscious decision to close the Multnomah Hospital diploma program, Epeneter suggests that "no specific date marked the merger..." She accounts for the gradual disappearance of the hospital-administered program, noting that the department assumed more responsibility for the program and concludes that by 1945 the pin had been changed to read "University of Oregon Medical School Department of Nursing Education."¹⁰ Yet we know the department initiated another diploma program at this time as a wartime measure. Given the proximity of the two actions it is unlikely that the general public could distinguish between the two diploma programs and understand that the "new" UOMS department diploma program would only exist as a wartime measure.

And indeed it is not clear that the diploma program served only as a wartime measure. The last class was admitted in 1950, suggesting that students still provided much-needed service to the hospital. This was certainly the case in much of the nation. According to Miss Doltz and other sources, closure was considered in 1950 because the burden of operating a degree and diploma program was onerous, there was competition for diploma students from other programs in town, it was difficult to maintain the necessary quality of the degree program with parallel offerings, and an increase in graduate offerings was desirable necessitating a shift in faculty teaching responsibilities.¹¹

A confounding issue concerned the status of the program within the medical school. As a department, the programs in nursing were clearly part of the School of Medicine. And though Miss Thomson found this condition acceptable in 1932 when the state system was created, her position changed rapidly. As early as 1936, Miss Thomson began to argue to change the name from a department to a school of nursing. Her rationale was that graduates were having some difficulty with registration because the State Board for the Examination and Registration of Nurses recognized schools of nursing, and the Association of Collegiate Schools of Nursing recommended either the title college or school for degree programs. In her request to Dean Dillehunt, she acknowledged the need for approval by the State Board of Higher Education but posed her request in language that assumed the board would view the name change as a minor matter.¹² Clearly this was not the case because the department would not officially become a school until 1960.

Miss Doltz reinitiated the conversations to change the status of the department to that of a school after World War II with the administration of the medical school. The department was now officially responsible for student learning even though much of the instruction and clinical supervision was still provided by medical school faculty and jointly-appointed faculty/nursing service clinicians. Reflecting the sentiment in the Brown report and the continuing confusion expressed by prospective students, in 1948 Miss Doltz asked Mr. Zimmerman, the business manager of the medical school, for an "official memo either from you or Dr. Baird relative to change of name of the Department of Nursing to the School of Nursing of the University of Oregon Medical School." She iterated this request in 1949 with a one-page memorandum outlining reasons the change was necessary but assuring Dean Baird that changing the name would not be followed by a request for a change in administrative control.¹³

When the 1948 and 1949 requests to change the name officially was denied, Miss Doltz used other strategies to convey an image of a school to prospective students and accreditors in an effort to mitigate the perceived problem that a department did not offer as strong a program as one administered by a school. She first attempted to change the symbols of the program.

Correspondence between Miss Doltz and the University Press in the spring of 1948 requested that the pin be changed to read University of

Oregon Medical School of Nursing. In a handwritten note to Martha Hirsch, Miss Doltz's administrative assistant and friend, she stated:

Mart—Ha!ha! They do have to get official sanction to change the name & have to bring it up at Board meeting on 4/26. But—Bill (Zimmerman) said to take a chance & get the cut of the pin made with School of Nursing so will.¹⁴

The permission was denied, and the pin was not changed. On December 21, 1951, Miss Doltz sent Mr. Zimmerman another memo asking to change the name on the letterhead to School of Nursing—and the 1954 and 1955 *Lamps* identify the programs as part of a school.¹⁵

The department-school issue would not go away and would be exacerbated by Miss Doltz's resignation. The search committee appointed to find Miss Doltz's successor spent 18 months looking for a new head for the programs. They believed the search was prolonged because of "difficulties [about] what appeared to others as confused academic and organic relationships between the nursing education program, the Medical School, other units of the State System of Higher Education and some independent colleges."¹⁶

The committee went on to say the necessary changes were simple—then provided 35 pages of rationale and appendices to justify the changes. The changes recommended were: (1) to change the name of the program from department to school, (2) to retitle the director's position dean, (3) to change the degree granted by the University of Oregon to a Bachelor of Science in Nursing, and (4) to discontinue the practice of allowing other institutions to award the degree on the basis of the student's pre-nursing course work. Once again assuring the dean of the medical school that the proposal did not mean that he would not remain the executive officer of the School of Nursing, the committee argued for the changes on the basis of the misunderstanding the current situation caused the public and the little cost associated with making them.

Although some of the changes would never be effected and the change to a school not effected until 1960, the *Student Handbooks* of 1957 and 1958 illustrate actions taken on campus to correct public perception. In 1957, a separate "Welcome" for nursing students was introduced for the first time and addressed the cooperative relationships between the programs. In 1958, newly-appointed director Jean Boyle provided the first written statement from the head of nursing

program ever included in the handbook. Her message stressed the proud heritage of the School and progressive nature of its current programs.¹⁷

The Growth of the Discipline

The increasingly strident call for autonomy by the profession's leaders and for a model of education rather than the apprenticeship training model was a direct response to the advances in science and health care associated with the post-war period.¹⁸ Department faculty were supporters of these positions.

The faculty of the department participated in two major national studies of nursing education during this time—the Brown report and a study of the place of liberal education in the nursing curriculum. Their participation in activities such as these, the strong historical roots in public health nursing and the national activity of the faculty brought a renewed sense of urgency to need for change on the campus. And that urgency was echoed by Dean Eldon L. Johnson of the University of Oregon College of Liberal Arts and Graduate School when he addressed the 51st convention of NLN. As cited in Russell, Dean Johnson told the group:

All...professions are merged and submerged in the trunk of the tree—in society itself, or in what we sometimes call the public...Every student, regardless of his special interests, needs to have a synoptic view, a chance to see the parts and the whole, a knowledge of relationships" (p.37).

Russell goes on to say, "Dean Johnson added a notion which has escaped many educators, namely, that although humanistic studies have the greatest intrinsic relevance to these objects, all studies can and should contribute to them."¹⁹

Manifestations of the activities oriented toward curriculum change by the faculty included accepting psychiatric nursing and public health nursing into the undergraduate program, approaching curriculum study as integral to the faculty role and expanding the advanced program offerings beyond public health nursing. This latter action laid the foundation for the master's program in 1955.²⁰

In 1947, the department received a \$60,000 three-year grant from the W. K. Kellogg Foundation. Its purpose was to strengthen and

expand the offerings in teaching and supervision, ward administration and teaching nursing arts. At the time of funding there were no prepared clinical instructors in Oregon and few in the surrounding states. The grant allowed the department to take its “first step in upgrading the faculty of Oregon schools of nursing” and to provide in-service, on-the-job continuing education to nurses outside the Portland area and in the states of Washington, Idaho and Montana. Post-funding support for the programs was anticipated from the state system, which was supportive of the initiative.²¹

And, in fact, the initial investment of \$60,000 was a good one. In her 1962 summary, Lucille Gregerson reported that in 15 years 135 bachelor’s degrees were awarded with teaching and supervision as the major, and that students had been allowed to gain their teaching and supervision in highly individualized practice situations in a variety of locales. She concluded with an outcome measure of validation of the program. She said Oregon students were “consistently among the top achievers” nationally on state board examinations.²² The program was discontinued as graduate preparation became the norm for faculty roles and as public health and psychiatric nursing the norm for the senior year of the baccalaureate program.

The initial master’s program was a working arrangement with the Portland State Extension Center (now Portland State University) and Oregon State College. Leading to a Master of Arts in General Studies, the program was considered expedient until the School of Nursing could offer a program of its own. Although many nurses took parts of the program, no more than five completed it and were awarded degrees. In 1955, the joint program was superseded by a program directed by the graduate council of the medical school. Still focused on the area of teaching, it gradually evolved to include a clinical focus in medical-surgical nursing and teaching.²³

Miss Gregerson’s expertise in curriculum and instruction was widely recognized. She served on the first editorial board of the newly-published journal, *Nursing Research*. Along with Miss Palmquist she served as the School’s first Western Council for Higher Education in Nursing representative. And alumni who returned to the School during the period of the advanced education course work and early days of the master’s program remember her fondly. She provided them with an opportunity to think for themselves and expected them to do so. She taught by example.²⁴

With the exception of the master's program, the programs of the department achieved accreditation by the various appropriate agencies whenever that particular accreditation status became available.²⁵ The master's program received Oregon State Board of Nursing approval when it began but did not achieve initial NLN accreditation until 1970.

Students of the Early Post-war Period

Students "on the Hill" from 1947 to 1952 may or may not have been aware of the struggles of the faculty to gain recognition for the program. Their recollections, like students of earlier years, are of hard work; strict housemothers; moving from Gaines Hall to Emma Jones or Katherine Hall after capping because they were nearer to the hospital units; fun with classmates; and the welcome rotations to Shriner's or Salem, where the pace was always a bit more relaxed.

In the 1950 *Lamp*, a picture of the Gaines Road Dormitory is captioned with information reminding readers that this building was the repository of many stories of "probie" days, those days when one rotated only between the medical school library and the nursing arts lab. Hours of studying, practice with "Mary Chase—the victim of all procedures" except injections (which were given to each other), and capping were part of this early experience. Then "Bags are again packed and a move to either Emma Jones or Katherine Hall is made."²⁶

The students from the Class of 1950, who moved to Emma Jones or Katherine Hall, didn't have to explain a change of address as students in the Class of 1949 did. Carol Pearson Storer ('49) told the following story. Students received their mail in tiers of pigeon-hole boxes at Multnomah County Hospital at 3171 S.W. Marquam Hill Road. In July 1948, Doernbecher "issued invitations to the yearly observance of its opening." Marie Jackson, widow of Sam Jackson, responded that the address for Doernbecher must be wrong because part of the street was to have been named for her husband in return for the gift of the land. The medical school responded promptly and took the necessary action to have the section of Marquam Hill Road between Terwilliger Blvd. and S.W. Veterans Road named after Mr. Jackson. During this process the number also changed with the entire campus assuming a single address. So Miss Pearson and her classmates wrote their parents that, although they hadn't moved, they now resided at 3181 S.W. Sam Jackson Park Road.²⁷

Marjorie Huff Nase ('52) related an incident that occurred while she was residing in Katherine Hall. The context was the rule-ridden nature of student life in the residence. A new wing for the county hospital was under construction, necessitating that the water be turned off one night. There was concern that patients might be in danger of fire with the water shut off, and so a number of fire trucks were parked as a precautionary measure between the residence and the hospital. The house mother was deaf and presumed the residence was quiet for the night.

As Mrs. Nase told the story, she and her two roommates were trying to study and sleep but finding it quite difficult because of the distraction of the fire trucks. After a verbal interchange with the firemen, many of whom were of the same age as the students, Mrs. Nase and her friends began dropping water balloons on the firemen's heads. Shortly after a ladder appeared at the window. A short visit ensued, and the firemen—who were on their way for hamburgers—bought some for the “girls,” delivered them to the window and came in and joined Mrs. Nase and her friends for a snack. While explaining “this was really against the rule,” Mrs. Nase also acknowledged that she believed the housemother knew what was going on but held her silence in this case.²⁸

In relating her experiences at Salem Hospital. Mrs. Nase also recalled the freedom to mingle with male students from Willamette University, hearty meals, and a positive clinical experience. She also recalled that the students met with Miss Doltz before leaving for Salem. In this meeting, Miss Doltz told the students that students from other programs, who would also be on rotation, would stand when a physician lecturer entered the classroom. Miss Doltz informed the students that she did not expect them to stand saying, “I do not expect you to; if you feel comfortable stand, if you don't just sit.” Mrs. Nase reported that on the first day of lecture the “U of O girls all plopped themselves conspicuously in the front row...we just sat there.”²⁹

Between 1952 and 1955 the 48-hour week would become a 44-hour week and then a 40-hour week. Students still felt that they staffed the hospital because they continued to work on evenings and nights. But there was also now enough time for the treasured tradition of sliding down the hill between Gaines Road and U.S. Veterans Road on bedpans when snow covered the “Hill.”³⁰

Student Experiences: 1955-1960

Many things would seem the same. Students still worked split shifts, evenings, and nights, and many still felt they were exploited. Others saw the extensive clinical time as the quintessential experience of their education. The concept “diploma school polish” describes many of the reminiscences. That is, these students were clear they were in a top academic program but also saw their experience as allowing them to compete in the workplace with the supposedly more highly proficient graduates from hospital schools.

The Class of 1955 was close and has fond memories of parties, helping one another, being cared for by local students’ parents, and working closely and well with physicians and some of the clinical supervisors. Faculty seemed scarce unless you were trying to avoid “being checked off” on a procedure. Catheterization and dressing changes, with their complex sterile technique, came readily to mind as times when faculty were always around. The class also had as a member the first African American student to attend any program at the School. Beatrice Gilmore of Portland was also the only married student in the group.³¹ Mrs. Gilmore, later in her career, joined the community health care faculty at the School.

The first male student entered the program in 1958. He would only stay for two terms. The class of 1955 remembered sharing clinical experiences with male students from the Portland Sanitarium program (now Walla Walla College of Nursing) when both groups were on the urology ward. Times were changing; however, the rate of change was uneven.

Letters from Donna Buchanan Jensen, of the Class of 1956, written to her parents during her probie days, illustrate some changes that would become integral to a “true” collegiate program were beginning. (Chapter VI contains discussion about “authentic” collegiate programs.) Miss Buchanan’s comings and goings from the residence hall were less restricted than those of earlier students. While she had to conform to the rules of communal living, she had time to date, shop, and even see a movie all the way through.

The majority of her stories to her parents, however, were about patient care and learning to love nursing. And of growing up. She related an experience in which Miss Olsen asked her if she had always

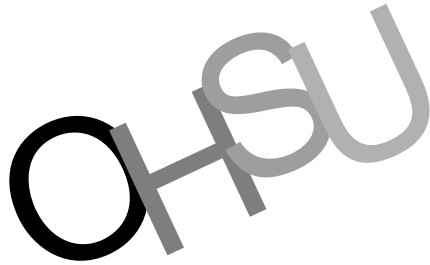
been so independent in her thinking and action. She shared a care plan she did on “Mary Chase,” and sent her parents a nursing arts evaluation in which she received a “B.” In the accompanying letter she wrote:

I am sending you the copy I get to keep of my nursing arts evaluation sheet. As you can see, the verdict is a B which I deserve and am very proud of as there was only one A given to the whole class. Miss Olsen said I would be a good nurse, so that is all that matters.

A week later Miss Buchanan wrote that nursing arts was over and that she had started medical and surgical nursing—“another milestone,” as she says. It seems she celebrated it by witnessing a serious automobile accident in downtown Portland and found herself confident and able to control the scene until emergency help arrived.

When questioned about the sense of confidence her letters exude, Dr. Jensen reflected that she and her classmates felt well-prepared. They had a variety of positive experiences and knew they were good nurses. She learned early to balance her tendency to be a free spirit and believes that because she was competent, albeit an occasional trial to faculty, she was not punished for her independence.³² Dr. Jensen’s report is among the first presaging the change in faculty-student relationships that would be so important to the growth of the program in the 1960s.

The end of an era was in the making.



At Right: Pediatric Nurse Practitioner
Program Initiated, 1974.
Principal Investigator Dr.
Catherine Burns with Patient,
1989



Pediatric Clinical in UOMS Hospital, 1957

Unrest: 1960-1974

“Following the end of World War II critical evaluation of collegiate nursing programs began...A new philosophy of the nurse’s place in modern society and a recognition of the need for broadened academic content efficiently presented evolved...

In the West alone, estimates show that a maximum of 68,000 additional nurses are needed now...Three out of every ten nursing students in the Western United States are currently enrolled in baccalaureate degree nursing programs which combine a liberal arts curriculum with professional nursing courses. This gives the broad background needed as preparation to meet the demands of the future.”¹

The changes in American health care that came as a result of World War II continued to have an enormous impact on American nursing. Increased quantities of increasingly complex health care services meant nursing shortages would exist well into the decade of the ‘70s. Several initiatives intended to combat these severe shortages contributed to changing the face of nursing. Hospitals and other agencies were required to reconsider policies that discouraged married women from remaining or re-entering the workforce. Men and minority women were actively recruited. Collegiate education, at either the associate or baccalaureate level as opposed to hospital apprenticeship programs, was openly supported by professional organizations as the means to prepare a graduate who could thrive in the new health care system. And, the need for nurses with graduate education for teaching and specialty practice was recognized.²

Miss Boyle’s Appointment

Jean Elizabeth Boyle, R.N., M.N., was recruited back to Oregon to shepherd the department through these

multiple transitions. Of Seattle, Miss Boyle received her bachelor's and master's degrees in nursing from the University of Washington. Prior to assuming the director's position on March 1, 1958, Miss Boyle had teaching experience in diploma and baccalaureate programs, hospital, school and military administrative experience, and had served as a consultant in both nursing administration and education in Latin America.³ The search committee was quite pleased with the appointment given the fact that the search had been a very difficult one.

The search committee was chaired by Olive Slocum, who served as interim director upon Miss Doltz's retirement. Eleanor Palmquist represented the department faculty-at-large. Shirley Thompson and Wilbur Todd represented the hospital, and Adolph Weinzirl, the medical school. This group met for 18 months. From 25 initial candidates, they "earnestly sought [the] interest" of seven. The problems the committee encountered could be summed up as follows. The time was right for the department to become a school and its head to become a dean. Additionally, the School needed to take complete control of the programs and only allow the University of Oregon to award the degree. There was strong sentiment that the degree be limited to the bachelor of science in nursing.⁴

Quality Redefined

Curriculum change designed to meet the concerns expressed during the search began with Miss Boyle's arrival. In 1958 the automatic stipend of \$15 per month provided to students and integral to the diploma model disappeared. And new ideas about collegiate education that were beginning to appear in the literature were adopted. Two of extreme significance to the growth of the School as an "authentically collegiate" program concerned the length of the program and the amount and direction of clinical learning.⁵

The 3:1 laboratory contact to credit ratio in use throughout the Oregon State System of Higher Education for science courses was adopted in 1959 for clinical learning experience. The 15-hour, 5-credit practice was to be "completely under the control of the faculty of the School of Nursing." In recognition of the academic nature of the program, students assumed responsibility for fees associated with housing, meals, health service and laundry. Hospital service needs were still acknowledged, however, in that students were required to spend an additional 12 hours per week under the direct supervision of

a head nurse for which they were compensated at the rate of \$1.55 per hour.⁶

Limitations on the services provided by students under this new teaching-service arrangement were specified in order to assure that the “applied clinical practice” helped the student gain “proficiency” in relevant skills while filling hospital staffing needs. Some of these restrictions included the student have her experience on the unit where she was “receiving laboratory clinical instruction,” that she have at least one day a week off that was truly free, that she not be “in charge” before the fifth term and only then with faculty agreement about her capability.

Proficiency or “diploma school polish” originally associated with “applied clinical practice” in collegiate programs officially became a dead issue between 1960 and 1962. In 1960 the curriculum was shortened from 16 terms to 13 terms—four academic years and a summer session. In 1962 applied clinical practice or “service time” as it was known by students became optional. The 1960 recruitment brochure illustrates the School’s intent to appear as a comfortable place to learn.

But students didn’t feel “service time” was optional. Comments from head nurses and older students made it clear that it was service time that made one a good nurse. In the real world of the hospital proficiency was valued; it was what more experienced nurses educated in the earlier apprentice model understood. And although faculty spoke of efficient and effective learning, they also valued proficiency. Excellence was measured and grades awarded clinically for the consistent and frequent performance of an activity. Despite the public face the School used in recruiting, the changes Miss Boyle was asked to make would not be easy to obtain.⁷

Dr. Joseph B. Trainer, head of the Student Health Service, understood the stress experienced by students as they lived through the transition to a true collegiate program. The students and Dr. Trainer had a close relationship, and he often used humor to show the depth of his understanding. In December 1961 Dr. Trainer wrote “Christmas Poem,” based on *The Night Before Christmas*. The following excerpts illustrate the tension students experienced as seen by “their doctor.”

It is evident now that we were too dumb
To stand all the stress of the curriculum
...As dry leaves that before the wild hurricane fly

When they meet an obstacle mount to the sky.
So up to the roof top our coursers (clinical faculty) then
flew
With a note on the grades and the attitudes too...
They knew they had spooked the girls quite enough
In letting them know the road was so rough.

The essence of Dr. Trainer's words was not lost on members of the faculty and nursing service, who would continue to try to work out their differences in expectations for students. They met regularly, although not always successfully, and several alternative proposals were discussed. For example, in 1964 there was a proposal in which service time became "work-study nursing" with the objectives of providing service while developing skills and organizational ability. The experience was limited to a 10-week summer term between the junior and senior year.⁸

At approximately the same time as its official designation as the School of Nursing, several opportunities to further the School's programs occurred. In July 1961 the School received \$125,000 over five years from the U.S. Public Health Service to study how mental health concepts might be integrated into the curriculum. The success of this project resulted in, first, the School accepting responsibility for all collegiate psychiatric nursing instruction in the state and, second, the award of additional grant funds to train faculty from other programs as well as student traineeships for those pursuing the master's degree in psychiatric-mental health nursing.⁹

Enrollments were soaring. Entering classes for the baccalaureate program now averaged 100 or more students. Registered nurse students were increasing, and the master's program was growing. A strong public face existed, but in her 1962 "Biennial Report of the School of Nursing, 1960-1962," Miss Boyle addressed her sense of concern with the changes occurring in the School.

With regard to the basic baccalaureate program, her concerns included the attrition of good students who found the structure of the program such that they could not meet their own high performance standards. For those students who stayed and succeeded with excellent GPAs, there was no way to reward them with membership in the University's Mortar Board or Phi Beta Kappa chapters. Nor were they eligible to graduate cum laude.¹⁰ Miss Boyle wished to explore ways to provide excellent students with recognition and even

suggested initiation of an honors program. And finally, she expressed concern for the lack of financial aid for capable students who simply couldn't afford the program and for the need for more student services. Increases in the number of younger students and shortening the program so that it would be competitive with other college majors resulted in an increase in students who had only one year of college and more importantly only one year of living away from home.

The R.N./B.S. program, which had been growing nicely, was dealt a serious reversal in 1960. The University of Oregon, without input from the involved programs, imposed a new residence requirement—45 of the last 60 credits must be taken in residence. This change meant students' prior course work at other schools no longer met the general education group requirements of the university. Miss Boyle went on to detail the amount of work needed to seek individual waivers for students without assurance that the petition would be favorably viewed. She said: "The more inflexible we become, the more difficult it is to promote the program."

It was a shame because the program for registered nurses was a good one, just as it always had been from the time Miss Thomson started it in 1920. The learning experiences available under Miss Lucille Gregerson's leadership were in the words of Marcella Cate ('64), "...terribly exciting. The teachers were good. The library excellent; and there was an expectation that you would go on [to graduate education]." And most of Mrs. Cate's cohort did.

On a more positive note, Miss Boyle was able to present data showing substantial growth in both the numbers of students enrolling in and completing the master's program and in the level of faculty preparation appropriate to clinical specialty. She reported that there were 21 full-time and 14 part-time students in 1961 and that 38 degrees had been conferred. Miss Boyle sought faculty in psychiatric nursing and public health and a chair for maternal child health. Miss Boyle also requested travel funds for faculty to attend the Western Council of Higher Education for Nursing meetings, where graduate program curricula for western schools was under ongoing discussion.

Space

Miss Boyle went on to tackle the issues of inadequate residences, classrooms and faculty office space. She asked for new paint and furniture and classrooms that could accommodate 100 students and

small groups. She requested better maintenance and responsibility by all who used the classrooms. And finally, she said:

Once again, we are looking to a firm date and schedule to renovate the School of Nursing offices. We appreciate these arrangements take time, but four years of waiting and endless explanations are no longer appeasement to ourselves or to our public. Sufficient expansion of the present office site should be allowed to take care of the number of faculty that are being planned for 1963-65 budget.¹¹

Whether anything came of this request is unknown. At some point in the 1960s the School was allocated additional faculty office space in the hospital and in the basement of the Out Patient Clinic. The “bullpen,” as the OPC site was known (now medical records), was wide open with desks set every which way. Old folding patient screens provided the only privacy during student conferences. Faculty debated the merits and demerits of office location. One either shared the noisy bullpen or was squeezed two to a single office on the third floor of Mackenzie Hall.

Finally in March 1973, the faculty and staff of the School were allocated offices and work space in a renovated section of Mackenzie Hall and in Emma Jones Hall, which no longer served as a residence hall. These spaces were negotiated as part of a construction grant in which a new basic sciences building would be built rather than a School of Nursing.

Humorous stories abound regarding the move to the new space. Faculty in Emma Jones Hall had several discussions and proposals about how best to utilize the bathrooms between offices because actual work space in the old dormitory rooms was insufficient; while those faculty moving to the fourth floor of Mackenzie Hall were concerned about the color scheme selected by the decorator. Although the rage in home decor, the deep reds and greys selected were not perceived by some as conducive to thoughtful, restful work. In the spirit of scholarship, Marie Berger, a relatively new member of the faculty, decided to study the issue. She hypothesized that faculty would experience an increase in blood pressure as a result of the move and continual exposure to the red and grey environment. Her hypothesis was not supported, but she did discover an interesting rival explanation. Faculty, pre- and post-move, had regular periods of increased blood pressure. They were not associated with the red and grey color scheme but the occurrence of faculty meetings!

Diversity

The intention of the School to be open to a more diverse student body was explicit in recruitment documents. In 1960 the brochure read: "All students are eligible for consideration, regardless of marital status or race. Men as well as women may apply." In 1961 "men and women" were included in the same sentence with marital status, and a picture of a male and female student appeared for the first time. The reference to race was omitted.¹²

Actual progress in increasing diversity in the student body was slow. Despite the School's commitment, the pool of minority students was small. Beatrice Gilmore, a young, black woman graduated in 1955, a full two years after ANA proudly announced that nursing was "progressing faster than society at large in eliminating discrimination against Negroes and other minority group members." A full decade would pass before the School would admit and graduate a second black woman from the baccalaureate program. Gloria Brown McClendon finished in 1968. Six years later, Lizzie L. Kelly graduated in 1971. By 1977, pictures of the student body suggest that the School was more or less integrated with a few black students and students with Hispanic surnames in the undergraduate classes.¹³ Even fewer students from minority backgrounds completed the master's program. Several of these graduates have made significant contributions to the School and community at large. Mrs. Gilmore and Dr. Lydia Metje ('78), have served as full-time faculty at the School; Mrs. McClendon has held an adjunct faculty appointment.

A male student started the baccalaureate program in 1957 but left after two terms. Henry Philip Reider entered and successfully completed the master's program in 1959. Eugene Mitchell ('64) was the first male to successfully complete the undergraduate program. In an interview in 1993, Mr. Mitchell said, "Clear up to the very day I graduated people were still saying, 'He'll never make it.'" Some of the doubt on the part of others was addressed to the fact that Mr. Mitchell was male; part acknowledged that he worked two jobs to feed his family. A second man, Philip Hostetler, graduated in 1965; and Daniel Warmack and William Wilson graduated in 1968. Since 1967, small cadres of men have entered the program on a regular basis and graduated. The first male faculty member, Ray Schowalter, joined the School in 1963 while still a student in the master's program.

A 1967 article, "What Keeps Men Out of Nursing," appeared in the University of Oregon Medical School *Imprint*. Several of the men from this early cadre of students were interviewed for the story, which demonstrated the real anomaly male nurses presented at that time. These men commented that their classmates and patients were supportive of them and their career choice. Others, such as head nurses and physicians, sent mixed messages. While recognizing the ability of the male nurse to make a contribution to patient care and to the profession, most physicians and head nurses the students encountered could not understand how they personally were supposed to work with a male student.

The Graduate Program

National accreditation for the graduate program was also an expectation of Miss Boyle's tenure at the School. Program development had proceeded in a deliberate manner under the able leadership of Miss Lucille Gregerson. In 1955 Miss Gregerson and Dr. John Brookhart, chairman of the UOMS graduate council, completed the two-year task of having appropriate courses renumbered at the 500 level and obtaining agreement that the University of Oregon would grant a Master of Science degree with an emphasis in nursing education. This program would replace the earlier M.A. in general studies, a degree earned in cooperation with Oregon State University or Portland State University. The new program would be more in keeping with the School's mission to prepare nurses for positions of leadership.

Developing the program to a point that it would be ready for external evaluation required several years and much intense work on the part of faculty. A first set of policies similar to those in effect in the School of Medicine's graduate program were promulgated in 1954. They included policies about admission, progression, structure of the program and graduation. Many of these policies, such as the examples below, persist today.

For admission to the program students needed work experience, an undergraduate statistics course and scores from the Graduate Nurse Qualifying exam and if necessary the GRE.

The program, which had a three-term residency requirement, would be at least 45 credits in length with 30 hours in nursing and 15 credits in "related minor courses." Grades earned must average "B" or better. All work including the thesis needed to be completed within seven years, and

individual student programs were reviewed every three years for satisfactory progression to the degree and needed supplemental course work.¹⁴

The first five students graduated from the program in 1957. These students—like most to come—illustrated how the School would grow. It would always be a significant state resource attracting large numbers of placebound students and would gradually attract students from out of state—initially because they relocated to Oregon for another purpose but wished to continue their education, and later because the nature and quality of the program would provide the School with a national reputation. Of the first five graduates, three had previous degrees from the School; one was an undergraduate from the University of Portland, and one was from the University of Minnesota. Their thesis titles reflect the emerging interest in clinical studies as well as educational ones:

Anne Celia Ferlic, "The Nature and Scope of Educational Programs Undertaken by the 1948-1955 Alumnae of Two Schools of Nursing,"
 Barbara Gibbs Hiatt, "An Analysis of the Expressed Attitudes of Student Nurses Toward a Tuberculosis Experience,"
 Pauline Ann Kramer, "A Survey to Determine the Attitudes and Knowledge of a Selecte Group of Professional Nurses Concerning Spiritual Care of the Patient,"
 Marjorie S. O'Connell, A Study of the Factors which Influenced a Selected Group of Student Nurses to Choose a Nursing Career and a Specific School of Nursing,"
 Doris Isabel Stephenson, "An Analysis of the Student Health Programs in Forty-Eight Hospital Programs in Nine Western States."¹⁵

Perusal of the thesis titles written between 1957 and 1978 show a gradual but increasing trend to practice-oriented studies with a significant increase in 1972 when the M.N. degree was first awarded.

Just as the early program for registered nurses directed by Elnora Thomson stressed the nature of western nursing practice, so did the graduate program under Miss Gregerson's leadership. The School participated in the 1957 inaugural meetings of the Western Council for Higher Education in Nursing and remained active in the development of the series "Defining Clinical Content: Graduate Nursing Programs," which would provide the substantive structure for specialties for years to come. Faculty also sought consultation concerning how best to position themselves to ensure that they would be productive contributors to Western Council of Higher Education for Nursing efforts in interstate planning.¹⁶ The shortage of nurses with graduate

preparation in Oregon was at least as severe as that in the rest of the nation. In 1969 the Oregon State Board of Nursing reported that "Only 2.5 percent of the 7,520 regularly employed nurses in Oregon have master's degrees...An adequate ratio is 12 percent." Certainly the graduates of the program were making an impact in the West. By 1971 there had been 125 graduates, 110 working in the West.¹⁷

The period from 1967-1970 was critical to the eventual National League for Nursing accreditation of the graduate program. In 1967, the Oregon Legislature appropriated \$186,000 to fund new faculty positions, make salary adjustments and facilitate the needed course development to expand the clinical focus of the program. Continuing traineeship funding was available for students wishing to continue their education at the master's level.

In 1968 Vice Chancellor Miles Romney asked Miss Boyle to provide his office with an update on her progress toward accreditation of the master's program given the legislature's appropriation. Her response indicated how difficult it was to find nursing faculty who possessed doctoral degrees. Citing a 1968 policy of the NLN Council of Baccalaureate and Higher Degree Programs that graduate faculty be prepared at the doctoral level, Miss Boyle said, "The competition for nurse faculty of the quality desired is very great... 1 percent of all nurse faculty employed as of 1968 have doctoral preparation."

In 1970 two nurses with doctoral preparation were appointed. Maxine Patrick received her preparation in public health, and May Elizabeth Rawlinson ('43) received her preparation in psychology. Dr. Patrick only remained on the faculty a short time. Dr. Rawlinson, who was the first graduate from the baccalaureate program to earn a Ph.D. and practice in Oregon, provided leadership to the graduate program and the School throughout her distinguished career.¹⁸

The School sought initial accreditation for the graduate program in 1971 at the time of regular review for continuing accreditation of the baccalaureate program. Initial accreditation was not granted by NLN until 1973. The program, like nursing education and health care in general, was in a period of great flux, and the accrediting body wished to see how a series of planned changes in the program actually played out before awarding accreditation to the program. Significant among these changes was the proposed introduction of the M.N. degree and the consequent relationship with the UOMS graduate council, the loss

of traditional functional preparation within the 45-credit allocation, and discussions of potential primary care programming.¹⁹

Primary care, in which the nurse would serve as the client's first contact with the health care system and provide continuity of care, would come to dominate master's education in the next decades. However it was in its infancy in 1973 in Oregon. As in many other schools, faculty at the School were concerned not only about the appropriateness of the role (often called disparagingly "junior doctor") but also about diluting their extremely scarce resources for clinical teaching in the new specialties in the M.N. program. The 1973 "Progress Report" to NLN summed the situation up in the evaluation section of the report.

The preparation of this and the preceding report submitted in 1971 have summarized some four and one-half years of extensive study and development of the graduate program. It has been a period characterized by rapidly increasing enrollments and proportionally declining budgets, of increased need for highly trained nursing professionals and a reduced national commitment to train them, and a critical requirement for a workable health care system, accompanied by few who understand its present problems and fewer still who can offer reasonable solutions.²⁰

The report also commented on the need and beginning efforts with members of the School of Medicine faculty to develop joint courses in patient assessment and interview. The decision about the level of credit—continuing education or graduate—was still under discussion. It was in this environment that Catherine Burns, a master's student and faculty member, who held a pediatric nurse practitioner's certificate from the University of California at Los Angeles post-baccalaureate program submitted the first continuing education primary care grant from the School in 1974.²¹

Other grants for advanced practice would soon follow, such as those in child-rearing family, midwifery and community mental health. They would provide the base for recruitment of additionally doctorally-prepared faculty and eventually for rapprochement between various segments of the graduate faculty.

The Changing Student Body

Free speech at Berkeley, barricades at Portland State, and other forms of protest over America's involvement in Vietnam were virtually

invisible on “Pill Hill.” Most students were too busy learning and providing patient care. Medical and dental students needed deferments to finish their education; nursing students were still fairly tightly controlled by restrictive practices if not official policies. And feminism was only beginning to gain a foothold. In many instances both on and off campus the young women entering the profession were still characterized as girls in search of husbands. And those pursuing advanced education did not appear to be taken seriously. May Rawlinson ('43), found her picture in a story in the *Oregon Journal* that addressed her dissertation work captioned, “...pert pretty Ph.D.”

Students from the classes of 1971 and 1972 describe themselves as the transition classes. Whereas earlier students using the term transition were referring to changes in curriculum and the academization of the program, these students addressed changes in lifestyle and nature of their interaction with faculty and patients. A student conduct code that addressed the needs of nursing students was adopted as were explicit guidelines that would allow students to wear “pantsuits” on campus.

Students were moving out of the new Women's Residence Hall (1965) as quickly as possible. They could only do this if they were 21, married, or could demonstrate it was cheaper to live somewhere else. They were still questioned about their ability to give the program the necessary attention if they were married and especially if they were married and a parent. But they persisted in challenging the old norms and were tolerated, if not encouraged, given the continuing shortage of nurses.

And given a worsening economy, they were also among the early groups that would see nursing as a lifelong career regardless of the marital status. These women contributed substantial income to their families. Some worked only long enough to pay off a specific debt or acquire a new home appliance. Known to many as “refrigerator nurses,” they provided hospitals with skilled temporary help. What is apparent in interviews with alumni is that even if their entry into school and then practice started out as an economic necessity, it rapidly evolved into a strong commitment to the profession and political activism.²²

Diana Taylor ('72), now a member of the faculty at University of California at San Francisco, is an example of the transitional student.²³ She came to nursing from chemistry and volunteer service in a feminist

clinic. While freely admitting she may not have been particularly tactful on many occasions, Dr. Taylor's attraction for unpopular opinions and causes would brand her and some of her classmates as "rabble rousers" throughout the program. Their experiences provide rich examples of the tension that existed between the School and its students.

In their history of nursing course, Dr. Taylor and several classmates chose to write papers on Florence Nightingale. These papers went well beyond the established information in nursing history texts of the day. Taylor's paper, which explored Miss Nightingale's death from Crimean fever (syphilis), resulted in her receiving an "F" in the course. Receiving an "F" meant that Taylor needed to petition for admission into the program because of her unsatisfactory completion of a program requirement.

In her junior year Taylor and classmate Janice Camp ('72) read Loretta Ford's work on nurse practitioner programs and designed a set of course work with medical school faculty that would allow them to pursue the nurse practitioner role while seniors. Again suggesting they were "young and maybe a little smart alecky" in their approach, Taylor and Camp were unable to obtain support from senior-level faculty and thus unable to realize their dream. They did, however, do part of the course work on their own time, planting the seed for the later collaboration between the schools.

A last, less than satisfactory experience in public health nursing left Taylor and her friends very ambivalent about the School. They had learned a lot—especially about fighting the system—but had few if any warm feelings about their alma mater. They saw the School as effective in teaching traditional nursing and erecting barriers to changes proposed in the literature. To these students and others, it was time for a change.²⁴

These changes occurred rapidly and dramatically. In 1974, the University of Oregon Health Sciences Center was created as a separate institution of the Oregon State System of Higher Education with each school's dean reporting to the president. Miss Boyle retired, Ruth Wiens was appointed interim dean, and a national search for a new dean was initiated.



Students Scrub for Surgery, 1971

The Push to Prominence: 1976-1995

Dr. Lindeman's Appointment

The transition to an “authentic” collegiate undergraduate program, initial accreditation of the graduate program, and participation in Western Council for Higher Education in Nursing educational and research activities made possible the successful search for the second dean of the School of Nursing. When Carol Ann Lindeman, R.N., Ph.D., F.A.A.N., interviewed she got the clear message that the now solid but considered by many to be the sleepy little school somewhere between Seattle and San Francisco was ready to take another step forward. Faculty, students and university administrators all gave her the same message: “Put this School of Nursing on the map!”

Little did they know how seriously Dean Lindeman would take their admonition. In a very short time after her September 1, 1976, appointment, faculty realized that her vision and determination would carry them to prominence. And as is the case with most strong leaders, Dean Lindeman would have many strong advocates and a few strong detractors. Fortunately for the School, the advocates would always be in the majority. It would, to say the least, be an interesting 19 years!

Dr. Lindeman came to the School with a unique blend of talents that were ideally suited to the task in front of her. She was a nationally known researcher and planning expert. She held the prestigious Brookdale Award, which had only been given to two nurses and held a citation that read “A Major Force in Moving Research From the Academic Setting and Introducing it into the Practice Setting.” She understood the West from her employment at Western Interstate Commission on Higher Education. She was outgoing, could laugh at herself, enjoyed meeting new

people and listened carefully to their ideas. She had a dream and passion for nursing education, which centered on practice and knowledge development and dissemination. These qualities would serve her well as she went about realizing the search committee's admonition to "put the School on the map."

Believing it imperative that the success of the School rested on its ability to meet state, regional and national needs, Dr. Lindeman and native Oregonian Assistant Dean Donna Schantz, collected data through surveys and a series of statewide visits. These visits, in which Dr. Lindeman became known not only as a planner and visionary but also for her cowboy boots, resulted in two documents that guided the changes initiated in the programs of the School.

The documents, the University of Oregon Health Sciences Center School of Nursing "Proposal for Statewide Coordinated Plan for Nursing Education," and the "Long Range Plan 1977-1986" were approved by the Oregon State Board of Higher Education at its May 27, 1977, meeting.¹ Approval extended the missions of the School to formally include research, practice, and public service as well as teaching. Graduate education at the School would be expanded with nurse practitioner programs formalized and doctoral education initiated. Baccalaureate and continuing education would be reconceptualized to accommodate placebound learners across the state. Research and practice would become part of the faculty role as an appropriate support to educational efforts. And public service would be recognized in workload.

Implementing these broad strategies required several preliminary steps and securing substantial amounts of external funding. One step was the decentralization of much of the decision-making to the existing departments and the development of a faculty governance system that addressed the broadened missions of the School.

Expanding the Graduate Program

To expand the graduate program in the ways envisioned required not only an increase in the absolute numbers of faculty and support staff but also that the proportion of faculty with doctoral preparation and research experience and funding grow. The 1975-76 *School of Nursing Catalog* lists 58 faculty, four of whom had doctoral preparation. By 1977 when the School submitted its regular *Self Evaluation Report* to NLN for continuing accreditation, the number of faculty had increased to 68 full-

time faculty and nine part-time faculty. The number holding earned doctorates at nine had more than doubled. By 1980 there were 91 faculty, 16 with earned doctorates and many more engaged in part-time study and dissertation work. By 1986 the faculty numbered 101. Thirty-four had earned doctorates, and 24 were nationally certified.

Tenure policies had been established to ensure the faculty base necessary to provide an excellent graduate program. And faculty performance demonstrated their desire to excel. Publication rates in refereed journals were high (395 over five years) and local, state, national and international presentations frequent (390 over three years). Faculty also served on editorial boards of numerous journals, and held a variety of state, regional and national offices in professional groups. Fully one-third of the \$5,872,742 budget was supported by external grants and contracts.²

The success of the faculty in gaining external support was greatly enhanced with the initiation of the Office of Research Development and Utilization in 1981. Joyce Semradek, R.N., M.S.N., the first director, held the title research coordinator. Ms. Semradek shared Dean Lindeman's view that nursing research should be clinically based, address significant health problems, and be accessible to students and clinicians. Dr. Lindeman and Ms. Semradek did not find this position incompatible with the criterion of "scientific rigor" that, at the time, characterized the debate between "bench scientists" and clinicians in medical schools.

Their philosophy, which was uncommon in nursing schools striving for credibility with their colleagues in other disciplines, would be critical to the development of the doctoral program and the formalization of the specialties in the master's program. It would allow the School to recruit faculty holding various perspectives on what constituted appropriate phenomena for study and for ongoing debates on methodology, and would be influential in the organization of the School into like-minded groups around the accepted specialties of adult health and illness, community health care systems, family nursing and psychiatric mental health nursing. And finally, this philosophy would provide the impetus for faculty debate on the artificial nature of boundaries on knowledge—a debate with continuing influence on how students and faculty learn to relate to the phenomena they know as knowledge and the actions that constitute the "doing" of the nurse.

The New Vital Signs

“TPR,” the classic vital signs of patient care, took on yet another meaning as serious discussion about the initiation of a doctoral program began in 1979. What questions, notions and activities constituted nursing theory (T), nursing practice (P), and nursing research (R)?

Agreement existed around the need to increase the amount of research and research funding by current and newly recruited faculty. But what was the place of practice in a doctoral program especially if it were conceptualized in an academic model that stressed research? What types of course work would encourage a conception of the relationships possible among the notions of TPR?

Faculty in the School were not alone in their concern for the answers to these questions. The nature of doctoral education in nursing was the subject of much debate in the literature. Academic versus professional degrees, nursing versus degrees in related fields (the nurse scientist model), and what constituted knowledge and research were the subjects of many articles.³

Three faculty task forces and several consultants assisted the faculty in the conceptualization and operations of the program. Two people who encouraged faculty not only to explore alternative ways of thinking about theory but also influenced thinking about the role of practice as central to the discipline as well as the profession were Professors James “Bill” Dickoff, Ph.D., and Patricia “Pat” James, Ph.D., of Kent State University. Regular visitors on the campus during the early days of the doctoral program, these two philosophers debated issues with each other and with faculty and students in faculty development workshops and worked with smaller groups of faculty on specific curriculum issues. Their influence on the shape of the program persisted in many positive ways because they helped faculty learn to voice their own positions articulately about the nature of the interrelationship among theory, practice and research. And, of course, because the faculty was a purposeful collection of very diverse people, the positions held were quite different. Dean Lindeman summed up the argument for practice being central to the discipline and the profession in a faculty development workshop in 1987. She said:

...theory, research, and practice are all part of the same thoughtful, cognitive process. They interact. They overlap. One leads into another. To separate one from the other, is to minimize the potential benefit of any or

all parts of the process. That is to say, if practice is separate from research, both practice and research will suffer⁴(p. 10).

The Doctoral Program

The Ph.D. program under the leadership of Dean Lindeman and associate dean for graduate studies, Sheryl T. Boyd ('71), R.N., Ph.D., was initiated in 1985 with a first-year award of a United States Public Health Service Advanced Nurse Training Grant totaling \$183,888. At the time of its initiation, the doctoral program at Oregon Health & Science University was the twenty-eighth program in the country and the sixth program in the West. The need for doctorally-prepared nurses was great; the need for nurses prepared in nursing at the doctoral level critical. The innovative conceptualization of the program; the faculty that had been assembled, and the overwhelming support from schools and agencies in other parts of the West not served by doctoral programs boded well for the success of the program. Regional faculty were appointed to provide special expertise to students and to continue to alert Portland faculty to the broader health care needs of people in the West.⁵

The program continued to receive federal funding in the form of training grants until 1990; students receive traineeship support to this day. In the five short years since its first class entered, the program gained sufficient recognition that enabled the School to attract more federal support. The School was now the recipient of two of the nation's 14 prestigious institutional National Research Service Awards, and many of its students competed successfully for individual NRSA awards. The first institutional award in gerontological nursing occurred in 1988; the second in family nursing was initiated in 1990. NRSA funding for both programs recognizes their excellence with continued funding until the year 2000.⁶

And as all classes that followed, the first class of 10 students came from many areas of the country. These students were: Laura Clarke (U. Missouri), Theresa A. Harvath (U. Wisconsin), Deborah Leiber (OHSU), Kyra McCoy (U. Indiana), Janet Murphy (OHSU), Marie Napolitano (U. Washington), Barbara Pinkava (Montana State University), James Pittman (Vanderbilt University), Peggy Shepherd (Texas Women's University-Houston), and Barbara J. Snell (U. Missouri). The program's purposes, which were formalized in a series of educational objectives prevalent in the period, were intended to ensure that the graduates would be "conceptually nimble." The students' ability to be just that is

reflected in their high success rates in the award of individual NRSA grants. Of the first class of 10 students, six applied for an individual NRSA; five were awarded.

Interviewed after their first year of doctoral study, student comments about the program were generally favorable. Although they found the program demanding and stressful, they were pleased with its flexibility, emphasis on the integration of theory, practice and research, and faculty's genuine interest in their learning. As one student said: "The TPR emphasis seems serious here and I like that...[faculty] seem interested in seeing us learn and [do] not exploit us. There is no need for us to compete with each other as students, and we get along very well"⁷ (p. 3).

Karen Padrick, who earned her M.S. degree at the School and who entered with the second class in fall 1986 was the first student to defend her dissertation and thus complete all the requirements for the Ph.D. degree. Her dissertation, written with dissertation chair Christine A. Tanner, R.N., Ph.D., F.A.A.N., was titled, "Clinical Decision Making in Nursing: A Comparison of Simulations and Practice Situations." Four other students graduated with Padrick in 1990. Their dissertation topics illustrate the breadth of practice issues explored by these early doctoral students. They include titles such as:

"The Experience of Families When a Child is Diagnosed with Cancer with a Favorable Prognosis"—Laura Clarke Steffen, R.N., Ph.D.; Sheila Kodadek, R.N., Ph.D., dissertation chair.

"Family Care Giver's Management of Potentially Problematic Situations Involving the Care Receiver with Dementia"—Theresa Harvath, R.N., Ph.D.; Patricia Archbold, R.N., Ph.D., F.A.A.N., dissertation chair.

"Abused Women's Cognitive Beliefs Associated with Readiness to Terminate the Relationship"—Barbara Pinkava May, R.N., Ph.D.; Virginia P. Tilden, R.N., Ph.D., F.A.A.N., dissertation chair.

"Rural/Urban Differences in Health Care Needs of the Elderly after Hospital Discharge in Home"—Alyce Schultz, R.N., Ph.D.; Joyce Colling, R.N., Ph.D., F.A.A.N., dissertation chair.⁸

The institutional NRSA awards in gerontological nursing and family nursing provided an additional opportunity for the School. Post-doctoral students began to arrive on the campus in 1990. Nursing, like other disciplines, recognized the need for new Ph.D.s and mid-career faculty to engage in extended periods of research. The faculty sponsors

at the School had become nationally and internationally recognized research mentors. Ten nurses did post-docs between 1990 and 1995 using OHSU NRSA funding; an eleventh brought individual NIH funding to the School, and four scholars from Japan spent time with the faculty.⁹

The Master's Program

The focus on advanced practice has always been clear at the master's level. Oregon's leadership in the nurse practitioner movement had a significant influence on the programming of the School as did the availability of quality programming on the nurse practitioner movement in the state. Rich practice environments on and off campus coupled with increasing privileges for nurse practitioners in rural areas of the state provided the necessary base to maintain and expand graduate programs with federal training grants. From the first grant submitted by Catherine Burns in 1975, federal support for nurse practitioner training grew rapidly. Specialties in mental health nursing, women's health care-certified nurse midwifery, adult health nurse practitioner, family nurse practitioner and geriatric nurse practitioner quickly followed.

Non-practitioner specialty education also gained federal support. Advanced nurse training monies were awarded to the School for programs in community health/long-term care, family nursing and adult health and illness as well as for direct student support through the nurse traineeship program. Federal funding continued to provide a significant part of the graduate education budget and growth in the program for more than 15 years. In 1992, for the first time in the history of the School, master's students outnumbered by one the number of baccalaureate graduates from the Portland campus.

As the health care delivery system continued to change, advanced-practice nurses found themselves needing new combinations of knowledge and skill. For many of these students the thesis was not viewed as essential to their practice. This situation meant that not only would the graduate program curriculum be in constant flux but that the degree structure would become more flexible with both the M.S. and the M.N. offered. In addition new groups of students would seek to further their education at the School. The master's program would rotate around the state going to Ashland, Eugene and La Grande. Traditional functional role preparation other than clinical nurse specialist training was essentially abandoned, and in 1993 the post-master's certificate option introduced.¹⁰ The PMCO program allowed master's prepared

nurses, many of whom were clinical nurse specialists, to achieve the protected title nurse practitioner in approximately one year of full-time study and thus becoming eligible for reimbursement for the services they provided.

Faculty practices assumed increasing importance as the need for additional mentors and role models for advanced-practice nurses accelerated. Originally begun to support the baccalaureate program practice model, the nurse clinician rapidly evolved to support the more autonomous advanced-practice model with all of its ramifications. Admitting privileges, clinic operation, billing, and other system-oriented knowledge and skills brought further change to curriculum and to faculty life. Fortunately for the School, strong practices in women's health, mental health, college health at EOSC, nurse midwifery and breastfeeding existed to show other faculty how they might include a practice focus in their already busy lives.¹¹

The Placebound Student

The people of the state had made it clear in their conversations with Dean Lindeman and Assistant Dean Schantz that baccalaureate nursing education needed to be accessible to people who did not reside in or who could not relocate to Portland. The "Proposal for Statewide Coordinated Plan for Nursing Education" (1977) addressed this need with several recommendations. These recommendations included: (1) providing for increased opportunity for associate degree nurses and diploma nurses to enter existing baccalaureate programs, (2) encouraging the new baccalaureate program at SOSU, and (3) establishing a new "generic program" at EOSC.¹²

It is commonly said in the educational literature that changing the curriculum is akin to moving a cemetery. Such would be the experience of the School of Nursing as it tried to accommodate its new mandate of student accessibility.

The newly-won "authentic"¹³ collegiate baccalaureate program was the heart of the School. The new emphasis on graduate education and the changes associated with accessibility for placebound students could be seen to threaten the program at its very core. Divisions existed among the faculty, as they did in the nation, about the appropriate preparation for entry into practice, the need for milieu-based, full-time education, the nature of clinical instruction, and the learner as novice or

adult. While these dilemmas would eventually evolve into problems amenable to study and a Western solution, initially they polarized the faculty. The debate at OHSU focused on two initiatives—the campus at EOSC and R.N./B.S. programming.

The Campus at EOSC. The baccalaureate program at Eastern Oregon State College was developed in 1979 with a grant from the Division of Nursing of the U.S. Public Health Service. Its purpose was to provide eastern Oregon with much needed health person power. Based on literature that suggested people educated in rural areas practiced in rural areas, the program was an overwhelming success. One hundred students had graduated within 10 years, and data collected in 1995 demonstrated that 70 percent of graduates practiced in rural areas. For the first time, although openings existed for nurses in northeastern Oregon, shortages were not acute—and both “generic” and registered nurse students were actively pursuing bachelor’s degrees.¹⁴

Designed as a “replicate” campus, the EOSC program was a miniature version of the one on the Portland campus. Common wisdom, at the time of the initiation of the program in 1979, dictated that a replicate model provided the quality control necessary for an outreach campus that was almost four hours away from Portland and difficult to get to in bad weather. While the replicate structure was generally advantageous in acknowledging that faculty at the outreach site should participate in all missions of the School and therefore in faculty development; it created dilemmas in the area of curriculum. It would take several years to convince the Portland-based faculty that the imposition of an identical curriculum did not provide students in La Grande with the requisite knowledge and skills for rural practice.

Some of the discomfort experienced by Portland faculty resulted from their lack of experience with the health care needs and delivery system in the eastern part of the state, and some was a result of concern that the Portland curriculum could be found wanting. Marcia Shoup, R.N., M.S.N., who assumed the coordinator position in 1980, and various members of the faculty who served on curriculum committees advanced several arguments about differences in rural nursing and rural nursing education before they were heard and understood. When they were heard, recognition of the differences provided the base for meaningful discussion and debate, the extension of the La Grande program in the Rural Frontier Delivery Program, and

eventually the understanding for a conceptual and economically feasible foundation for a statewide system.

The faculty at EOSC, although small, embraced the expanded faculty roles expected in the new mission statement of the School. David Gilbert, then president of EOSC, supported them every step of the way. They contracted with the college to run the student health service; they consulted widely; they had a radio show in which health issues were discussed; and finally they opened the Union Health Clinic in a town near La Grande to provide much-needed care and to serve as a clinical resource for “Eastern” students admitted to the extension of the Portland-based master’s program. And they conducted research focusing on areas of need in their community. Jeanne Fitterer Bowden’s work exemplified this faculty concern. Dr. Bowden’s study “enabled citizens of Rock Creek to overcome agency indifference to an alarming cancer incidence in their area.”

Embracing yet another new OHSU mission—rural outreach—in 1992, Associate Dean Marcia (Shoup) Short and the faculty undertook what was considered by many to be an impossible task. They reached out from La Grande to truly rural Oregon.

Start in Oregon’s northeastern corner, Hell’s Canyon country, and point southwest toward the spot where Oregon, California, and Nevada meet, and a line drawn with long undulations like the patterns of wind on a field of wheat would pass through the five rural communities who are partners with OHSU in the School of Nursing’s Rural Frontier Delivery program. From Enterprise south across the Eagle Cap to Baker City and then to John Day and Burns, and finally across the marshes and dry lakes to Lakeview, this is pristine, sparsely populated country—less than six people per square mile, which is the benchmark for rural frontier classification. There are small hospitals in these communities, with a census that from 15 patients to just two or three. There are long term care facilities here, and home health and public health agencies—all staffed by a special kind of nurse: the rural-do-anything-and-everything-be-flexible-trust-yourself-go-with-your-gut nurse.¹⁵

The ability to bring nursing education to these remote areas of the state was the result of the efforts of many, and timing was everything. The technology needed to transmit classroom learning was available through a new state initiative known as Ed-Net. Associate Dean Short saw Ed-Net as a way to respond to a continuing regional need for well-prepared nurses. Dean Lindeman and OHSU President Peter Kohler, M.D., supported the idea enthusiastically. But even more important was

the commitment and financial support from the involved communities. They made it possible for placebound students to achieve a bachelor's degree and improved the care available for themselves and their neighbors.

R.N./B.S. Education. At approximately the same time as the EOSC campus at La Grande was beginning, efforts were occurring to extend baccalaureate and continuing education to the mid-Willamette Valley. A committee of faculty and nurse leaders in the community assembled and evaluated the needs and the School's ability to provide continuing education using survey data that had been collected. Continuing education offerings were mounted and well attended,¹⁶ but the real need was for placebound registered nurses to attain a bachelor's degree. Continuing education without academic credit was not a viable solution.

An image problem had plagued the R.N./B.S. program since 1960 when Miss Boyle complained to then dean of the medical school, Charles Holman, M.D., that the changes in residency requirements initiated by the University of Oregon had decreased the flexibility for R.N. students. This problem continued throughout Dean Lindeman's early tenure. Efforts to ensure quality in R.N. education and the prevailing philosophy that resocialization was integral to the returning R.N. student argued for full-time, milieu-based, integrated programming. Antithetical to the notion of the placebound student and embedded in a climate of decreasing resources, the image problem would be slow to resolve.

Finally, in 1985, Associate Dean for Undergraduate Studies Mary McFarland, R.N., Ed.D., was able to announce the creation of the CE Pathway Program. The program allowed students to take junior-level course work on a part-time basis in a community relatively nearer to their residences and earn academic credit for this course work. They were not required to enter the Portland-based portion of the program until the senior year.¹⁷ While this helped bring about a change in the program's image, resource issues and faculty values for "generic" baccalaureate education continued to influence decisions pertaining to the R.N./B.S. program. It had to be self-supporting; resident faculty taught courses on overload or as approved CE Pathway faculty. Despite Dr. McFarland's continuing effort and Dr. Lindeman's nurturing, the program would not grow to fulfill its mission of serving Oregon's placebound registered nurses until 1992 and the advent of the Ed-Net system.

Budget, Budget, Budget: A Mid-course Correction

Money, that is funding for the School's programs, was generally a challenge that Dean Lindeman enjoyed. As one of her sons said early in her tenure at the School, "Mom would write a grant for 50 cents if she thought it would help." She set this same expectation for faculty, and they responded in a positive manner.

The growth of the School's programs was greatly enhanced by the number of training and research grants awarded. During the early years of Dr. Lindeman's administration, the School also fared reasonably well in the state appropriation process. As Dr. Lindeman commented as she looked back on these times, it wasn't always easy, but the success of the School in meeting the 10-year plan was enhanced by the actions of the Oregon State Board of Higher Education and the students of the School.

There were many reasons we succeeded, but one of the most important was the commitment of various people on the board, who felt they had made a promise to the School 10 years earlier and felt obligated to continue with the plan (p. 6).

Famous or infamous for their presence in the legislative hearing rooms, students also used the media to bring about change and increase the funding for the School. Summoned back from a meeting in Klamath Falls, Dean Lindeman recalls learning that students had gone to local radio stations to discuss the plight of the poorly-funded clinical skills laboratory. She said: "The bottom line was that we got our funding and eight new faculty positions! It's still the best year we ever did!"¹⁸

But times would change. The climate across the country favored reduced spending. Although the School maintained substantial state and federal funding; absolute dollars decreased. Maintaining quality programs and not ignoring new opportunities, even if they required new funding, caused faculty, students and staff a great deal of stress. "Budgets" dominated the meetings of the School and important program reductions were made in the face of Measure 5, a voter-approved property tax reduction initiated during the 1991-1993 biennium. A new vision was needed! And so it was that Dean Lindeman and the faculty and staff began another master plan.

The Statewide System

The four-campus school—the OHSU School of Nursing at Eastern Oregon State College, Oregon Institute of Technology, Portland and Southern Oregon State College came about at the request of the chancellor of the Oregon State System of Higher Education. Primarily a cost-saving measure in response to Measure 5, the idea was not initially a popular one. Faculty on all campuses were concerned that merging the programs would result in a reduction of quality of their offerings and inequities in resource allocation. The faculties at OIT and SOSOC were further concerned that they would be swallowed up by the School in Portland. Convincing them that this need not be the case initially fell heavily on Dean Lindeman and the faculty at EOSC, who were the only ones who had had experience as a distant campus of the School.

After much intense debate, necessary contractual arrangements, and approval by the Oregon State Board of Nursing and the National League for Nursing, the merger occurred in 1992. Not since the reassignment of the public health nursing program from the Portland School of Social Work to the University of Oregon Medical School at the time of creation of the State System of Higher Education in 1932 had such upheaval been experienced by the students, faculty and staff of the School. Fortunately Dean Lindeman had a clear vision of what she thought necessary to ensure the new school's long-term survival. She articulated her vision clearly—and after some natural grieving for the “good old days,” faculty and staff on all four campuses, who had by then experienced the consequences of Measure 5, rallied.

The “96,000 square mile campus” was born; the statewide faculty met and began to learn to know and appreciate each other. A new two-year upper-division undergraduate curriculum was conceived and implemented by 1994; R.N./B.S. programming was reconceptualized with articulation agreements with the community colleges in the state; the Portland campus was reorganized; continuing education focusing on rural delivery was reinitiated; and a tri-university master of public health degree with a major in public health nursing introduced.

Distance education using technology became the norm for classroom presentation rather than the exception. Students and faculty on all campuses could and did interact over Ed-Net and computer-mediated technologies. The demand for statewide graduate offerings increased; new initiatives were introduced. Substantial change became

a way of life. A comment at the end of the introduction to the School's 1995 *NLN Self-study Report* summarizes the period well.

The faculty, staff and students have responded to the change with both commitment to maintenance of quality and the spirit of innovation and inquiry that characterize a strong, dynamic school¹⁹ (p. 7).

The Building

Balancing the budget crises was one very welcome change. The School would get its own building.

This spring [1990] saw the ground-breaking ceremony (or the 'dirt-shoveling event,' as Dean Carol Lindeman's father dubbed it) for the long-awaited new home for the School of Nursing. Senator Mark Hatfield, OHSU President Dr. Peter Kohler, Chancellor Thomas Bartlett and National Center for Nursing Research Director Ada Sue Hinshaw joined the dean on this cool, occasionally drizzly day. About 250 people looked on as each speaker noted the accomplishments of the School and the importance of nursing education and research²⁰ (p. 8).

Like all ventures of the School, the award-winning building designed by architect Thom Hacker of Garfield, Hacker and Associates was a joint effort. A federal grant of \$12 million dollars was secured by Senator Hatfield. The State contributed \$1.825 million dollars. These monies allowed construction of the 90,000-square-foot building to begin. To fund "the heart and soul" of the building with the technology that would make it a statewide resource required a capital campaign with a goal of \$4.2 million dollars. The community responded. George J. Passadore, then executive vice president of First Interstate Bank, agreed to chair the campaign and worked tirelessly to see that the goal was achieved. Alumnae Jean Bates ('59) and Nancy Pinnock ('59) joined the effort, enthusiastically mobilizing resources and contributions. Bricks, benches, auditorium chairs, rooms and countless community meetings were the stuff of the campaign. And the citizens of the state responding to the promise of better health care from better-prepared nurses contributed generously. The campaign was a success, raising resources well beyond the goal.

Finally, in the spring of 1992, all that remained was for faculty and staff to move in and for the celebrations to begin. For the first time Portland faculty would all be housed under one roof. Surrounding an inviting courtyard that would become the center for faculty and student

interaction, there were 119 single offices, nine double offices, 20 open office spaces and 24 student carrels as well as six large multi-office spaces for research projects. A significant change from the dispersed and often crowded offices of its past, the building, with its windows that opened, lived up to everyone's dreams. Described in *Architecture* as "quiet, site-sensitive [and] rooted in an elegant structural logic," the building provided "an autonomous identity for the school."²¹

On The Map

Dr. Lindeman accomplished her charge. She put the School on the map! In the early years of the decade of 1990, the School was recognized as one of the top 10 schools of nursing in the country by *U.S. News and World Report*.

The School's success was in no small measure the result of Dean Lindeman's personal accomplishments. Between 1978 and 1988 she was awarded four honorary doctoral degrees. During her tenure as dean she was the recipient of numerous awards within nursing and in the larger community. She consulted widely and served as president of Sigma Theta Tau, the National League for Nursing, and Oregon Nurses Association. She was chair of the Western Council for Higher Education in Nursing and a member of several boards of directors of national prominence including the American Nurses' Association. She was highly sought after speaker. Her activities necessitated her logging over 1,250,000 air miles and thousands of road miles. Early on, her absences concerned faculty—and there was talk of putting a cardboard cutout of her in the hall so that those on campus might remember what she looked like. But as technology increased the modalities for communication, and Dr. Lindeman's travels continued to present the faculty with yet other opportunities, it was clear that no replica was necessary.

However, putting the School on the map meant more than personal accomplishment. It also meant hiring faculty who would be recognized nationally and internationally, and making it possible for them to secure the external recognition necessary to be considered a prominent school. None of this could have been done without an outstanding support staff assembled under the leadership of Martha Watson, who succeeded Martha Hirsch as office manager, and the leadership of the associate deans, directors, department chairs, and faculty.²²

A full dozen members of the faculty were or became fellows of the American Academy of Nursing. Faculty served on study sections for the National Institute of Nursing, Institute of Medicine, National Academy of Sciences, and the Agency for Health Policy and Research. Others became presidents of specialty groups or board members of national associations—and one assumed the editorship of a refereed journal. They worked with the World Health Organization, led student exchanges to China and England, provided continuing education and consulted with faculties around the world. They sponsored international conferences and hosted dozens of international visiting scholars. And they did all this while maintaining demanding teaching schedules, practices, and programs of research.²³

Campus and state recognition of the School's excellence paralleled that of the larger community. Dean Lindeman was awarded the university's Citation for Distinguished Achievement in 1981. Faculty have been recognized regularly for excellence in research, practice, and teaching by the university's Faculty Senate, and two faculty received Oregon State Legislative Awards in 1986—one for teaching excellence and one for excellence in research. Citizens contributed support for student scholarships and an endowed chair. And in 1995, when the university granted only its second honorary doctorate, it was awarded to Miriam Hirschfeld, R.N., D.N.Sc., chief scientist for nursing at the World Health Organization.

As Dr. Hirschfeld said in an interview in *Nursing Progress*:

Nursing has a responsibility and commitment to providing care and service, and beyond that, nurses in America have an added responsibility. The world looks to American nursing for research, theory and practice. The world looks to American nursing for relevance²⁴ (p. 11).

She might well have been describing the Oregon Health & Science University School of Nursing. It was relevant and recognized; the School was on the map!

The year 1995 saw yet another change. The university was permitted to withdraw from the Oregon State System of Higher Education and form a public corporation. This legal structure allowed it to compete more successfully in the rapidly changing health care environment of managed care. Dean Lindeman decided it was time to retire from her position and provide an opportunity for new leadership for the School as

it entered a new era. She retired on October 31, 1995. When asked how she wished to be remembered she told interviewer Todd Schwartz:

I suppose I would like first and foremost to be remembered as someone who cares about people—from the people who work at the School, to the students and the alumni, to the people in the communities who need nursing service and the nursing education we provide. All those people are what have always mattered to me most ²⁵(p. 8).

And like other leaders before her, her message was that relevance, excellence and quality were elements of a particular philosophy. That philosophy could be summed up in a few words. Regardless of the amount and pace of change, the School must remain “a place where people matter.”



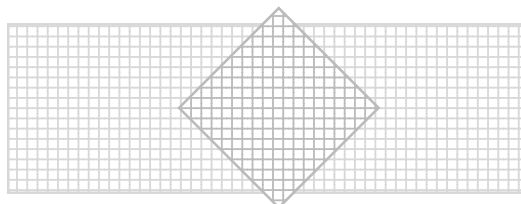
Above: “New Look in Student Uniforms,” 1965

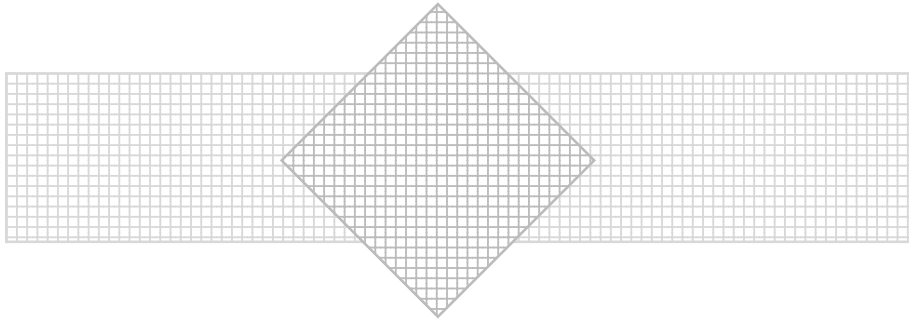


Above: Students in the Clinical Lab
Klamath Falls Campus, 1998



Above: First Statewide System Faculty
Meeting, 1993





Above: Research Poster Presentation, 1986. May Rawlinson, Ph.D.

At Right: La Grande Campus Celebrates 10-year Anniversary. Associate Dean Marcia Shoup with the Class of 1989.



Below: School of Nursing Building Opens, Portland Campus, 1992.



Below: Associate Deans Mary McFarland and Marcia Shoup. First School of Nursing Ed-Net Presentation, 1990.



The Uniform, Cap and the Pin

Introduction

It would be difficult to prophesy what sorts of caps will be worn by the nurses of 1980 or 2000, but they will probably be very different from the lace-trimmed organdies of 1880 and the serviceable linens of today¹ (p. 387).

Two points in the 1940 quotation in the *American Journal of Nursing* are of particular interest. The first is that the cap was so integral to the nurse's identity that it would be a part of her uniform forever. The second, is that although a cap was necessary, it could change form over time. Current practice suggests that except as practical, the nurse's identity is no longer enmeshed in particular types of clothing. The evolutionary process leading to this state provides, however, a fascinating commentary on nursing's growth as a profession.

Mrs. Alma B. Youmans Spaulding, founder of the Multnomah Training School, is credited with designing the original uniform, pin and cap of the hospital school and the subsequent University of Oregon Department of Nursing Education. It is quite likely that her designs were influenced by the fashions of the day.² For example, she patterned the cap after a newly designed cap from her school, the Illinois Training School for Nurses in Chicago.³ This cap of "serviceable linen" replaced an earlier organdy version.

The "grays" with the substantial starched collar, cuffs and bibbed apron were not uncommon in the East and Midwest but were probably distinctive in Portland, where students at Good Samaritan were described as wearing "...a modest gown of blue and white gingham with an ample apron and a dainty cap of white lawn"⁴ (p. 8), and students at Sellwood were known as the "flower girls" because of the pink and white dress that was basic to their uniform.⁵

The source of Mrs. Spaulding's inspiration for the pin is unknown. The fact that it has persisted with so little change over the years makes it the clearest symbol identifying alumni of the School. This might not have been the case had the School been older. Until 1906, for example, the Blockley School in Philadelphia, secure in its emblematic double frill cap, allowed each class to express its individuality through a uniquely designed pin. This practice ended sometime after one class selected a pin that was a "skull with gleaming eyes."⁶

The Cap

In a document compiled from several sources and titled, "The Cap—A Brief History," the first Multnomah Training School cap is described as having

...a three-inch brim with a deep slit cut in the center and folded with the 'peak' extending one and one-half inches beyond the brim. (They were folded as now, except there were no side tucks pinned in the back - thus making it more or less flat across the back). A black band was given on graduation.⁷

Mrs. Lota Peck Calloway ('11), a member of the first graduating class commented on the ease of laundering and assembly of the cap. She said:

It's so easily 'done up.' Take two pins out and you have a flat surface to wash, starch and iron. Cloth with some linen best but not necessary. Not too fine a material.

If you are going out on a case just unpin your cap and lay it flat in your suitcase. When you are ready for it just put in the pins and it's ready to wear. It's very satisfactory I would say. At least it proved so for me.⁸

The similarity between the initial Multnomah Hospital Training School cap and the cap of the Illinois Training School is apparent in the picture of "Jakes" in her cap taken in 1917 and that from the Lippincott photograph collection. Changes in the cap continued as illustrated in the September 1965 *Nursing Notes*. The peak gradually disappeared, and the brim widened. The position of the cap on the head changed also. As nurses cut their hair in an attempt to stay in style and keep "it off the collar," caps moved farther back on the head. After all there were few offending buns requiring its placement near the forehead.

Despite the changes that occurred in the cap to make it more fashionable, its significance as a distinctive mark of the nurse must be underscored. Many young women chose the school they would attend on the basis of the cap; Henrietta Doltz, second director of the School, often told students that was how she made her decision. And as late as 1954, “more attractive uniforms” were cited as an incentive along with better pay and working conditions to attract “a young woman” into nursing.⁹

Although in 1961 the caps worn on hospital units still identified the student or graduate nurse’s school, its significance was changing. No longer, if ever, a protective head covering, it also no longer symbolized the vocation sometimes associated with it in religious orders. And clearly, while it was still part of the “full student uniform,” few nurses considered it “YOUR DIGNITY” as the folding instructions were labeled in the 1950 and first separate Department of Nursing Education Student Handbook. In fact, members of the Class of 1955 reported that they removed their caps to chart after their shift was over. If you took off your cap, you were not on duty and not available for questions or to assist. By 1974, the question, “Caps - Wearable or Unbearable?” was raised in the literature.¹⁰

Mrs. Calloway and several student handbooks suggested that Multnomah County and later University of Oregon students and graduates were expected to care for and fold their own caps. The wisdom of choosing a cap that an individual nurse could take care of should not be overlooked. In many schools caps were so complex that “cap ladies” were employed to fold caps. In these schools caps changed when the cap lady died or earned enough money to retire.¹¹

From the inception of the School the graduate cap had a black band. For a few years in the early 1900s, “senior students had a grey cross embroidered in the center of the brim.” The practice of striping caps began in 1924. The 1946 Student Handbook reports different intervals for striping degree and diploma students’ caps. This difference in interval for receiving a stripe no doubt reflected only the different length of time degree and diploma students were expected to spend in the program. But even these dates were not hard and fast—“If time is lost due to illness, the stripes will be delayed until the time has been made up” (p. 22). By 1958, the language had changed. Stripes were awarded upon successful completion of the third and seventh terms in the School.¹²

The cap disappeared from the uniform sometime around 1977. For some it had become a nuisance when caring for patients in an increasingly technologically-supported environment. Caught in privacy curtains or IV tubing, for many it was hazardous to safe patient care. To others it was an outdated symbol of subservience and to some an inappropriate symbol of authority as viewed by certain patient groups. From its beginning as a reason on which a student might select a school, a maturing profession no longer found the cap necessary.¹³

The Uniform

In 1910, the training school furnished the hospital uniforms after the probationary period. During the probationary period pupils wore their own gingham or calico dresses covered with white aprons and comfortable rubber-heeled shoes.¹⁴ It seems likely to assume that uniforms continued to be furnished by the School in 1917 and 1918. Maybelle Jacobs Emerick, a student in the School in 1917, reported that her gray short-sleeved uniform with its hem three inches from the floor and apron three inches above the dress hem was replaced when worn out. Uniforms with good wear left in them were left for other students upon graduation.¹⁵

Aura Johnson Neely, Class of 1926, reported that when she was a student, uniforms were made at home. She said, "My mother spent the summer making stiff starched collars and short sleeve cuffs"¹⁶ (p. 2). The students also wore high black shoes and black hose. As Mrs. Neely recalled, she was also forbidden to cut her hair and so was forced to wear it in a "donut" over each ear so her cap would stay in place completing the persona of professionalism. Low-heeled shoes and stockings were white by 1931, and the grey cape with the red lining was part of the "full uniform."

By 1939, uniforms were purchased by the student. The cost was \$35.50 for 12 aprons, 12 bibs, three dresses, and four collars. The cape was provided after the preliminary term and cost \$14.50. White shoes and white hose were purchased individually with the restriction that the shoes could not be made of elk skin. The many pieces in the unassembled uniform were always burdensome to busy students.¹⁷

Like Mrs. Neely, many students reported the need to allow extra time to assemble their uniforms and do their hair in a manner acceptable both to the faculty, and for the secure placement of the cap. Safety pins

by the dozens, studs, and starch all became dreaded enemies when hurrying to get to the hospital on time. A damp sponge run around the very stiffly starched collar eased a red, raw neck but took precious time to achieve the right softness without a resultant limp look. Of course, fraying cuffs and collars or a slight sunburn where apron hems met the calf were incredibly uncomfortable when duty hours were long.

Like the cap, the hospital uniform was used to create an aura of mystique and professionalism among students. The 1946 Student Handbook describes the situation well.

The nurses uniform is the symbol of the profession and its significance should never be forgotten by the student wearing it. She is expected to show proper respect and dignity by keeping it clean, neat and in good repair at all times¹⁸ (p. 19).

Although the language about dignity and respect softens somewhat over the years, it is the sense that the uniform is the official dress of the School rather than a sense of patient safety that persists in determining what uniform will be worn. Rules and regulations about the appropriate and inappropriate places to wear the uniform persisted.

And as late as 1946, there are still references to “uniform inspection.” Alumna Elizabeth Marshall Creighton (‘43) recollected: “Uniform inspection before duty: hair off the collar, nails short and clean, hat on straight and secured, shoes spotless, bandage scissors and watch with a second hand”¹⁹ (p. 13). Although the School abandoned official inspections shortly after this, students for at least two decades to follow can recall evaluation criteria about appearance on clinical grading forms.

In the mid 1950s, Dacron and several other easily cared for synthetics were available, and graduate nurses welcomed them. Gone were three-and six-button sleeves, starch and the hospital laundry. By the 1960s schools began to catch up with the trend. In 1965, The University of Oregon School of Nursing announced proudly in *Nursing Notes*, “Sophomore Students Initiate Attractive New Green and White Uniforms.” The article went on to describe the uniform extolling its modern-day qualities. “The classic lines of the green and white striped Dacron and cotton dress are accented with a pert white collar and white buttons. Students will wear white nametags, a permanently starched white cap and white hose and shoes.”²⁰

But joy with the new uniform was short-lived. In January 1967 a representative group of faculty and students petitioned Director Jean Boyle for a uniform change. Their complaints? The uniform's "classic lines" were impractical; the buttons popped out; the skirt gaped between buttons and was too narrow; it was uncomfortable; and the color was unbecoming and difficult for patients, making them dizzy. Minor modifications were made in skirt width, and skirt lengths were continually shortened—but it was 1977 before another real change was made.²¹

Pantsuits—the female nurse's dream—arrived. For students, pants worn with an easily cared for forest green polo shirt and lab jacket meant not only the end to concern when bending over and the ire of faculty, but comfort when providing patient care. Male students had enjoyed this luxury as a matter of course. For a few years, students on the Portland and La Grande campuses wore burgundy or navy blue. The nametag and a patch on the sleeve identified the School. The campuses in Klamath Falls and Ashland always maintained separate uniform policies and procedures.²²

The use of the uniform as an identifying symbol was not limited to the hospital; although, this is how most remember it.²³ Students in the public health nursing option at the Portland School of Social Work were required to wear uniforms also. They are described in the 1925-26 bulletin as follows:

Colored uniforms will be required for public health nursing field work and if being made for this purpose, should be of grey or blue wash material, norfolk jacket pattern, with plain white collars. Long plain coats and plain hats will be worn with the uniform²⁴ (p. 8).

Fashion changed dramatically between 1925 and 1942. Students in public health nursing saw this experience as a chance to wear something different than their hospital greys. Elizabeth Peters Sowder ('42) related the following anecdote:

Then there was this public health experience that Harriet McKay and I were to do with the Visiting Nurse Association. We went shopping at Meier & Frank to pick out, what we considered to be, very conservative clothing. We found these black very neat, straight-line sort of knit dresses with tidy white collars. No frills and we thought we looked very professional and business like. But when we showed up in them at the VNA, they took one critical look and said 'No, no, no. These will never do.' A consultation among the staff [took place]. So—the staff loaned us these dandy, dowdy,

cast-off (I think) navy blue dresses that they found among their various closets. In their eyes, we looked perfect! I need not say how we felt in them—or how we looked. The outfit was completed with a wide-brimmed felt hat, black, which collected the rain in a magnificent fashion; when one tipped her head, the water ran off like a river and dampened several clients' floors.²⁵

This uniform was similar to that of district and public health nurses of the day. As public health nursing was assimilated into the baccalaureate program at Marquam Hill, students first wore their grey dresses with dark stockings and shoes and dark coats. Later, they moved to street clothes with lab coats.

The Pin

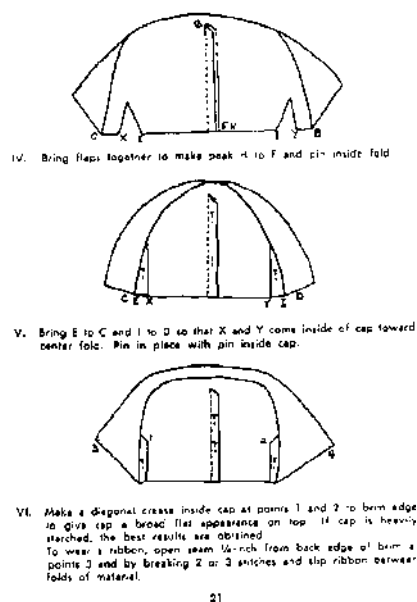
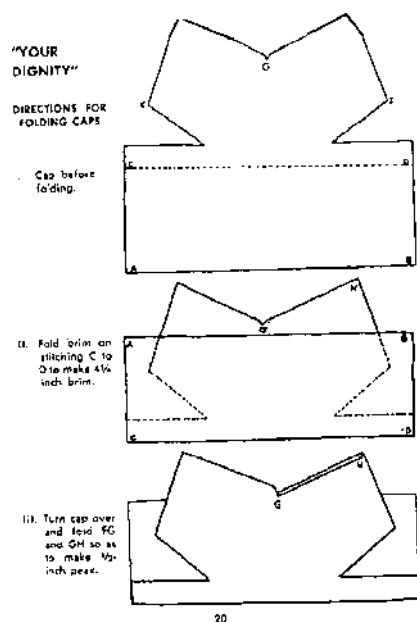
The pin of the School has undergone the least change of any of the symbols important to students. The center of the pin is a replica of Florence Nightingale holding a lamp. In most of the School's graduates' pins, the flame above the lamp is a diamond chip. Miss Nightingale is framed with a circle of blue enamel or white gold inscribed with the name of the School. A laurel wreath provides a surrounding border. On most pins the year of graduation is inscribed at the base of the wreath.

The symbolism in the pin should be attributed to Mrs. Spaulding, its designer. Certainly Miss Nightingale was a central point of reference for students—the “lady with the lamp” was what early nursing education was all about. The lamp portrayed is the Greek lamp of knowledge, not unbefitting the education of the nursing student. The original blue circle containing the name of the School is identified with the virtues of truth, loyalty and constancy; the white gold circle adopted in 1927 when a new dye of the pin was made is associated with integrity, purity and joy. And the laurel wreath symbolized the “victor's prize.”²⁶

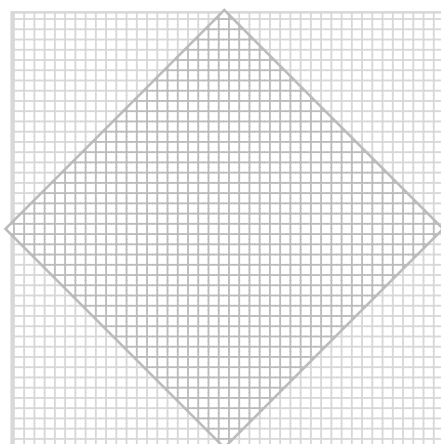
There is little doubt that alums of the program find the symbolism appropriate to their experience as students in the School. The knowledge and service Miss Nightingale was known for were the twin foundations on which their experience was built. In the 1909-1910 bulletin, thorough competence in theory and practice were praised; in the late 1980s, Dean Carol A. Lindeman introduced the phrase “thinking doing” to the School. Both ideas befit the central symbolism in the pin. And the virtues and values associated with either the white or blue circle can be found in almost any major document expressing the philosophy or rules and regulations of the program. And most alumni would tell you nothing could be more appropriate than a victor's prize as

the surrounding border. Each and every one has worked hard, overcome obstacles and believes the "victor's prize" well deserved.

Since 1927, the majority of the School pins have been made by Klein Jewelers of Portland. The white gold circle was part of the 1927 dye and probably replaced the blue enamel circle at this time. Five original dyes have been necessary to keep the pin current with the name changes of the School.²⁷



"Your Dignity: Directions for Folding Caps." Student Handbook, 1950



Student Pin Design, 1946



The Alumni Association

The Early Days

In 1921 Emma Jones organized the first alumnae association at the Multnomah Training School for Nurses. By 1940 it was 200 members strong.¹ But, as is the case with many groups that are primarily composed of volunteers, the organization's fortunes varied at any given time with the amount of staff support available, competing demands for potential members' time and the sense of affinity alumni felt for the School.

At least three reasons existed for alumnae to band together in a formal organization in 1921. First, of course, was the need to maintain allegiance with the School in a time of transition. The Multnomah Training School would soon move to the Hill, and memories of the days at Second and Hooker would be just that—memories. The second and third reasons centered on the School's relationships with the Oregon State Graduate Nurses Association (OSGNA, later OSNA and ONA), and the advancement of professional concerns and employment.

Nurses in Oregon first came together in 1904 to provide health care services for people attending the 1905 Lewis and Clark Expedition.² They reorganized in 1907, were admitted into the American Nurses Association in 1909 and as a result of this collective effort are credited with passing the first Nurse Practice Act in Oregon in 1911.³

Although there were three counties, including Multnomah, that participated as members in the OSGNA (1912), the alumnae associations of the Good Samaritan and St. Vincent schools were officially recognized as member organizations in 1917.⁴ Membership not only united the schools and the OSGNA around continuing professional concerns; it also provided these graduates with certain employ-

ment benefits. OSGNA controlled the Nurses' Registry in Portland, which was the vehicle through which most nurses in the city found work.

Registry nurses did private duty nursing, the major field of nursing employment, in the early part of the twentieth century. Nurses were allowed to register their preferences for types of cases for which they believed themselves adequately prepared to provide care; however, they were also required to take cases when called or lose their place on the list, which could result in substantial unemployment.⁵

The registry rules delegated two important benefits to member alumnae associations. The first was the right to make judgments about whether a nurse would be forgiven registry dues owed as a consequence of unemployment. The second was to assure new graduates of member alumnae associations preferential placement on the call list until these new graduates had sufficient experience to gain a place on their own.⁶ These delegated benefits undoubtedly helped account for the strong membership numbers attained between 1921 and 1940. By 1933 active membership in a school alumnae association was a primary membership category in District One. The Multnomah County Alumnae had a four-member, elected, standing private duty committee to resolve issues with the registry.⁷

Written documentation of early alumnae activities at the School are available only as reported in the *Oregon Nurse*. The reports had two major themes. First was to communicate news about individual alumnae. There were accounts of job changes, marriages, births and vacations. A second purpose was to present the activities of the group. The strong commitment of the association to student welfare and recognition of accomplishments is apparent in the activities reported. For example in 1931, four reports provided the following information. LaVerne H. Dickey stated that there was a "marked esprit de corps" and that the association "should prosper." She also reported a capping party for 15 new survivors of the probationer period and said proudly that eight of them had university training. Louise Hagen Cliff reported later that year that the association extended the first invitation to the 30 members of the junior class to join in the annual Alumnae Senior Banquet and that the School accepted 10 transfer students from Pacific Christian Hospital in Eugene.⁸

The 1940 yearbook, *Aesclepiia*, applauded the 200 members as a significant force on the campus and throughout the state. Meeting monthly for social and business purposes, the commentary suggested

an “Alumnae-Senior banquet” had become an annual spring tradition and listed as the association’s objectives: “To preserve relationships, create good will and companionship among the graduates, and to cultivate pertinent interests to nursing.”⁹

The 1940s

A folder containing correspondence between members of the Multnomah Training School Alumnae Association and OSNA in 1941 provided a glimpse of the continuing close relationship between the organizations. Available are a letter inviting members of the alumnae association to an OSNA workshop, a request for candidates for OSNA office, and a series of correspondence in which a Multnomah County Hospital alumna from Salem is asked to investigate a rumor that a bill would be introduced in the legislature to lower nurses’ wages. From the records available, the rumor appears to have been unfounded but was a topic of concern for a few months. Two additional items reflecting the beginning of the changing nature of the relationship between the alumnae association and OSNA around issues of employment versus professional advancement are of interest.

First, there is a letter from District One asking what the alumnae association role should be in dealing with registry nurses who refuse cases in emergency situations, that is, when no one else is available? The alumnae association response requested that problems of this nature be referred directly to them for resolution. Second, there is a note about a study OSNA did to determine whether alumnae associations would be stronger if they separated from OSNA. The MCH alumnae association responded that they would prefer to “...remain a part of the District, State and National Association just as it is at the present time.”¹⁰ These responses suggest the alumnae association was well aware that their membership numbers might suffer if they were completely divorced from OSNA at that time.

Two annual reports of alumnae activities are available for 1943-44 and 1944-45. The earlier is titled “Annual Report of the Multnomah Alumnae Association”; the latter, “Annual Report of the U. of O. Medical School Department of Nursing Alumnae Association.” These apparent vagaries in title of the association persisted for many years. They, in fact, represent parallel associations or subgroups of the same association¹¹ and at some points in time were reflective of tension among the graduates of the degree and diploma programs. However,

over this two-year period, differences in program just as the discussion about association/OSNA relationships were overshadowed by a shared concern and effort on behalf of those alumnae serving in World War II. Alumnae bulletins and Christmas cards were mailed to all alumnae overseas. There is a notation in each annual report that two meetings were used to write letters to members overseas. And in both years the association members helped District One sponsor an evening for servicemen in Portland.

During that time the association also carried on its regular duties. They entertained graduating seniors, provided scholarships, contributed \$15 toward Miss Thomson's portrait and sponsored a contest in which students proposed names for the two nurses' residences. The winners of the contest were awarded \$10. The influence of hospital personnel is obvious in the names selected. The original residence was named to honor Mrs. Jones, Emma E. Jones Memorial Hall; the annex was named to honor Miss Sears and called Katherine Hall. As described by members of the Class of 1943, who were at least one group submitting these particular names, a reason for these choices was:

For the nurses home: Emma Jones Hall—In consideration of Mrs. Jones' long service here and her innumerable contributions in instigating, planning, and attaining, a home for nurses, we feel that it is fitting to honor her in this manner.

For the annex: Katherine Hall—We select this name because of Miss Sears' active interest in the girls.¹²

And it appears they also attempted to influence policy and procedure within the department. A March 10, 1944, letter to the faculty from Edith Saxton, alumnae secretary reads:

It has come to the attention of the Multnomah Hospital Alumnae Association that students are being maintained in school several terms with grade point averages far below University standards before being dropped.

Feeling that this is unfair to these students, the student body and hospital personnel in general, the Alumnae Association wishes to express its recommendation that students be dismissed after their preliminary period and before they are capped if their grade point average does not meet the necessary requirements at that time.

There is no indication that faculty responded to this recommendation. It is an example of the ongoing concern of educators for a balance between patient safety and the different learning rates of individual students.¹³

What appear to be complete sets of minutes of the association exist for 1947, 1948 and 1949.¹⁴ Somewhere during this time, the association assumed the “i” form of alumnae for a short period. No reason accounting for the change is provided in any of the available minutes. No men had yet been admitted to the department; the first male student would graduate in 1964. It is likely that the change reflected the convention in the School of Medicine—which had admitted women and men from the beginning—and so had an “alumni” association. The issue would arise again in 1968 when Joyce Nelson Colling ('61) was president. In a “From the President” message, Colling said a friend who was a Latin specialist inquired of her why the group that now included men used the feminine gender for the term. Colling went on to assert that because her friend was correct, “the name of our association, at least for this publication, has been changed to alumni.”

Several themes emerged from the available minutes suggesting that the association maintained a consistent set of goals. These themes included student recruitment and other measures undertaken to advance the programs of the department; maintenance of the organization; special social events for members and soon-to-be graduates; general student support activities such as buying raffle tickets, jam and jelly showers, contributions to choir; awards and scholarships; OSNA relationships in the form of nominations for office, meeting invitations and dollars; and special infrastructure projects for the department and hospital.

Student recruitment remained a problem after World War II. The Cadet Corps and diploma program were gone, and World War II had opened new employment avenues to women. Miss Doltz, who was the director at that time, spoke with the alumnae several times requesting suggestions for increasing enrollments. Alumnae were helpful in this matter, volunteering to host coffees and other activities supportive of increasing enrollment. But it was the area of making student life more fun and rewarding that occupied much of their time and effort. They were always there to host a party or to support the Mothers' Club in its efforts. This function was very important as is evidenced in reports of student life. Alumnae remembered how difficult being a student nurse

was, and they worked to lighten that burden by providing the impetus, organization and financial support for activities poor and overworked students couldn't afford.

Alumni Association Inactive or Temporarily Disbanded

Alumni Association officers spent a great deal of time in organizational maintenance activities. In 1949, the association discussed whether or not to disband. The decision at this time was to maintain and consider new ways to increase member attendance. One strategy employed was to move from monthly to quarterly meetings. This strategy does not appear to have been particularly successful because in 1951 the association sent a letter to all known members about "re-activating" the group. The heart of the message was as follows:

Are you aware that our Association has been practically 'dead' due to lack of support from members? It has devolved on a few to keep the skeleton together, and although several meetings of various types were attempted, still no response from members was received. This condition has caused a feeling of sadness among the interested alumnae members. Therefore, we are appealing for you for your active participation in our Association.

This plea generated a substantial response with dues remitted, offers of cookies for the reception following commencement and many handwritten notes updating the association on current member activities. Once again, however, the response was short-lived. In 1954 the group met with Mr. Joseph Adams of the medical school business office to think through which purposes of the association they could sustain.¹⁵

Written accounts of activities between 1954 and 1981 are difficult to piece together with any assurance of accuracy. It is known that just as the '60s were a time of turmoil in the country, it was a time many campus-based organizations found difficult. It seems unlikely that the Alumni Association was an exception. Jean Bates ('59), who was president from 1963-1965, recalls that the board and a very small group of members met regularly in Gaines Hall. She says, "We kept it going, but there was not much movement forward." She does not recall much support from the School. Her second experience as association president from 1976-1978 was quite different.¹⁶

Penney Hoodenpyle ('63), president from 1969-1971, recalls an experience similar to Bates' first term as president. The result, however,

was quite different. The board at that time found the financial encumbrance of the association so difficult to deal with that they voted to disband the organization. Their action was taken in response to the sense that the School and the university were unable or unwilling to help them. When President Hoodenpyle informed Dean Jean Boyle of the board's decision, Dean Boyle asked why she had not been approached for help and said she would try to provide some support.¹⁷ It appears Dean Boyle's response was one of too little too late, and the Alumni Association was defunct from 1971-1976.

The Association Today

In 1976 Dean Carol A. Lindeman came to the School. She believed adamantly that a strong alumni association was critical to the School's progress and the faculty charge that "she put the School of Nursing on the map." Joyce Colling ('61), a former president of the association and faculty member at the School, gathered earlier association records and, with Dean Lindeman, convinced Jean Bates ('59) to restart the organization. Ms. Bates said that although there was no OHSU Foundation support for their activities, Dean Lindeman was very supportive. She described the initial efforts at that time: "We started digging up every name possible, obtained enough names to have a board, all pitched in and started again."¹⁸

This iteration of the association was the beginning of the strong and supportive Alumni Association the School enjoys today. Minutes from 1981-1995 exemplify the many contributions of the group to the School's collective and the individual student's welfare. Some examples include the following.¹⁹

In 1981 the association initiated the tradition of presenting each graduate with a single flower at the awards ceremony (now Honors Convocation) in addition to hosting the reception for graduates and their friends and families that follows the ceremony. The association also renewed their support to the infrastructure of the School through gifts awarded in the names of the baccalaureate and master's student graduation classes. These gifts have taken many forms. Wall hangings to beautify areas within the School and the addition of needed journals for the library are two examples.

The recruitment of Dean Lindeman endorsed the desire for a growing emphasis on research in the School. The Alumni Association

responded in kind. The 1981 annual alumni event centered around the School's first research conference, "Ethics in Nursing Research," and alumni along with the Beta Psi Chapter of Sigma Theta Tau provided both staff and financial support. While the event was a success and the association remained strong financial and personal supporters of it, the event did not have wide appeal for alumni; and alternative activities were sought for the annual meeting.

In 1982, the five-year class reunion was introduced. Minutes suggest it was patterned after a similar activity at the University of Portland. Highly successful, reunion classes continue to constitute a mainstay of the annual alumni gathering in June and provide a way for the School to renew its acquaintance and increase affinity, particularly with older alums. Some examples of reunion activities from 1993 include the presentation of 50-year certificates and of golden roses to the Class of 1943, a lunch gathering of the Class of '58, the publication of the Class of '42's "Memories," and the unveiling of a quilt made from old uniforms in honor of the Class of August '62 by the mother of a member of the class.²⁰

The legislative event and the alumni breakfast at the ONA convention were also introduced in 1982. These activities tended to attract younger alumni. Orchestrated in conjunction with ONA, the purposes of the legislative event were to put school and professional concerns in front of key legislators and to introduce nurses, faculty, students and alumni to potential legislators. The "event" occurred at least biennially until 1991 and was reminiscent of the early close relationship between the two organizations in their intent to advance the objectives of professional nursing. The alumni breakfast at the Oregon Nurses Association convention, which continues today, provides not only a forum for the School to talk about its programs with convention attendees but also maintains a presence for the School at the state meeting.

Alumni also continued their support of individual students and encouraged their successful entry into an increasingly competitive job market. Much as they had in early years, the association funded student attendance at state and national meetings, provided food during exams, and awarded scholarships and honors. In 1983, they funded career resource material for the office of student affairs.²¹ By 1991 this support had grown to a full mentor program under the direction of Marie Duncan ('64), a popular faculty member recognized for her care and concern for student welfare.

The mentor program had as its purpose, "An attempt to 'walk with the students,' not to lead them, to a transition from student to professional." A mentor was defined as "a nurse who is available to you (by his or her choice) to answer your questions, give sage advice, or help you strategize your career in your indicated area of interest." Student and alumni interest in the program was high. Eleven students participated in the pilot program in 1992; 17 in 1993; 33 in 1994; and 25 in 1995. One hundred thirty-one alumni volunteered or were recruited to participate in the program during the four years of its existence; 16 of them participated in two or more years. As Duncan reported in a 1993 *Nursing Progress*, mentors from Alaska, Arizona, California and Colorado as well as Oregon alums were working with students. In describing how matches were made, Duncan spoke about the student interest form:

The form tells the potential mentor about the student. It speaks for the student—I don't. Student and mentor forge their own relationship. And it's rare that an alumni mentor doesn't tell me they got a lot of satisfaction and even some fresh ideas from the experience.

During the last year of the program (1995), it was extended to students on all campuses with campus-based faculty liaisons. Consideration of extending the program to include graduate students also occurred.²²

In 1984 significant advances in organizational maintenance began. President Sheryl T. Boyd ('71) worked with yet another board committed to strengthening membership and the position of the association on the campus. Graduates were offered a year's free membership in the association along with the carnation presented at Honors Convocation. A formal plaque listing the boards of the association from 1976-1984 was presented to the School, probably in an effort to increase institutional memory. The association began its move to incorporate as a non-profit, and serious fundraising as well as friendraising became an important agenda item.

The Phonathon, under the leadership of Bernice Jones ('67), started in 1986. It began modestly relying mostly on student volunteers and a few alumni. The first year this group raised \$10,000 dollars for the School. The Phonathon has served as an important vehicle to increase alumni giving, becoming a 10-day event in which alumni were the primary callers. \$33,000 in pledges were obtained in 1995. The Annual Fund over that year raised \$46,000. These efforts and participation in activities such as the Dean's Club and the Century Club provided the background for strong alumni participation in the capital campaign for

the School of Nursing building. Alumni continued their support for the building by contributing bricks for the courtyard, chairs for the auditorium, benches for the halls, and sponsorship of rooms within the building.

Neither fundraising or friendraising could have occurred without strong support and commitment on the part of the association and the School. Earlier irregular attempts at communication with alumni in the 1960s in *Nursing Notes* and through the University-wide *Views* were formalized in 1987 in the publication *Nursing Progress*. *Nursing Progress* under the initial editorship of Holly Cohn and the editorship of Todd Schwartz provided alumni not only with news about classmates but up-to-date information about the School, its programs, faculty and students. And of course there are the people who make the association go. Director Liz Geiger (1988-1995) brought creativity, innovation and a sustained commitment to the association. She was succeeded by Cathy Kemmerer, who held Geiger's ideals for the association and enacted them in her own unique way. President Boyd was succeeded by Presidents Marsha Heims ('69), Mary Ann Zimmerman ('70), Carol Julian ('64), Barbara Byrne ('86), and Teri Woo ('84). The commitment of these leaders and their boards once again brought strong increases in the number of members and thus the ability to support the School in its continuing growth and excellence. In 1992 paid membership hit 500 for the first time. The 500th member, an alum living in California was presented with a tee-shirt proclaiming the event. By March 1995 there were 612 dues-paying members. In June 1995 the association added a life membership option to its membership program.

And it was during the 1980s that the group began to move forward to preserve the School's history and recognize leadership. In March 1983 a committee concerned with the history of the School was appointed. The discussion in the minutes, although brief, suggests a wide-ranging purpose including obtaining oral histories, i.e., "first-hand narratives from our elder alumni and retired faculty." The Archives Committee, which functions today, carries out the historical mission providing for the collection, acknowledgment, storage and display of papers and memorabilia of faculty and alumni.

The concept of honorary members initially proposed by Ruth Van Arnam ('34) in 1954 was reintroduced in 1985 when Henrietta Doltz Puhaty was awarded the first honorary membership in the association. Reserved for non-alumni who have made significant contributions to

the School, awards have also been made to the following people between the years of 1985 and 1995.

Billie Odegaard, R.N., M.S. (1987). Ms. Odegaard was recognized for her outstanding contributions to public health nursing.

Martha Watson, Office Manager III (1990). Ms. Watson was acknowledged for her continuing commitment to preserve the history of the School.

Elizabeth N. Gray, community leader (1992). Mrs. Gray was recognized for her personal and fundraising support of the School and its programs.

Senator Mark Hatfield and Mr. George Passadore, community leaders (1994). Sen. Hatfield and Mr. Passadore were instrumental in the realization of the SON building and increasing community support for outreach education.

Distinguished alumni awards were introduced in 1987 to acknowledge the contributions of members to the association, the School and the profession. The first recipient, Bernice Jones ('67), is exemplary of what the association considered as significant. Ms. Jones was not only instrumental in the success of the Phonathon but also brought the first chapter of Sigma Theta Tau to the campus. Other recipients and their contributions include:

Sheryl T. Boyd ('71), 1988. Dr. Boyd was president and leader of the association at the time of its tremendous change in the mid-1980s. She was also recognized for excellence in teaching and research.

Judy Lee Colligan ('84), 1990. Ms. Colligan was recognized both as a clinician and for her outstanding involvement in practice issues important to clients and the profession.

Mona Rankin Wood ('49), 1991. Ms. Wood, a nurse epidemiologist, was recognized for her outstanding contribution through publication and presentation to improved infection control in child care centers and in the care of people with HIV/AIDS.

Jean Bates ('59) and Nancy Penepacker Pinnock ('59), 1992. Ms. Bates and Ms. Penepacker were recognized individually for their many contributions to the profession and collectively for their leadership in the building campaign for the School of Nursing.

Joyce N. Colling ('61) and Sarah E. Porter ('63), 1993. Dr. Colling was recognized for her outstanding research career; Dr. Porter for her service to the students of the School.

In 1994 definitive criteria for categorical awards were established. Alumni could be nominated for their contributions in the professional practice arena, in education, research, or for an "all-around" award. In 1994, Marsha Heims ('69) received the education award and Sylvia McSkimming ('64) received the all-around award. In 1995, Carol

Gohrke Blainey ('62) received the education award and Una Beth Westfall ('65) the research award.²³

Along with the reintroduction of the Wassail in 1993, the association considered other big projects to celebrate the School and its growth. It responded to a challenge for a \$100,000 scholarship match program from an anonymous donor. The scholarship would be available to students from across the state celebrating the new statewide system of nursing education. The matching funds were raised by 1994 making more than \$200,000 available in scholarship monies in a period in which other scholarship and loan monies were rapidly disappearing. A second matching grant named for Dean Lindeman followed, and once again alumni made substantial contributions allowing the challenge to be successfully matched.²⁴

1994 was a year selected by the association for a major celebration. The group selected the theme "75 Years of Nursing Education on The Hill: Diamond Jubilee" for its annual meeting. It was a great year for such a celebration. The School of Nursing was in its own award-winning building; the School's alumni had been represented on the OHSU Foundation Board of Trustees for seven years; and alumni giving was strong. Building campaign pledges, scholarship gifts and the Annual Fund totaled \$87,613 for the year. Activities were plentiful and included a fashion show of previous and current student uniforms, welcomes and updates from President Peter O. Kohler and Dean Carol A. Lindeman and an address on the role of the School in national health care by the Honorable Mark O. Hatfield, who would also receive an honorary alumni award. Declared by all who attended as a huge success, it recognized in a joyous manner the serious efforts of association members to give their school a permanent home and pointed out avenues where their continued commitment would be necessary for the School to continue to prosper.²⁵

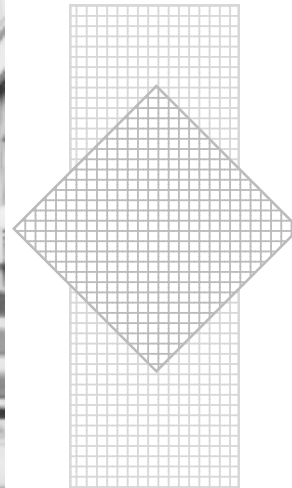
In 1995 the Alumni Association officially incorporated all graduates of the statewide system into the association. The first statewide Alumni Weekend occurred in June. During the annual meeting the association voted to amend the bylaws expanding board representation to each campus in the statewide system. Representatives from the campuses in Ashland, Klamath Falls, La Grande and Portland work together to achieve the association mission. Student programs and alumni events now take place on all four campuses.²⁶

The association through its many iterations maintains its steadfastness of purpose. Today's mission statement is:

The mission of the Oregon Health & Science University School of Nursing Alumni Association is to support the School of Nursing in the tradition of leadership and excellence in education, research, practice and community service. The Alumni Association shall provide coordination and communication services as well as facilitate social and professional activities that promote commitment and loyalty between alumni, faculty, students, staff and friends of the School of Nursing.²⁷



School of Nursing
Building Courtyard,
Portland Campus,
1992

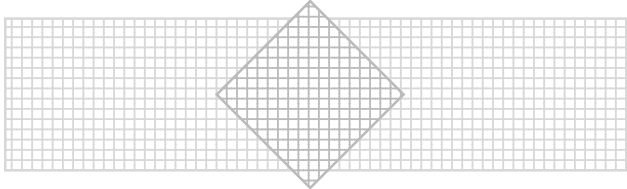


School of Nursing Annual
Holiday Wassail, Portland
Campus, 1998





At Left: "Been There, Done That," Alumni Association Career Development Program, Portland Campus, 1998



Student Life: The Vital Signs of the School

The familiar “TPR” takes many meanings in the life of a nursing student and the school from which he or she graduates. First and foremost, in early clinical practice it is the indication of the vital signs of the client entrusted to the student’s care. In graduate school, the association is most acute when confronting the relationships between and among theory (T), practice (P) and research (R). And for alumni it might well be as Harriet McRay LeCours (‘42) so aptly put it in the introduction to the class memory book: “‘TPR’ is the Time, People and Recollections of the involved group.”¹ The School’s vital signs have been continually expressed through the traditions and student organizations in which camaraderie is shared and leadership is learned.

Capping

We do not know when capping became a publicly recognized mark of the nursing student’s achievement and acceptance as a real student nurse at the School. Available data suggest it began in the mid- to late-1930s but was not institutionalized until after World War II.²

The first available mention of a public capping ceremony occurred in the 1939 *Pylon*, the first “Yearbook” of the University of Oregon School of Nursing with Multnomah Hospital.

Thrilling to all those who participated, inspiring to those who were spectators, the Capping Ceremony marked a step up the ladder for those who completed their preliminary work in April. Following the presentation, Mrs. Jones spoke a word of encouragement. A reception was held in the living room for the young students and their parents.³

The commentary in the *Pylon* demonstrated what capping would come to mean—an occasion of great pride. May Rawlinson ('43) recalled an evening candlelight ceremony in the auditorium of Emma Jones Hall at the end of her probationary period in the fall of 1940. She described it as a “very emotional ceremony” with students crying due to the significance of the event. Miss Katherine Sears, the superintendent of nurses, capped them. After the ceremony, upperclassmen taught the newly-capped students how to fold their caps using a pleating process to remove the no-longer fashionable point that had not yet been eliminated in the official design.⁴

Capping continued at least sporadically during the war years. Although members of the Class of 1942 recalled being handed limp caps in the superintendent of the hospital's office, the August 30, 1944, *Temp Sheet* described the ceremony for the Class of October '43 as follows.

September 15 is to be the big night...Capping exercises are to be held as usual in the Medical School auditorium, and the probies are planning an extra special program this year. The class will enter carrying Florence Nightingale lamps and singing Oh Master Let Me Walk with Thee. During the program they will sing Prayer Perfect. Dr. West is to give the greetings and Miss Sears, as has been our tradition for many years, will present the caps. The principal speaker for the evening will be Lt. Harriet Marcotte, A.N.C., who has recently returned from overseas. Preceding Capping, the girls are having a banquet with their mothers...and a reception will be held...after the affair.⁵

Along with the recitation of the Florence Nightingale Pledge and changes in the music reflective of the secular nature of a state institution, this 1944 description was clearly descriptive of many cappings to come. The inclusion of a formal address contributed to the solemnity of the ceremony and emphasized the nurse's duty. In 1961, Dr. Stanley W. Jacob addressed the group. Excerpts of his speech, “A Search for Wealth,” stressed that as nurses provided service they satisfied their own needs. He concluded:

You need not look elsewhere for wealth—for it exists within yourself as a depth of feeling for people...The nurse who understands the full meaning of that trust will be the one who is remembered. She will have found her ‘Acre of Diamonds’.

The changes associated with society in the 1960s were also reflected in capping ceremonies. In 1969 when Paula Paolo McNeil ('65),

assistant director of the Oregon Nurses Association, addressed the group she outlined professional opportunities available as well as issues confronted by nurses. Mrs. McNeil remembered asking Olga Keesling, a faculty member, to read a draft of her speech. After Ms. Keesling's review Mrs. McNeil systematically removed all "musts" and exhortations to duty.⁶

Pictures of capping ceremonies found in *The Lamp* and school catalogs were of two types. In the first, Miss Doltz and Miss Boyle in starched, long-sleeved white uniforms are capping students, all of whom are carrying candle-lit lamps. In the second, individual students are pictured, framed in the candlelight of an individual lamp. Captions addressed the significance of the achievement, the pride felt by students, the solemnity of the occasion and the "dignity" associated with the cap and the commitment to uphold the ethical standards of the profession with the recitation of the Florence Nightingale pledge. As male students entered the School, the chevron was introduced as their symbol of successful completion of the probationary period.

Striping parties, another symbol of progress in the program, were associated with capping exercises for a short period of time but were generally separate and, because they were parties, a whole lot more fun. Grey velvet stripes added to the brim of the cap denoted juniors and black velvet stripes, seniors.

Around 1976, caps disappeared as a required piece of the official uniform at the School of Nursing. In 1977, capping was replaced with Dedication Day. Feminist faculty and those interested in advancing the educational rather than the training aspects of the schooling process told students that caps and capping did not provide them with dignity but perpetuated an environment of servitude. The message was that to assume one achieved dignity through a cap on one's head was at best misguided and at worst demeaning to individual and collective self-esteem. On a more practical level, caps had become a nuisance in the increasingly technological patient care environment. And finally, as Marcella Cate, who was a faculty member during that time, recalled, male students revolted and refused to pass their lives "in purity" as required by the Florence Nightingale pledge.

There have been sporadic attempts in recent years to recapture the spirit associated with capping. The deep sense that one had achieved membership and respect within the school community is missed by

current students. At this time an appropriate symbol has not been found.⁷

Graduation Banquets and Luncheons

Celebration of graduation took many forms; however, they always included food. Memorable to many alumni were the original Alumnae Senior dinner, the Junior/Senior Banquet, and later the Graduation Lunch and the Senior Party.

Junior/Senior banquets were always fun and often very creative productions. In 1917 the juniors of the Multnomah Training School cooked for the seniors; not long after that the party moved to a restaurant of the committee's choice. Filled with entertainment, class prophesies and wills, the spring banquet included the tradition of the presentation of the "crutch". As described in the 1939 *Pylon*, "The crutch and its big brother were presented" at the banquet and prom held at the Columbia Edgewater Country Club.

The crutch, which can still be found in the archival collection of the School of Nursing, is a 32-inch-long child's crutch that is made of wood. Originally "institutional green," in 1950, it was "wrapped in yellow and green crepe paper." Beginning in 1958 the painted crutch was adorned with a notation of the year in various shades of nail polish. The crutch, which remained hidden much of the year, was designated to "aid the seniors through their remaining days as students."

According to the 1950 edition of *The Lamp*, juniors searched the dorm unsuccessfully for the crutch for the entire year. Poking fun at their lack of success, Ann Seagraves prophesy read: "Ann has left a flourescent crutch to the Student Body. It is for the benefit of the seemingly blind juniors—glows in the dark." By 1952 both seniors and juniors participated in the friendly search. Rules for hiding the crutch, search and presentation were developed in 1965 when the oral tradition was deemed inadequate. The tradition died as more and more students lived outside of the residence hall.⁸

The Graduation Lunch of the late 1960s and early 1970s, the Senior Dinner Party, and the celebrations by specialty groups and Ph.D. candidates that we know today have their origins in the 1922 luncheon of the public health nursing students at the Portland School of Social Work. Maisie Wetzel commented at Convocation in 1946:

After 1921, it seemed important that the students...should have something of their own at commencement time. They were not in Eugene for the functions then...it was decided...a lunch with a speaker...[would be] held in a downtown hotel...The students invited their friends, and the faculty invited interested individuals. The students wore their academic robes, and it was always a happy and inspiring occasion.⁹

Programs from the 1967, 1969, 1972, and 1974 Graduation Luncheons illustrate the desire of the School to recognize all of its graduates at a single function. Themes were chosen, and faculty were deeply involved in the program planning and execution. Alumni Association support and participation was always critical, and especially so in years when funding was a problem. Activities that were once associated with convocation (and are often a part of convocation today) were integral to the luncheon. Graduates of each program, baccalaureate, R.N./B.S. and master's, were presented by representative program faculty; honors were bestowed. There were greetings from the dean, the Alumni Association president and the senior class president. There was music and often a skit or roast by the baccalaureate students.

As the academic programs grew, so did the number of luncheons. By 1976 there were separate undergraduate and graduate student lunches. Graduate students and undergraduates had different interests, and each group wanted to celebrate their achievements in their own way. Food remained the only common denominator. As a formal convocation/award ceremony was reintroduced, two significant changes in the student-driven graduation festivity occurred. The emphasis on fun increased, and students assumed more responsibility for funding the event.

Today, each campus of the statewide system celebrates in its own way. Undergraduate students receive some financial support from the School. Students then raise the rest of the money necessary or charge participants to attend.¹⁰

All Work and No Play

Students, especially undergraduates, have always found a way to ensure that they would have fond memories of their classmates and friends and the rare periods of time faculty inadvertently left free. As pre-nursing students in the Eugene and Corvallis programs, these activities were often of a service nature. Groups such as the "White

Caps” of UO and the “Lamplighters” of OSU helped students forge close bonds that extended to their experience on the Portland campus. When students took up residence on the Portland campus, many of the activities focused on fun rather than service. In the early days most memories centered on life in the residence halls. Today these memories include off-campus time spent together and “pranks” focused on the School and university.

Initially the stringent rules for conduct in the residence forced students to find ways to go home to take a bath after mandatory lights out and to sneak in and out so that they might go to a movie or have a date. The School’s extreme “in loco parentis” position was not unusual for the time period, but it was unpopular. Although activities such as drinking beer on the roof of Emma Jones Hall and occasional types of serious mischief would always occur, as “sign out” rules became more realistic, the activities within the dorm of which memories are made focused more on classmates and zany antics of students who worked hard and played hard.

There are pictures of students dressed in a variety of costumes trick or treating throughout the dorm, students stuffing themselves in a trunk, playing airplane, performing skits, wearing lampshades on their heads and eating. There are stories of moving furniture around the dorm to accommodate parties and “sleep overs,” grease on toilet seats, and shaving cream on doorknobs at the end of an especially difficult term. And there is account after account of long conversations that helped everyone sort out how they would cope with the issues they would face as they entered nursing as clinicians.

There were dances and talent shows, picnics and sports teams, Christmas trees and caroling parties, teas and the jamboree, carnivals, glee clubs and student-faculty fun day. But some activities common to the general campus could and did cause problems for the students who lived in Emma Jones Hall. A simple serenade by men from Portland State College disturbed patients in the nearby county hospital, necessitating intervention by the police. And one prank in 1965, removing the Kardexes used to sign out of the residence hall, resulted in all the residents being confined to campus until the books were found.

As fewer and fewer students lived in the dormitories, the focus of pranks switched to the School and campus. For a few years there was an unsanctioned Skip Day. Planned for a “class day” rather than a “clinical day,” many faculty pretended to be offended but secretly

enjoyed the show of rebelliousness in the students and the opportunity it gave them to grade overdue papers and nursing care plans.

Sarah Porter, R.N., Ph.D., associate dean of student affairs, talked about pranks she recalled. One year when Portland faculty and staff arrived at their offices in Mackenzie Hall, they found chickens closeted at the end of the hall in the secured fire escape area. Hearing a commotion, someone opened the door where upon the chickens escaped. Free at last, they fled down the nursing administration hallway leaving feathers and feces in their trail.

Although the round-up of the offending critters was difficult, faculty reaction was at least as funny as the prank itself.

Another class, not wishing to be outdone, went to Scappoose to get some pigs to set loose in the School. This plan was abandoned only after they could not get two pigs in the truck and control the “output” of the pigs with diapers. Not without an alternative, they returned to campus, regained their energy and set out to “TP” (toilet paper) an area in the School. They learned from the grapevine that security was on to them and on their way to halt the project. The students left quickly, went to security and did their prank in the security area instead.

In other years the administrative area of the School has been carefully strung with string across broad areas of the floor and at waist height making moving into and within the area more than difficult. Faculty name plates have been switched, and uniforms have been strung on any number of buildings on the campus. There have been soap bubbles in the fountain and “bubbly” in the students as graduation neared.

Students on the La Grande campus also found ways to torment faculty, make statements and have fun. They have been known to line up at the rail crossing in town to protest the transport of hazardous waste. On a somewhat lighter note, nursing students participated in the annual campus spring raft race. Jeanne Bowden, R.N., Ph.D., associate dean, recalled:

One year they borrowed a raft, dressed up in their nursing uniforms, and had medical equipment on board including an IV pole. The raft eventually capsized, a big hole was torn in the borrowed raft, and the students were hypothermic.

At Honors Convocation and commencement on the Portland and La Grande campuses undergraduate students have complemented their academic regalia with tennis shoes and flip-flops; filled the air with confetti, helium-filled condoms and latex gloves; presented the dean with crabs—stuffed, of course; filled a urinal with roses as they crossed the stage; and added a life-size cutout of Hilary Rodham Clinton to the beautiful but stylized flower arrangements at the podium. And because it was no longer popular to have your uniform torn off after your last clinical day, one year students simply lined the stage with their green uniform T-shirts and made their own royal carpet on which to walk.¹¹

Support Systems: The Alumni Association, Big Sisters and the Mothers' Club

The Alumni Association has always had support of students and their activities as one of its main purposes. Clearly the people who understand best what it is to be a student in the School, alumni continue to help students enjoy themselves, directing many of their activities and resources to improve student mental health. (See Chapter IX)

The Mothers' Club was organized in 1942 by Miss Thomson, Miss Sears and a group of Portland mothers. In a letter recruiting mothers to membership, the purpose is described as follows.

Our purpose is, first of all, to help others appreciate the collegiate status of nursing education, and to assist our girls financially and socially.

And support the girls they did. In the first year there were accounts of learning about the Cadet Corps program, contributions of needed dorm supplies, a garden party for new students, a jam cupboard, a Christmas party at which each student would receive a funny gift and a surprise swimming party.

The cool, restful quiet of the secluded wooded park was just what wearied nerves needed for complete relaxation. There was moonlit swimming 'til three ice-cold luscious perfectly ripened watermelons were generously cut. Everyone was back at the hospital on time, happy and gratefully refreshed.

The Mothers' Club tackled issues such as moving the management of the residence from the control of the county commissioners to the

university (1943), discussed at length the need for their daughters to be treated as other college students both in the dorm and on the units (1943), and provided money to the housemothers for emergency use by students (1944).

The group disbanded temporarily in 1945 but was reactivated by Miss Doltz in 1947. They resumed their activities planning parties and providing needed supplies for the dorms. They increased their emphasis on providing needed financial support for students in the form of a loan fund, raising money through an annual rummage sale and personal contributions. As reported in the 1948 *Lamp*, students appreciated these efforts.

Near the end of the month when funds run low or when one suddenly finds she has the weekend off and no money, a loan up to \$15 can be obtained from the housemother. Everyone truly appreciates this fund...Thanks for everything, Mothers, and may your club carry on with much success as long as there is a School of Nursing at the University of Oregon.

The club was active until 1952. When no one was willing to run for office, duties were assigned to Miss Doltz and volunteers she might find.¹²

The Wassail

The end of World War II brought celebration back to the department of nursing. The Christmas party with gifts from the Mothers' Club, caroling and the tree in the dorm now had a companion event—the Wassail. Sponsored in some years by the faculty, and in others by the faculty and Mothers' Club, the Wassail served as a way to thank the larger community that made excellent student education possible.

The recipe for the Wassail Bowl belonged to Eva Davis, a faculty member, and was a closely guarded secret shared only on rare occasions such as the Christmas wedding of a former student.

Mary Corcoran, also of the faculty, provided the following recipe that she believes to be the original.

“Spiced Cider for Wassail”

1 gallon apple cider

1 cup brown sugar

4-6 sticks cinnamon

About a dozen whole cloves

About a dozen balls of allspice

Put spices loosely in a cheesecloth bag. Heat spices and cider and simmer for 10 minutes. Do not boil. Remove from the heat and let stand for 20 minutes. Serve in a large punchbowl. Float 12 Lady apples in punch bowl with 3 cloves stuck in each apple. Add a dash of 7-UP or gingerale just before serving. A dash of rum or brandy-rum mix is optional.

The 12 lady apples, representing the apostles, studded with three cloves, signifying the Trinity, floated in the bowl of hot wassail each year. Occasionally a dash of rum was dropped in too. Homemade cookies by the dozen adorned the tables. Faculty brought ornaments from home to decorate the tree and the historical room in the library, the site of the Wassail, where a fire crackled cheerfully in the big fireplace. As the programs of the School grew and more people required thanks, the Wassail grew to become a major holiday event.

By 1970, faculty found the Wassail overwhelming, coming as it did near the end of fall term. More cookies were store bought, the search for lady apples incredibly time-consuming, and the expense of lighting the fireplace too costly. Initially the School assumed more of the preparation, and alternative sites in the residence and Mackenzie Hall were used. As costs continued to rise and faculty felt unable and unwilling to participate enthusiastically in the event, the Wassail was canceled.

In 1993 the Alumni Association breathed new life into the Wassail. The new School of Nursing building serves as the site. Trees, poinsettias, and decorations associated with the spirit of the holidays abound as do cookies and Wassail. The ambiance is festive; alumni meet old friends; and once again the community is thanked during a tradition restored by alumni.¹³

Student Government

Students of the Multnomah Training School first organized themselves in a student government in 1925. Its purpose was:

...to form a more perfect training school, to maintain order, to establish justice and to create a feeling of fellowship that may influence us in our wide field of service to others.

The association not only had a constitution describing officers, and duties, membership and quorums, but also included a section titled "Standing Rules." Entering students were expected to sign this document agreeing to uphold all the rules. An Honor Board with a member from each class enforced the rules unless the infraction was such that action by the superintendent of nurses was required.

An amended version in 1928 reflects changes more compatible with a student body that contained more college students. The Honor Board remained, but students were no longer expected to sign the document as a means of gaining acceptance to the organization. Students were, however, specifically charged to report infractions as a method of taking more responsibility for the functioning of the system. Although more lenient rules existed in many instances, they were still very strict, regulating personal as well as professional behavior.¹⁴

Students in the department of nursing reorganized in 1934 shortly after the formation of the Oregon State System of Higher Education. Called the Student Council in 1939 and the Associated Students in 1940, officers were elected and organized with the help of class representatives recreational and social activities of the School. No records of student body activities are available for the World War II years.

Early yearbooks, various editions of the *Student Handbook*, and a set of minutes are the major available chronicles of formal student association activity for the years 1947-1971. Perusal of these sources provide the following themes for student government activity: organizing and overseeing student recreational and social activities; providing a forum for student expression of concerns and influence in decisions affecting their education and life in the residence; developing leadership skills and learning to represent the profession in public arenas; serving as a liaison with other schools, campus, and state nursing student associations; and supporting the program of the School through help with recruitment.

The *Student Handbook* of 1946, 1950, 1957, and 1958 stated the following purpose for the student government.

Through the student organizations, members have an opportunity to express themselves and to assume more direction of their own affairs. This provides desirable training for our democratic way of living. Each member is encouraged to participate freely and loyally in the activities of the student government. Only as this is done can there be an active, growing, representative association which will be able to achieve the 'democratic way.'

Individual responsibility as the hallmark of self-government was stressed, culminating in statements concerning living "by the standards of honor of the school." The honor code, called at that time the "fair conduct code of the Student Association," governed each student's activity. The narrative in these handbooks concluded in each iteration exhorting the students to good citizenship—a goal of baccalaureate education, stating, "Meet your full responsibility—the Association will measure up to its standard of leadership".¹⁵

Minutes of the Student Association from 1951-1954 illustrate the activities of the organization. Discipline of students violating late leave policies was clearly vested in the students. Raising money for various parties, dances, the yearbook and newspaper, and sending students to state and national meetings was important. Assisting with recruitment through staffing prospective student tours and campus visits as well as visiting high schools occurred on a regular basis. And influencing the uniform and traditions of the School were discussed when the need arose. An example of the latter was the debate over "stripping off" the student's uniform on the last day of clinical service.

Miss Doltz wrote Student Association President Nancy Alexander in January of 1951 of her disapproval of the tradition of "stripping" senior uniforms and posed two alternatives—a senior breakfast or a corsage that would be worn on the student's last day on the unit. Miss Alexander presented the proposal to the Council in February. The proposal was not received favorably, so the issue referred to the association as a whole. After extensive discussion the students appointed a committee to formulate the association's official response. In April the committee presented the association members with a plan that agreed "stripping off" uniforms should cease. As an alternative they recommended that students be permitted to wear graduate (white) uniforms on their last day on the unit. Students did not accept the committee report; rather they favored a senior skip-day or a bonfire where student uniforms could be burned. The students did approve the senior breakfast.¹⁶

A distinctive change in tone with regard to the purpose of student government appears in the 1959 handbook statement. Gone were the

direct references to democracy, the fair code conduct, and the implied sense that participation in governance promotes leadership and citizenship. As the following examples suggest, these qualities were considered as givens and unnecessary in encouraging student participation.

Several students were recognized for their leadership in student government at the School and Oregon State Student Nurses Council. Examples of this recognition include:

Students regularly attended the national convention of student nurses, the American Nurses Association, National League for Nursing, and National Organization of Public Health Nurses.

Two students attended different International Council of Nursing meetings—one in Atlantic City, New Jersey; the other in Stockholm, Sweden. Sending Betty Dahlberg to Sweden in 1957 required a major fundraising campaign by the students.

Regular recognition of students through their election to office in the state association.

And finally, election by the state association members to the prestigious title "Student Nurse of the Year." Awardees acknowledged in *The Lamp* include: Susan Ravizza ('59); Sarah Donaldson ('61); Sarah Porter ('63); Paula Paolo ('65), who was also chair of the committee on nominations for the National Student Nurses Association; Rosalita Patch ('66); Karen Vibbert ('69); and Melody Schwartz ('70).¹⁷

No records of student government activities exist for the 1960s-1980s except as reported in the NLN Self-Study Reports. These documents demonstrate how the nature of the student organization and activities changed. By 1971 the majority of students lived off campus. The focus of student activity switched to influencing the educational program; social activities for this commuter population were now secondary. Student Council members now elected students to school and faculty committees as well as the All-Hill Council. Graduate students did the same thing, albeit in a much more informal manner.

In 1980 the student organization sponsored a series of programs with outside speakers. They also debated a potential nursing strike at University Hospital and forwarded a position paper to the dean and vice-president for hospital affairs. In 1984 they were invited to comment on the incidental fee policy for the Oregon State System of Higher

Education. While many of their proposals would be readily accepted, there were also defeats such as the grading proposal change submitted to faculty in 1985.

In 1986 Assistant Dean Ethel Griffith secured the services of a consultant to help students interact more proactively with faculty in their new “student senator” roles. Senators were to be in charge of the usually faculty-driven clinical assignment program. Students took this opportunity to institute the famous lottery system; they also took it upon themselves to represent classmates concerns about teaching and evaluation. Students also continued to represent their concerns on standing committees of the faculty, plan a graduation party, introduce faculty recognition day, spirit day and move forward student issues in an orderly manner.¹⁸

With the formation of the statewide system, communication among the campuses and adequate representation of student concerns is facilitated by the Office of Student Affairs and by the associate deans on each campus. Students work and interact closely with campus student governments, maintaining ties to their home campus and the Portland campus.

Yearbooks and Newspapers

Students at the University of Oregon Portland Extension Center School of Social Work and degree students on the Hill had a page in the *Oregana*, the yearbook of the University of Oregon.

In 1939 *The Pylon*, the first nursing yearbook, was published. A joint publication of the University of Oregon School of Nursing with Multnomah Hospital, it took its name from the assertion that pylons represented “Structures of human kindness, Portals that illuminate the passageways to those who desire to learn the art of healing and caring for the sick, Tributes to the ideal of service.” The annual was dedicated to Mrs. Jones and in appreciation of Miss Thomson. Faculty were grouped depending on their primary affiliation—hospital or university. The practice of grouping faculty would continue for several years, and public statements of this nature contributed strongly to students’ sense that two programs existed. In the 1939 annual, 11 hospital faculty and the housemother Mrs. Alice Fisher appear as one group; five faculty and Thelma Lehman, the secretary of the department, as the other.

Activities of the students throughout the year were catalogued—beginning with the “languid” summer, racing through the very busy academic year filled with ceremony and recreation as well as study, and ending with the next summer and talk of vacations. Two organizations, the Alumnae Association and Alpha Tau Delta, the statewide branch of the national nursing honorary, were given separate space from the narrative chronicling student activities.¹⁹

The Pylon was a one-time offering. In 1940, *The Aesclepiæ*, jointly published by the School of Medicine and School of Nursing students, was issued. Cited as the first yearbook in the Department of Nursing Education announcement in the April issue of *The Oregon Nurse*, the intent of *The Aesclepiæ* appears to be to identify the students of the campus with their respective schools rather than with the hospital. Yet the same mixed messages remain: Faculty are separated by their primary affiliation—hospital or school, and senior students are described as “worthy of her pin.” The pin pictured is that of the Multnomah Training School. Public Health Nursing students are pictured in the section on student associations rather than in the student section.²⁰

Yearbooks do not exist for the war years. In 1947, the first issue of *The Lamp* was introduced. Published by the Associated Students of the University of Oregon Medical School Department of Nursing Education, its editor, Jean Royce Coverstone, said at its conclusion, “*The Lamp* is yours. Please do not let it expire. We want to see you carry on and produce copy number two next spring.” Students did just that, and *The Lamp* was published from 1947-1971, providing a rich tapestry of memories for students and alumni to look back on. Always of good quality, the 1965 *Lamp* was recognized in the Northwest for its excellence in artistic layout, editorial content, and mechanics when it won the College Annual Award.²¹

At least six newspapers – *Temp Sheet* (1943-1944), *Cyanide Courier* (1947-1950), *The Wick* (1951-1953), *The Bugle* (1954-1955), *U.O.S.N.* (1970) and *Sigma Nu Nu News: Carpe Nerdium* (1992-1994)—kept students informed and entertained over a period of years. *Temp Sheet*, which was initiated in 1944, was designated as a vehicle to unite the student body around issues other than griping and to remember why they had chosen nursing. Articles included congratulations from Miss Doltz and Miss Sears, a note about Miss Thomson’s retirement, a discussion about how to withdraw from the Cadet Corps, class news items and an invitation to a flower arranging demonstration. Additional issues raised questions about the student body constitution, introduced

new columns and announced the first commencement to be held in the medical school auditorium. At that ceremony 11 B.S. degrees would be awarded from the University of Oregon, six from Oregon State University and 16 diplomas from the medical school.²²

On October 15, 1946, a nameless newspaper was distributed. A contest to name the paper resulted in the production of the *Cyanide Courier* on an almost monthly basis from 1947-1950. Any student was welcome to submit an article or help in any aspect of publication. The paper's stated purpose was to "provide students with a bulletin of student body activities, to help to unite the group, and to arouse interest in school news." Along with general news, the *Cyanide Courier* contained "editorials... interviews, jokes and even a gossip column."²³

The third student newspaper was also issued namelessly, and students asked for a vote to name it. The "baby sister" of *The Lamp*, *The Wick* began in August 1951 and ceased publication sometime after October 1953. Much like its predecessors, the paper wished to be "a true voice of the student body." *The Wick* contained regular features and editorials as well as news. In the 1952 edition of *The Lamp*, the production contributions of each preliminary (probie) class are noted. Editor Maggie Schamp credits these beginning students with the paper's continuing success.²⁴

Sigma Nu Nu News came about in 1992 under the leadership of students Terry McNeill and Tom Bryson. Short-lived but quite humorous, it poked fun at the remaining bits of meaningless ritual left in the School and sought to provide a stress-reducing vehicle for its readers. In its inaugural issue along with a warning not to take the publication seriously, the opening article oriented readers.

Welcome to the Official Organ of the Society for Nurse Nerds, the Sigma Nu Nu News (SNNN). As befitting such an August organization, we now have a mouthpiece, speaking into the great void. In a bold attempt to push aside nursing trivia, I mean, important scientific and psychosocial information that will no doubt further our chosen career paths, SNNN is designed to compete for our attention and knock the cobwebs from the atrophied fun receptors in the far corners of collective cerebral cortices.

The paper held great appeal for a group of students who had grown-up with Star Trek and Mr. Rogers, but like the papers preceding it, time for production proved too elusive.²⁵

Alpha Tau Delta

On December 7, 1931, Helen Rothenberger, a graduate who was located in Eugene, received a letter from Mrs. Marian Emerson Mattoon, national president of Alpha Tau Delta. In that letter Mrs. Mattoon informed Miss Rothenberger that her petition for a chapter of Alpha Tau Delta had been received and, with one exception, was in order. It would be impossible to dedicate the chapter to Elnora Thomson because the Epsilon Chapter located at the University of Oregon at Portland had all ready been dedicated in Miss Thomson's honor. Eta Chapter, the Eugene chapter, was therefore dedicated to Harriet Osborne, the first graduate of the 1925 five-year program. Miss Thomson became Eta Chapter's first honorary member.

In 1932 Alpha Tau Delta was the only nursing honor society recognized by the American Nurses Association; membership provided national recognition for graduates. Forty-six charter members were initiated and the Eta Chapter installed with appropriate ceremony by Miss Catherine Bastian on the campus in Eugene in spring of 1932. A chapter at OSU followed in 1933, when pre-nursing courses were transferred to that campus. There is no documentation explaining why Eta Chapter superseded Epsilon, but it did. Within a week of the Eugene installation, a branch of Eta was installed in Portland with Miss Eva Davis as president. Miss Davis is credited with being one of six young women who formed the "Pre-Nursing Club," a Eugene group that was the precursor to Eta Chapter. Nurses from the University of Portland, St. Vincent and Good Samaritan were also active in the Portland branch; Miss Grace Phelps was nominated as the second honorary member.

It is apparent from a set of lively correspondence that each branch of Eta Chapter actively sought new members, provided a place for socializing, and undertook activities that provided a voice for collegiate nursing. Speakers provided information on issues of interest, and special projects were undertaken. For example, each branch participated along with other groups of Oregon nurses in contributing gifts to the Florence Nightingale School in Bordeaux, France.

The Lamp and catalog entries listing student organizations suggest the society remained generally active until 1983, when it was supplanted by the growing Beta Psi chapter of Sigma Theta Tau.²⁶

Elnora Thomson Association

In 1947 in conjunction with the funding of the W. K. Kellogg grant, the advanced students of the department organized to “develop a sense of loyalty and social responsibility among the individual students, [bring] about an understanding between student and faculty, and to assist in maintaining the highest possible standards for the School.” This group was transformed in 1951 into the Elnora Thomson Association after an attempt to organize the alumnae of the advanced program was aborted. A history of the Elnora Thomson Association written in 1957 reports the association had its “ups and downs, with times when the group has disbanded for the rest of a school term, to be reorganized again the following year with a new group of students.”

A March 1951 “News Letter” reported the addition of course work in teaching and supervision to the public health nursing program, news of alums, and information that, because of the large number of part-time students, classes were often offered in early morning or late afternoon. The newsletter closed by reminding the readers that alumnae were the best recruiters for the program. Citing low tuition and full accreditation by the National Nursing Accrediting Service, the editors closed saying, “Tell your friends how much you can get for so little in the graduate nurse programs at the University of Oregon Medical School.”

Orientation and welcoming new students was the major activity of the organization throughout its tenure. Graduation celebrations were added later. At a 1964 Graduation Tea, students chose to poke some fun at each other and at the faculty. A poem, “Ode to the M.S. Aspirant,” written by “M.S.(Mentally Substandard),” addressed the growing pains of the discipline as students saw it.

“Ulcer Gulch is the name of the place;
To succeed requires a mirror face.
Parroting authors in current favor,
Hue the line and never waver.

Authority-dropping sets the tone
From Montag to Abdellah and Kron;
Echoes, but not an original thought,
Disagreeing, you’d never be caught.

Semantics is a parrying game,
Matter of status to use the right name.
‘Needs’ are old; ‘problems’ are new,

And 'role identification,' too.

'Research,' 'curriculum,' 'evaluation',
Not writing or talking—'communication.'
And only a hopeless old fuddy-duddy
Would ever refer to a 'nursing care study.'
Objectives are coming out of our ears
Until we are thoroughly bored to tears;
And what is a seminar in nursing,
Teacher's chance to do student cursing?

Where is the patient in all this teaching?
It's really the students we are reaching.
The student who's hovered over much too much,
Advised, counseled, stimulated and such.

Progressive experiences worse than rape
Like watching your goofs on video-tape.
Big sister knows what's best for you.
Non-conformity just would not do.
Elective—such a lovely word
In nursing is almost never heard;
And even when 'elective' is there,
Guess who decides which and where?

Read, work, and read from sun to sun
A master's student is never done.
Term paper, project and thesis too;
When you get these done, there's more to do.

In Ulcer Gulch nursing is never fun
It's a chore that must always be perfectly done.
Professionalism is too much for words,
Right now I'm for giving it back to the birds."

In 1981 the name of the association was changed to the Graduate Nursing Students Association.²⁷

Nurses' Christian Fellowship

Organized in June 1948, the Christian Nurses' Fellowship—later Nurses' Christian Fellowship—met for the purposes of "Bible study, prayer, and fellowship." The group met weekly and had various speakers to stimulate discussion. Monthly meetings were shared with Christian Medical Society members.

In 1953 students devoted much of their time to discussions of the spiritual needs of the patient within a total needs framework. Questions discussed by "Pills Plus" included patient concerns expressed as: "Nurse, what's this all about" or "Why do I have to suffer?" Attention to the relationship between Christian belief and patient needs became an explicit purpose of the chapter from this time on. The chapter affiliated with Inter-Varsity Fellowship was visited by a national NCF staff worker.

NCF remained a strong organization on the campus until 1977 when it merged with groups from other schools on the campus to become the Hill Christian Fellowship. Special activities of the NCF mentioned or pictured in various issues of *The Lamp* included: sponsorship of an Easter Sunrise service, sharing experiences with fellowship groups at other schools, and donating seniors' uniforms to the nurses of the Holt Korean Baby Program.²⁸

Sigma Theta Tau

Several people in Portland were interested in establishing a chapter of Sigma Theta Tau, the international nursing honor society. After the master's program was granted National League for Nursing accreditation in 1973, the time was finally right. Eleven members of the faculty, who belonged to chapters at other universities around the country, formed a steering committee under the leadership of Bernice Jones. The other steering committee members were: Naomi Ballard, Virginia Cory, Carol Flood, Barbara Gaines, Marsha Heims, Carol Howe, Loretta Myers, Karen Mischke, Maryls Raynes, and Patricia Tomlinson. As a result of their work, a School of Nursing Honor Society with 52 members was formed in 1975, establishing the necessary foundation for an application for a chapter of Sigma Theta Tau.

On April 10, 1976, Beta Psi Chapter was formally installed by Maureen Niland, national treasurer, Sigma Theta Tau. Bernice Jones was appropriately enough the first chapter president.

Nineteen transfer members and 97 new initiates became the charter members of Beta Psi. Baccalaureate and master's students, faculty and community were represented in the charter group. Jean Boyle, Henrietta Doltz Puhaty and Ruth Wiens, interim dean of the School, were among the first initiates.

The purposes of the chapter are those of the international society. Focused on scholarship and creative work, the development of

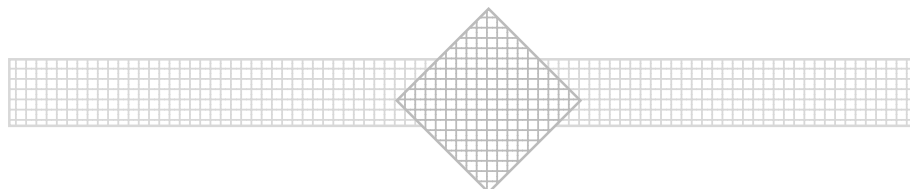
leadership, and strengthening the profession, the purposes have determined the shape of chapter activities. From their early involvement in tutoring minority students (1977) through the continuing chapter awards to outstanding undergraduate and graduate students, members have expressed their commitment to student scholarship and leadership. An ongoing program of research awards provides students with much-needed dollars for thesis and dissertation support and faculty and community nurses with seed money for projects.

Throughout its existence the chapter has sponsored research conferences, educational programs, and professional development seminars. After only three years of operation, Beta Psi combined with Psi chapter at the University of Washington to sponsor the national convention. Beta Psi has received national recognition for media development, membership, and the international book distribution network developed by faculty member Linda Felver with great support from chapter members. The book distribution network was cited for its influence on practice in “far-flung” corners of the world.

Several members served on national and international committees of the society, and Dean Lindeman was president in 1981-1983. Her service, which included the initiation of a 10-year plan devoted to increasing excellence in scholarship and social action, continues to be recognized through a fellowship giving level at the society.

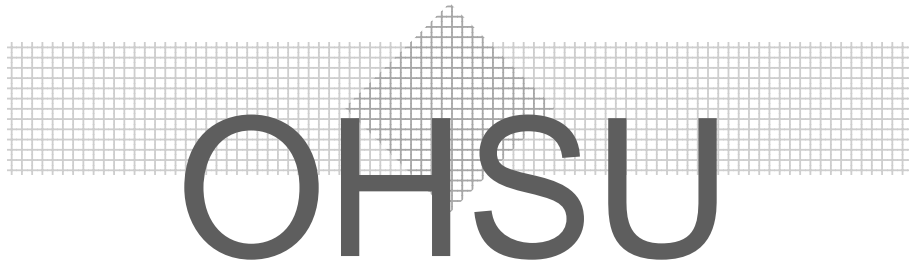
Eligible students and community leaders in nursing continue to enrich the chapter as they are inducted into Beta Psi. Members of the La Grande, Ashland, and Klamath Falls campuses are active in chapter activities as officers and committee members and take a special responsibility to increase the awareness of Beta Psi in their local communities. They sponsor local conferences and educational meetings and provide support to students throughout their programs.

In 25 short years the chapter has become a significant influence on the campuses and in society at large.²⁹





Above: Bedpan Chorus Line, Talent Show, 1971



Above: Capping, 1961 (Class of 1964)



OHSU School of Nursing, Convocation, Portland Campus, 1998



Above: Annual KIDS' Care Fair in Medford, Oregon. Ashland Campus Students, 1999

EPILOGUE

A NEW DEAN FOR THE 21st CENTURY

The School has a new leader. After an intensive national search—and outstanding service by Interim Dean Sheila Kodadek, R.N., Ph.D.—the OHSU School of Nursing will be in the exceptionally capable hands of Kathleen Potempa, R.N., D.N.Sc., F.A.A.N.

Kathleen “Kate” Potempa was born in 1948 in Michigan. Her parents were Canadian immigrants. She has three older sisters, one of whom was a public health nurse. Her sister’s commitment to her clients, the family expectation for intellectual curiosity, and being a teenager in the ‘60s all fueled Dr. Potempa’s desire to become a nurse. Dr. Potempa pursued her academic studies and career with energy and the unflagging support of her husband Wayne. She earned a diploma in nursing from Providence Hospital School of Nursing in 1970, a B.A. in psychology from the University of Detroit in 1974, a master of science in nursing from Rush University in 1978, and a D.N.Sc., also from Rush, in 1986. Dr. Potempa was elected a fellow of the American Academy of Nursing in 1995. A prolific publisher, Dr. Potempa also maintains a strong clinical emphasis believing that “academia should never be remote or esoteric.”

Even before she arrived on campus, Dr. Potempa was asked what she saw as the immediate challenges for her tenure as dean. She listed: (1) continuing to reach out to alumni in meaningful ways; (2) ensuring strong financial support for the School both from the state and from endowment; and (3) maximizing efficiency in the School. Dr. Potempa summarized her comments as follows: “The School will be required to not only provide competent nurses for the realities of the workplace, but also to provide leadership locally and nationally to promote a health care system that is responsive to human needs as well as financial realities.” And at the end of her interview with *Nursing Progress*, Dr. Potempa demonstrated that she, like all her predecessors, practiced a style of leadership valued in the School since its inception. She said:

The focus of leadership must be on others—both individuals and organizations. A leader achieves with and through others, not alone. My job is to help make the ideal happen in a realistic way. Dreaming of the ideal gets you to the vision—but vision is never enough. A leader must help create a shared vision. Common ground and common goals. Vision becomes reality only when there is an understanding of the practical implementation of that vision and the needs of the people involved are fully considered.¹ (p. 6)

When Dean Potempa arrived on campus on October 1, 1996, she began the tasks of outlining a 21st Century vision for the School and a plan to transform the vision into a reality. A strategic planning committee of approximately 30 faculty, staff, and other members of the OHSU community convened for many months collecting data, deliberating data-based alternatives, and preparing a statement of strategic directions and goals to guide the School's programs of research, education, practice and community service. The plan was complete in 1997.

There are, of course, parallels with previous strategic planning efforts undertaken by the School. Opportunities are clearly outlined, and one senses the excitement of the planners to embrace these opportunities and move forward with them. Educational programming will be reconceptualized not only to provide competent practitioners for new practice settings but also to accommodate new students. Today's undergraduate student profile is extremely different than that of Multnomah Training School for Nurses alums, who received uniforms, room and board, and a stipend in return for dedicated service to the hospital. Today's students enter the program at an average age of 28 and graduate with an average debt load of \$17,000. They often attend school part time because they are parents and work to support themselves through the program. Twenty to 30 percent have degrees in other fields. Today's students share the altruism of former students but may fully realize the dreams of our history—the graduate nurse returning for a junior certificate and baccalaureate degree, the self-confident nurse of the Cadet Corp, the placebound student on the regional campuses. It is clear in the strategic planning document that the School welcomes the opportunity to rethink its educational programs once again to provide the state and the nation with the type of nurses needed.

Considerable attention is directed to the other missions of the School as well. The number and significance of the opportunities available in research and practice are clearly presented in the planning document. In the short, 20-year period since Dean Lindeman won Oregon State Board of Higher Education approval for the addition of these missions to the School's mission statement, its development as a true university school of nursing is apparent. The strategic plan emphasizes Dean Potempa's strong belief in the relationship of excellent research to exemplary practice and education. Bringing the regional campus faculty and students and local agencies into full partnership in research

and practice endeavors is suggested as a strategy to ensure the School fulfills its mission as a state resource.

The enthusiasm so apparent in the document is carefully balanced with the realities of declining resources in an increasingly changing and competitive health care market in Oregon. Continually declining support from “the state’s general fund (income tax revenues)” requires increased efficiency within the School and increased funding from alternative sources. Dean Potempa’s belief that funding, regardless of its source, follows excellence in programs, has provided the leadership for these endeavors and the first initiatives. Three distinguished professors have been appointed to named professorships that recognize early directors of the School’s programs. They are charged with providing leadership to research efforts in areas deemed integral to the School’s role—advancing nursing knowledge and care. These professors work closely with clinical directors, who lead the practice-based initiatives. The School’s development efforts have been expanded and a systematic plan to increase funding for the School’s programs developed. A board of counselors has been appointed to assist the staff. Along with the alumni board this group has as one of its purposes to continue to increase the School’s outreach to alumni. A pilot program that radically reconceptualizes clinical experience in the baccalaureate program is in process.

While parallels with earlier times exist, significant change is also evident. Dean Potempa’s leadership and the path the School will follow into the 21st Century is summarized in the concluding statement in the section of the plan titled, “Critical Issues and Priorities”:

We recognize that we cannot do all things; thus, while we have a comprehensive mission, we must still establish priorities within the four aspects of that mission—teaching, research, practice, and community service. We will therefore build on our existing strengths in practice and research and use those as a basis for our educational efforts so that there is a clear and strong integration among our enterprises. We will do the right things, not more things for the times in which we live.² (p. 5)

ENDNOTES–Preface

1. The definitions of leadership come respectively from Patricia R. Cook, “Isabel Stewart, Nursing Education Leader,” *Nursing and Health Care: Perspectives on Community* 16 (January/February 1995):23 and an incomplete citation from Teed, *The Art of Leadership* (nd) as cited in Mary Toy, “Interesting Facts Concerning the History of Early Hospitals, Nursing Schools, and Nursing Care in Oregon” (Corvallis OR: Address at the Centennial Program, District 6, ONA, April 6 1959). Interestingly enough Teed’s definition of leadership as a joint effort was voiced again by Judith Richardson in her keynote speech “A Celebration of Learning,” (Portland OR: 23rd Biennial Convention of the NLN, June 8-11 1997). In her speech, Richardson said essentially leadership not only included the events recognized leaders were involved in but also the contributions of people who worked with them. Thus, leadership is informed and successful in proportion to the recognition of the mix of contributions of the all people involved and acknowledged leaders. To this author, Richardson’s comments suggest the notion of “we and ours,” not “I or mine.”

ENDNOTES–Chapter I

1. Despite the image of the West as a place of very few people and vast spaces, the West Coast was, in fact, highly urbanized. One and one-half million people attended the Lewis and Clark Exposition. Portland sponsored the exposition in hopes that it would not lose its primary place to Seattle, where Alaska gold was assisting in the growth of the city. For a discussion of the effects of urbanization on the West see Gordon B. Dodds, *The American Northwest: A History of Oregon and Washington* (Wheeling, IL: Forum Press Inc., 1986), 134-136; and Richard White, *“It’s Your Misfortune and None of My Own”: A History of the American West* (Norman OK: University of Oklahoma Press, 1991), 391, 415-418. The statue of Sacajawea can be seen in Washington Park. Histories of the Good Samaritan, St. Vincent, and Portland Sanitarium and Hospital schools all suggest that the first superintendents of the hospitals and directors of nursing education came from the East. Specific citations appear later in these endnotes.

2. It is impossible to verify with the existing data the exact number of schools that sprang up as hospitals opened throughout the state. The number 20 appears in a typescript found in an undated (probably the 1930s), miscellaneous file in the School of Nursing archives in a document titled, “Nursing organization,” which is part of a series of

typescripts addressing various aspects of the School's development. Data in Marjorie Johnson Boufford, "A History of Nursing in Oregon" (master's thesis, Oregon State College, 1951), 84-85 supports this finding, listing 18 schools during the 1920s. An additional source (see note 3) identifies another school missing from Boufford's list, which would bring the total to at least 19.

3. For information on the founding of the Multnomah Hospital Training School for Nurses, see an untitled report from Grace Phelps to Henrietta Doltz, no date, OHSU SON historical file; and the *Circular of Information of the Multnomah School for Nurses of the Multnomah Hospital 1909-1910* (Portland OR: UOMS Hanging File-Education, Nursing, Multnomah Training School for Nurses). For information on the founding on the Public Health Nursing option of the University of Oregon extension division, Portland School of Social Work, see an untitled report by Elnora Thomson, no date, in the files of Miss Henrietta Doltz, and the *Training Courses offered by the Portland School of Social Work of the University of Oregon: Announcements for 1919-1920* (Portland OR: Portland State University Library). It is impossible with the available data to determine whether the Multnomah Hospital Training School for Nurses was the fourth or fifth diploma program in the city. The most likely scenario is that it was the fifth program because Sellwood Hospital opened in 1908. Hospitals rarely opened in this time period without pupil nurses as staff. Mrs. Margaret Burnie Fox ('26) reported in an interview with Mrs. Shirley Franzen Schumann ('46) that Sellwood did have a program that closed in 1917 or 1918 because of "accreditation" difficulties.

The Good Samaritan Hospital School became the Linfield-Good Samaritan School of Nursing in 1982; the St. Vincent Hospital School became the University of Portland School of Nursing in 1935; and the Portland Sanitarium and Hospital School became the Walla Walla College of Nursing in 1946.

4. This history, as many others concerned with the development of a collegiate nursing education, assumes the desirability of a professional development paradigm as opposed to that of an apprenticeship paradigm. Numerous sources arguing each position are available. Readers are referred to Tom Olson, "Competing Paradigms and the St. Luke's Alumna Association Minutes, 1895-1946," *Advances in Nursing Science*, 12 (July 1990):53-62, for a concise presentation of the two positions with supporting references.

5. Letter from Mildred Lenoir to Grace Phelps, 16 February 1933, with a follow-up note 2-17-33, "Phoned up."

6. Courtney M. Smith, "History of the Origins and Growth of the Multnomah County Hospital," Typescript, March 30, 1933, (Portland, OR: Oregon Historical Center, Vertical File, Multnomah County Poor Farm), and Courtney M. Smith, "The History of Origin and Growth of the Multnomah County Hospital, Portland Oregon," (A paper read before the Medical History Club of the University of Oregon Medical School, 30 March 1933).

7. Smith, Typescript, 4; and "7 Nurses in First Class," no source, 11 June 1911.

8. See for example, Stephanie A. Stachniewicz and Jean K. Axelrod, *The Double Frill: A History of the Philadelphia General Hospital School of Nursing* (Philadelphia: George F. Stickley Company, 1978), 12,17-18; George. P. Ludlam, "The Organization and Control of the Training School." *New York Medical Journal*, 83 (April 28 1906):851; and Mary M. Roberts, *American Nursing: History and Interpretations* (New York: The MacMillan Company, 1954), 62-63.

9. Maybelle Jacobs Emerick, Oral History by Elaine Mahoney ('61), April and May, 1996 (Portland, OR: OHSU SON historical files).

10. The first notation that Mrs. Spaulding is a resident of Portland and is superintendent of the hospital occurs in *Polk's Portland City Directory* in 1910. Continuous listings of this information occur through 1917. There is no listing for Miss Muhs. For the information on Mrs. Spaulding and Miss Muhs' role in the development of the School, see an untitled report from Grace Phelps to Henrietta Doltz, no date. For Miss Muhs credentials, see letter from Helen Debs Bodkin to Grace Phelps, 14 January 1952. Both documents are available in the OHSU SON historical files.

11. Editor, "The Trained Nurse and Her Position," *Journal of the American Medical Association*, 37(1901):982.

12. W. Gilman Thompson, "The Overtrained Nurse"; Robert Abbe, "The Trained Nurse and Surgery"; and George P. Ludlam, "The Organization and Control of Training Schools", all in *New York Medical Journal*, 83(April 28, 1906):845-853.

13. Phelps to Doltz, 1.

14. Mrs. A.B.Y. Spaulding, "The Training School," *The Pacific Coast Journal of Nursing* (May, 1914):208-210. Mrs. Spaulding's article is a good example of the professional development versus the apprenticeship model of nursing education as advocated in the early decades of the 20th Century. The question of what constituted reasonable hours of duty is an interesting one. Susan Rimbey Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946-1986* (New York: Peter Lang, 1996),⁹ suggests many students worked 70-90 hours per week. In larger hospitals the average was 60 hours per week.

15. Roberts, *American Nursing: History and Interpretation*, 5, 54-55.

16. Boufford, *A History of Nursing in Oregon*, 5. The number of graduates from the Multnomah Hospital Training School was small during these early years. Although it is likely that several students (8 to 10) entered in most classes, the range in number of graduates between the years 1910 and 1920 is two to eight (untitled list of graduates—diploma, certificate, and degree, 1910-1941, OHSU, SON historical files). L. A. Eickman, "Multnomah County Hospital," in a 1938 report in the School of Nursing history files states that in 1917 there were 27 students in the School.

17. *Circular of Information*, 1. Leighow, *Nurses' Questions/Women's*, 12 reminds us that graduates of the better hospital schools as well as those graduating from collegiate programs found work in areas other than private duty. She attributes this to the Progressive and settlement house movements. Both of these movements were popular in Portland, and it is natural the Multnomah Training School would aspire to have its graduates eligible for work in these fields.

18. "Obituary: Grace Phelps." *The Oregonian*, no page, 22 May 1952, (UOMS Biographic Files, North Tower).

19. Phelps to Doltz, 1. Dr. Josephi said in 1910 that the hospital was one of the finest of its kind at the time.

20. Phelps to Doltz, 1-2. The June 1933 *Oregon Nurse* reports that one MCH graduate died in France. She was Miss I.A. Ledford of Hillsboro. "State Association Sends Gift to Bordeaux School," *Oregon Nurse* (June 1933): 8.

21. Emerick, Oral History.

22. Emerick, 2; and Roberts, *American Nursing: History and Interpretations*, 66-69. Roberts recounts that the original Teacher's College program began as early as 1899. Its focus was hospital economics. By 1905, it had expanded substantially and in 1907, Miss Adelaide Nutting headed the program. She was "the first nurse in the world to become a professor in a university." Between 1910 and 1912, with generous private funding, the program was converted to a department of nursing and health with offerings in public health nursing, teaching and administration.

23. A major contradiction occurs at this point. Several early histories of the School cite Courtney Smith's position suggesting that Mrs. Emma Jones assumed the position of superintendent of the hospital in 1915 when she is credited with going public with an almost blasphemous attack of the conditions that existed at the facility at Second and Hooker. Miss Phelps, on the other hand, suggests that Mrs. Spaulding remained as superintendent until 1917. Miss Phelps' assertions appear to be more correct. *Polk's Portland City Directory* confirms that Mrs. Spaulding was superintendent in 1917; it lists Mrs. Jones as a nurse at the hospital in 1918 and as superintendent in 1919. Mrs. Jones' obituary says she came west in 1917, not at an earlier date. In the oral history with Mrs. Maybelle Jacobs Emerick by Elaine Mahoney, Mrs. Emerick reports that the conditions at the hospital were good. It is likely that both sides of the argument have merit. The mansion converted to a hospital was most often overcrowded; staffing was unusually short because of World War I and there was a serious influenza epidemic.

24. Mary C. Dickson, *Marquam Hill—Medical Center* (bachelor's thesis, University of Oregon Medical School, Department of Nursing Education, 1939) as a preparation for the bachelor of science degree; and, Fred Leonhardt and Darrell Ward, *1887-1987: 100 Years-Reflections of Yesterday: School of Medicine, The Oregon Health & Science University* (Portland OR: Oregon Health & Science University, 1987).

25. Dickson, *Marquam Hill—Medical Center*, 4. Rebuttals to the legend can be found in Ken Niehans, "And All This Time We Thought..." *Imprint* 19 (Autumn 1971): 10-11; and Bertha B. Hallam, "Medical School on the Hill." In *Land of the Multnomahs: Sketches and Stories of Early Oregon* (Creative Writers of the American Association of University Women, 1973).

26. Dickson, 4.

27. Dickson, 12.

28. Dickson, 13, 30. Dickson relates several stories of generous fundraising efforts by the people of Portland. Near the end of the campaign to raise money for the original medical school building, Julius Meier, who would later become governor, moved quietly through the tables at a Chamber of Commerce dinner. As others were struggling to determine what to do, he announced he had collected half the amount needed and would have the rest the next day (p. 13). The breadth of people involved in raising money for Doernbecher Childrens' Hospital was even more impressive. Dickson reports, "Joe Harty, a legless newspaper boy, gave the first gift in this campaign [to furnish the hospital]. He left his papers on the street in care of another boy while he hurried to Eric Hauser with his liberal gift of \$5.00 for others less fortunate (p. 30). Organizations such as the American Legion, Portland Post No. 1, Goodfellows of the Portland Telegram, the Portland Rotary, the Elks, the Junior League, the State Federation of Women's Clubs, the Boy Scouts, the State Board of Dental Examiners, the Portland Grade Teacher's Association and a host of private citizens contributed whatever they could. Dickson notes the women imprisoned in Multnomah County Jail sewed for the hospital before it opened. Community spirit supporting the institution has continued, e.g., funding for the School of Nursing building in the 1990s.

29. From the *Oregon Daily Journal*, 29 August 1923 (no page), and cited in *The Multnomah*, 1(May 6 1973):1, ephemera for the 50th Anniversary of Multnomah County Hospital.

30. Dickson, *Marquam Hill—Medical Center*, 25.

31. Commencement Program, *The Multnomah Training School for Nurses*, 2 June 1926, Multnomah Hospital, Marquam Hill. Available in School of Nursing file of commencement programs.

32. See transcripts of interviews, Aura Johnson Neely ('26), by Kathleen Hartshorne, director of development, 2 August 1990; and Margaret Burnie Fox ('26), by Shirley Franzen Schumann ('46), 1 March 1996 and 22 May 1996. Both transcripts are available in the OHSU SON historical files.

33. Fox, "Interview." Although unverifiable, it is possible to speculate that the philosophy of student individuality promulgated by Mrs. Spaulding persisted into this period in the School's history. That is, transfer students would be admitted and allowed to demonstrate their competence to finish the program. Mrs. Lenoir's letter to Miss Phelps suggests that this was not the case in all Oregon hospital schools as late as 1933.

34. See for example, Isobel M. Stewart, "The Movement for Shorter Hours in Nurses' Training Schools," *American Journal of Nursing*, 19(June, 1919):439-433; Anna C. Jamme, "The California Eight-hour Law for Women," *American Journal of Nursing*, 19(July, 1919): 525-530; Elizabeth F. Miller, "Conditions Which Influence the Health of Student Nurses," *American Journal of Nursing*, 19(October, 1919): 757-763; Josephine C. Goldmark, *Fatigue and Efficiency*, 1912 as cited in Report of the Committee for the Study of Nursing Education and Report of a Survey by Josephine Goldmark, *Nursing and Nursing Education in the United States* (New York: The MacMillan Company, 1923).

35. "Students Granted 56-hour Week", *Oregon Journal*, 1 July 1919; and "Student Nurses are under State Industrial Board," *Oregon Journal*, 9 July 1919. The Oregon response of assigning authority to the State Industrial Board may have been predicated on an earlier suit, *Muller v. Oregon*, (1908). This case, which was argued by Louis Brandeis, was based on research by Josephine Goldmark. The case "...helped establish the constitutional validity of protective legislation in industry," (p. 229) in J.S. Uglow, comp/ed., " Josephine (Clara) Goldmark, *The Continuum Dictionary of Women's Biography*. (New York: Continuum, 1989), 229-230. Goldmark would in 1923, write *Nursing and Nursing Education*, the closest report in nursing to the Flexner report in medicine.

36. Fox, "Interview;" and Neely, "Interview."

37. "Constitution and Standing Rules of the Multnomah Training School," (Portland OR: November 1928).

38. Fox, "Interview;" and personal communication with Elaine Mahoney ('61).

39. Neely, "Interview."

40. Shirley Veith, "The Beginning of Baccalaureate Nursing Education at the University of Kansas: A Midwestern Experience," *Advances in Nursing Science*, 12(July, 1990):65-67.

ENDNOTES—Chapter II

1. An untitled report from Elnora Thomson to Henrietta Doltz, no date, OHSU SON historical files, 1-2.

2. Elena Simonson, "A Great Personality, Elnora Thomson," (bachelor's thesis, University of Oregon, 1947). After her retirement from the Oregon program, Miss Thomson joined the faculty at the University of California, Berkeley.

3. Portland School of Social Work of the University of Oregon, *Announcements, 1919-1930*, (Eugene OR: University of Oregon). The quotation is taken from the 1919-1920 Announcement, 2.

4. "Welfare Week-End Number," *The University of Oregon Extension Monitor*, 12 (July 1924). In this issue of the Extension Monitor, the ability of the programs of the School of Social Work to meet the needs of rural communities is featured. The program offered in Pendleton in March 1924 is used as an exemplar. A presentation by Glendora M. Blakely, R.N., titled "Public Health Nursing," describe the varied duties of a county health nurse.

5. *Announcements, 1920-1921*. See also "History of Field Experience for PHN Students, University of Oregon," no date, OHSU SON historical files. This report says the first experiences were at the Visiting Nurse Association. They were supplemented with placements in Portland public schools, a month-long, rural experience which was soon extended to three to four months and included social case work.

Course Descriptions, Public Health Option, 1920-1921

1. Principles of Public Health Nursing. Deals with the problems in nursing in poor families, and the measures to be followed in various types of families, including hygiene and preventive methods, and the handling in the home of acute, chronic or contagious illnesses. The relation of the district nurse to the physician, the health authorities, the public and philanthropic, will be considered, as well as the special problems of nursing in social service, industrial welfare, and the rural district. Miss Elnora Thomson.

2. Application of Preventive Medicine in Nursing. Designed for nurses in public health work. Deals with methods of modern medicine in the prevention of disease. It considers the causes of infant mortality, tuberculosis, and the more prevalent communicable diseases. It deals, also, with alcoholics, feeble-mindedness, insanity, etc., and with preventive measures. Miss Elnora Thomson.

3. Hygiene and Sanitation. The principles of sanitary science; water and milk supply; sewage and garbage disposal; tenement and factory sanitation; functions and methods of boards of health; the use of vital statistics.

4. Nutrition. A non-technical study of the function and nutritive value of foods, the feeding of families with particular reference to nutritive requirements, and the cost of food in relation to the family budget.

5. Practical Sociology. a. *Modern Social Problems*. An introduction to the study of modern social problems and their relations. The family, property rights and freedom of contract; industrial conditions; the public health movement in its relation to other social problems; labor problems; social legislation and social insurance; co-operation versus individualism.

b. *Social Work*. The case method; sickness, widowhood, inebriety, inefficiency, unemployment; the nature and use of case histories; the use of other agencies; the development of plans and treatment.

c. *Rural Social Conditions*. The problems of rural sociology, including the character of the rural population; effects of immigration and interstate migration; standards of living; the work of rural schools, churches, granges, cooperative associations, state clubs, and similar organizations.

d. *Racial and Cultural Equation*. A study of methods of approach to individuals, families, classes, and communities. Foreign and native populations will be studied with reference to customs, superstitions, and other racial characteristics; concrete plans for community service will be developed.

6. Mary M. Roberts, *American Nursing: History and Interpretation*, (New York: The MacMillan Company, 1954), 176-180.

7. Thomson to Doltz, 5.
8. Correspondence between Grace Phelps and Sadie Orr Dunbar, (Portland OR, UOMS hanging file, and SODNEF Ephemera, no date), 4.
9. Phelps and Dunbar.
10. Richard B. Dillehunt, M.D., to Grace Phelps, 3 May 1920, OHSU SON historical files; and Thomson, 8.
11. Phelps and Dunbar.
12. Thomson, 3-4.
13. Thomson, 3-4; Maizie Wetzel, "Untitled Convocation Address, 1946," OHSU SON historical files. Miss Wetzel suggests that it was not only the color of the caps and gowns but the placement of the students in the graduation processional. They were placed immediately in front of those graduates who would receive advanced degrees.
14. "List of graduates," *The University of Oregon Portland School of Social Work: Announcements, 1922-23* 10, and *1924-1925*. The first two B.S. graduates were Mary A. Brownell and Helen Hartley (1922). Three B.S. degrees were awarded in 1923 to Marion G. Crowe, Mildred L. Dodge, and Maude Morse Stritmatter. E-mail correspondence, Keith Richards, Archivist, University of Oregon, 18 July 1996. Conversation and correspondence with Keith Richards, archivist at the University of Oregon, provides the following information. The junior certificate was awarded for the successful completion of lower division course work. Many students, especially young women, at this time were unable to demonstrate sufficient credits for a degree, but accomplished course work congruent with the lower division. The junior certificate was awarded in recognition of this accomplishment.
15. Multiple sources are available about life in the 1920s. One of particular interest describing life in the West is: Richard White, *"It's Your Misfortune and None of My Own": A New History of the American West*. (Norman OK: University of Oklahoma Press, 1991). The assertions about nursing education and the multiplicity in approaches are derived from a variety of sources. See for example, Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982) and Susan M. Reverby,

Ordered to Care: The Dilemma of American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1987). It is the author's contention that the response in Oregon was a sincere attempt to meet the needs of the state for district and public health nurses, and the compromise tolerable to physicians until such time as control of the School would be transferred to the School of Medicine. Support for the latter position can be found in Glendora M. Blakely, "Public Health Nursing", "New course for nurses is urged," *The Oregon Sunday Journal*, 14:1, 26 June 1921. The story is based on an interview with Jane C. Allen, R.N., who was a member of the faculty of the School of Social Work; and Shirley Veith, "The Beginnings of Baccalaureate Nursing Education at the University of Kansas: A Midwestern Experience", *Advances in Nursing Science*, 12 (July 1990):63-73.

16. See University of Oregon Portland School of Social Work, *Announcements, 1919-1930*, and Jessie L. Beard, "The Value of a Nurses' Training to a Social Worker," *The Pacific Coast Journal of Nursing* (May 1914).

17. Portland School of Social Work, *Announcements 1926*; and Thomson, 9. Miss Thomson suggests that students were either at MCH or St. Vincent Hospital. Other schools, such as Good Samaritan, apparently joined the program in 1928 with the advent of the three-year certificate program.

18. See correspondence file of Grace Phelps, (Portland OR: OHSU Biographic Files, North Tower). Whether the petition was successful or not is not clear. In a telephone conversation with Gordon Ranta, director of facilities planning for the university, he believes from a search of the plans that what is now known as Emma Jones Hall is the building; the source of funding remains in question. It seems likely that the petition was successful in that a person from the Rockefeller Foundation wrote Miss Phelps again in 1928 wishing to know who to whom official communication about the project should be addressed.

19. Phelps, 4.

20. Phelps, 4. A letter from Miss Phelps to Miss Thomson in November, 1926 identifies Cecil Schreyer as Miss.

21. Roberts, *American Nursing*.

22. Portland School of Social Work, *Announcements, 1925* and

1926, 7. See Margaret Bridgman, *Collegiate Education for Nursing* (New York: Russell Sage Foundation, 1953), 123-128; and Amy Frances Brown, *Curriculum Development* (Philadelphia: W. B. Saunders Company, 1960), 62-63 for descriptions of supplementary programs or "blanket credit" programs as they came to be known. See Jerome P. Lysaught, *An Abstract For Action* (New York: McGraw Hill Book Company, 1970), 114-117 and 165 for discussion and definition of articulation and the challenge exam.

23. Portland School of Social Work, *Announcements 1925*, 8.

24. Portland School of Social Work, *Announcements 1925*, 8-9.

25. Portland School of Social Work, *Announcements 1926*, 8, 10.

26. Portland School of Social Work, *Announcements 1927*, 16.

27. Roberts, *American Nursing*, 176. A typescript in the memorabilia of Catharine Prideaux, OHSU SON historical files, a member of the second class of baccalaureate students suggests that Harriet Osborn was one of only three or four students pursuing a degree. Miss Prideaux's class, which considered itself "pioneering," included only six students.

28. The University of Oregon Bulletin: School of Applied Social Science: *Announcement Number for the Sessions of 1930-31*, 27(8); and correspondence files of Miss Grace Phelps.

ENDNOTES—Chapter III

1. Diane Marsh, "The Making of a State System," press release, Office of the Chancellor, Oregon State System of Higher Education, 1979, quoting a 2 March 1929 article in the *Oregon Voter*.

2. Oregon State Board of Higher Education, "Minutes," 7 March 1932, 22/#277. The quotation is attributed to University of Wisconsin President Glen Frank.

3. Richard White, *"It's Your Misfortune and None of My Own": A History of the American West*, (Norman OK: University of Oklahoma Press, 1991), 463-466; and Margaret Castlio, "Depression Discouragement Fails to Reach Women," *Oregon Nurse II* (February 1932): 4, 16.

Unemployment among nurses was high. Alice Carey Joseph, director of the nurses registry, submitted a plan for consideration. See "Plan Formulated for the Relief of Unemployment," *Oregon Nurse* (January 1932):4,16; and Mary M. Roberts, "What Nursing Sees in NRA," *Oregon Nurse* (November 1933):4-5.

4. Marsh, "The Making of a State System," 1-5. After explaining the tax issues driving the legislative action, Marsh continued on to describe the composition of the first board. She remarked no woman was appointed and that this fact was noted and commented on in the 9 March no year,(probably 1930 or 31) *Spectator*. The editor suggested that because the majority of students were women and because there was not a lack of capable women, this was a serious oversight. Certainly Mrs. Gerlinger's outstanding service on the University Board of Regents confirms the latter point. At the time of the first board vacancy in 1931, the issue was resolved. Cornelia Marvin Pierce was appointed to the Oregon State Board of Higher Education.

5. Department of Interior, United States Office of Education, *Advance Sheets: Survey of Oregon State Institutions of Higher Learning* (3 April 1931), 94.

6. *Advance Sheets*, 95,96,101,102. The surveyors' sense that medicine and nursing were basically social sciences suggests a sense of history, a political leaning, or both. Certainly medicine saw itself more closely aligned with the natural sciences by the 1930s, but the university had been its original home. Relocation to the college (OSU) would be confusing to alumni and could adversely affect alumni giving. And at this time as professional schools were gaining importance, it was probably beneficial to both the university and the medical school to argue that the School remain with the university. For a sense of the significance of the reorganization and the policy of non-duplication, see Charles David Byrne, *Co-ordinated Control of Higher Education in Oregon* (Stanford CA: Stanford University Press, 1940), Preface,1.

7. Byrne, *Co-ordinated Control*, 102; Lois Albegore Epeneter, "The Development of the Basic Professional Nursing Program Offered through the Department of Nursing Education, University of Oregon Medical School," (master's thesis, University of Oregon Medical School, 1958), 30; Philip A. Parsons, "Message from the Dean," *Alumni Bulletin: Portland School of Social Work*, 1:1. In his message Dean Parsons suggested that the board's decision to move the nursing and health education to the medical school was sound; however, he goes on that

this left very few students in this division on the extension center campus necessitating the closure of the social work program. As reported in an earlier chapter, almost one-half of the graduates of the Portland School of Social Work were nurses seeking advanced preparation in public health nursing; and "Nursing Education Changes Favor College Graduates," *Oregon Nurse*, II (February 1932):5,16.

8. Letter, Elnora E. Thomson to Dr. Richard B. Dillehunt, 18 March 1932, OHSU SON historical files.

9. See Mary M. Roberts, "Section VI. The Years of the Black Depression 1929-1935," *American Nursing: History and Interpretation*, (New York: The MacMillan Company, 1954), 222-256, for an informative discussion of these changes.

10. The considerable debate in the literature about the appropriate preparation of nurses, the scope of practice, and the relationship between medicine and nursing persist. In the 1930s, several issues were of concern. First, there was a surplus of nurses and a depressed economy. Second, there were only three or four "collegiate" schools that were autonomous from schools of medicine. If non-affiliate programs grew and more nurses were hired by hospitals as staff as was proposed there would be less need for students to staff hospitals. A non-affiliate model would decrease medicine's control over nursing and be very costly to hospitals.

11. See for example, general discussions in Margaret Bridgman, *Collegiate Education for Nursing* (New York: Russell Sage Foundation, 1953); and Amy Frances Brown, *Curriculum Development* (Philadelphia: W. B. Saunders Company, 1960). In Bridgman, on p. 51 see recommended size of library for hospital schools. While it is likely the UOMS library was equal to most in total "professional" volumes, the list, "Books on Nursing in the Medical School Library", a document in the SON Historical files suggests the inadequacy of the nursing collection.

12. Roberts, *American Nursing*, 248-249.

13. Letter, Richard B. Dillehunt to Grace Phelps, 27 July 1932; and Thomson to Dillehunt, 3.

14. *University of Oregon Bulletin*, 1926 (Eugene OR: author, 1926), 23(9):5; Oregon State System of Higher Education, *Bulletin: University of Oregon Medical School*, 1933-1934 (Eugene OR: author, 1933-1934).

15. See Brown, *Curriculum Development*, 13-14. The issue of blanket credit plagued nurse educators until well into the 1970s when teacher-made challenge exams and standardized tests of prior knowledge were readily available. This school of nursing was no exception. See for example, University of Oregon School of Nursing (1970) "Progress Report to NLN," for a lengthy discussion of how better to integrate the R.N. student into the generic program.

16. Catherine Prideaux ('33), memorabilia donated to the SON historical files.

17. The concern for what constituted a good school was discussed in many forms. See for example Bridgman, *Collegiate Education for Nursing*, 101-122; and Nursing Information Bureau of the American Nurses Association cooperating with the National League of Nursing Education and The National Organization of Public Health Nursing (three pamphlets), *How to Choose a Nursing School, So You Want to be a Nurse, and When You are a Nurse* (author, 1935, in Prideaux memorabilia). The affiliation program ended in 1936. The five-year program using the facilities of Multnomah Hospital but controlled by the department of nursing education became the norm. The program attempted to clearly enunciate accepted collegiate standards for consecutive type programs. The quotation is from, Elizabeth S. Soule, "Elnora Thomson," *Biographical Sketches, 1937-1940* (New York: National League for Nursing Education, 1940).

18. *Theses: Nursing Education*, Vols. 1-11. (Portland OR: University of Oregon Medical School, Department of Nursing Education, 1931-1941).

19. Oregon State System of Higher Education, *Bulletin: University of Oregon Medical School, 1937-1938* (Eugene OR: author, 1937-1938), 57.

20. Katherine Bisbee, "Role of the Public Health Nurse," *Theses*, Preface.

21. Ester R. Scott, "Patients Relation to Society and Its Importance in Nursing Education," *Theses*, Introduction. Although alumni from the period of World War II the author talked with do not remember writing theses, the data in endnote 28 suggests that at least a few students wrote theses until 1947.

22. Oregon State System of Higher Education, *Bulletin: University of Oregon Medical School* (Eugene OR: author, 1937-1938), 57. In a move either to enrich its offerings with the four-year program or to increase enrollment, the department initiated summer offerings again in 1937. An advertisement on page 9 of the May 1937 *Oregon Nurse* read "To the young woman with ability the profession of Nursing offers almost unlimited opportunity for service...Different types of curricula of interest to nurses will be offered during the summer term."

23. Correspondence, Elnora E. Thomson, David W. Baird, and Ralph Couch, 31 October-7 November 1940, OHSU SON historical files; and Epeneter, "The Development of the Basic Professional Nursing Program Offered through the Department of Nursing Education, University of Oregon Medical School."

24. Zoe Lauder, "Interview by Kathleen Hartshorne," typescript, Portland OR, 1991. The pervasive sense of difference diploma and degree students felt was expressed in a 1997 letter to the Alumni Association from Mary Hoss Williams ('50) in which she wrote: "I know I was only a diploma student, but I enjoyed my 40 years of nursing association with the School."

25. Philip A. Parsons, "School of Applied Social Sciences," in *Biennial Report* of Dr. Arnold Bennett Hally, president of the University of Oregon, to the State Board of Higher Education (Eugene OR: August 15, 1932).

26. Lynne Hektor, "Lessons from the Past: Janet Geister, 1865-1964", *Nursing & Health Care: Perspectives on Community*, 16 (January/February, 1995):18-19.

27. Soule, *Biographical Sketches*.

28. Simonson, "A Great Personality," 17.

ENDNOTES—Chapter IV

1. Letter, Marguerite Clark to "Olga," 11 January 1941, alumni file, OHSU SON historical files.

2. Doris Kearns Goodwin, *No Ordinary Time, Franklin and Eleanor Roosevelt: The Home Front in World War II* (New York: Simon & Shuster, 1994). While these conditions may seem deplorable, they

were far better than those in Europe. Hitler was moving; on May 9 bombs would fall in many European cities; France would fall in June. During his celebratory trip to Paris the weekend of June 21, Hitler, among other things, ordered the destruction of the monument to the English nurse, Edith Cavell (p. 73).

3. Mary M. Roberts, *American Nursing: History and Interpretation* (New York: The MacMillan Company, 1954), 257-259; and Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 193-198.

4. Richard White, *"It's Your Misfortune and None of My Own": A History of the American West* (Norman OK: University of Oklahoma Press, 1991), 496-509; Goodwin, *No Ordinary Time*, 416-418 explains that in Portland (probably Vanport) Eleanor Roosevelt persuaded Kaiser to demonstrate that the rising concern about child neglect associated with the huge numbers of women in the workforce could be ameliorated if adequate day care were available. The Swan Island center, which opened in 1943, became a model for the nation.

5. Goodwin, *No Ordinary Time*, 43. Goodwin citing historian Richard Polenberg says, "Class membership determined virtually every aspect of an individual's life...school, church, who [one] married, clubs, magazines...". Clearly, predominantly white middle-class Portland was no exception to this rule. Bernice Orwig Cochran, "Interview with the Class of 1946." (Portland OR, 1996). Cochran recalled her public health experience at Vanport. She recollected that she was required to notify the police in the area when she arrived and left as a "safety" measure. It is her belief this was necessitated by a general lack of understanding of the values of people of different cultures that was prevalent in the city.

6. Capt. Fitzhugh Mullan, M.D., *War, Women, and the Cause of the Sick—The U.S. Cadet Corps Nurses*, ephemera of the Public Health History Project, Office of the Surgeon General, no date, 1.

7. Harriet McRay LeCours, ed., *Memories from the Class of 1942* (Portland OR: OHSU, 1993).

8. Philip A. Kalisch, and Beatrice J. Kalisch, "Nurses under Fire: The World War II Experience of Nurses on Bataan and Corregidor," *Nursing Research* 25 (November/December 1976):409-429. Sixty-six army nurses, 12 navy nurses and one civilian nurse were imprisoned after the fall of Corregidor—20 were from Washington or California; one was from Oregon (Bertha R. Evans—school unknown).

9. Susan Y. Stevens, "Sale of the Century: Images of Nursing in the Movietone news during World War II," *Advances in Nursing Science* 12(July 1990):44-52.

10. Gwendolyn Safier, "Lucille Petrie Leone," *Contemporary American Leaders in Nursing: An Oral History* (New York: McGraw-Hill Book Company, 1977), 164-171.

11. Sylvia Perkins, *A Centennial Review: The Massachusetts General Hospital School of Nursing, 1873-1973* (Boston: School of Nursing, Nurses Alumnae Association, 1975), 321; Stephanie A. Stachniewicz and Jean Kilgore Axelrod, *The Double Frill: The History of the Philadelphia General Hospital School of Nursing* (Philadelphia PA: George F. Stickley Company, 1978), 163-164; Katherine Sears, "Interview by Kathleen Hartshorne," typescript, Portland OR, 9 August 1990, 2. Stachniewicz and Axelrod describe the uniform as follows. "The complete winter uniform consisted of a white blouse with a Peter Pan collar, a soft gray suit, a warm top coat, a reversible raincoat, a shoulder-strap handbag of leather, and the side-swooping Montgomery beret. In summer, the cadets wore gray and white striped cotton suits with short sleeves, and a light gray hat trimmed with a red band. Silver buttons were embossed with the emblem of the U.S. Public Health Service—a fouled anchor crossed by a caduceus. The Maltese Cross was worn on red epaulets. The beret emblem was anchor and caduceus surmounted by a spread eagle and a shield with stars and stripes. A shoulder patch of red and white carried out the motif. Perhaps all the details of emblem and epaulet seem 'too much' by today's standards, but they were appropriate for the times—times of great patriotism and concern for the men who were serving their country."

12. Lois Albegore Epeneter, "The Development of the Basic Professional Nursing Program offered through the Department of Nursing Education, University of Oregon Medical School," (master's thesis, University of Oregon, 1958).

13. As cited in Perkins, *A Centennial History*, 321-322.

14. "Student Nurse Recruiting: Interview between Announcer and Nurse," no date—but after 1942 because it includes a reference to Bataan, OHSU SON historical files.

15. Bernice Orwig Cochran, "Interview with the Class of 1946," Portland OR, June 1996.

16. Shirley Franzen Schumann, "Interview with the Class of 1946," Portland OR, June 1996.

17. Roberts, *American Nursing*, 390; and Sears, "Interview."

18. Safier, *Contemporary American Leaders in Nursing*.

19. Winnifred deWitt Tyler, in LaCours, ed., *Memories from the Class of 1946*: 49.

20. Louise Cavagnaro ('43), "Interview by author," Portland OR, 5 August 1996.

21. There are any number of references in the recollections shared by alumni of this period to a change in their behavior after their experience in the war; although, they do not attribute the change directly to their war experience. The rhetoric moves from stories about accepting "exploitation" during student years and first experiences as graduates to resigning from jobs shortly after their return because unacceptable patient care conditions were the norm. They then moved on to administrative positions and assumed lobbying responsibilities to bring about needed changes in patient care. See especially the interviews with the classes of 1942 and 1946.

22. Elaine Teutsch, "Videotape interview-1992;" and "follow-up telephone confirmation-1997"; Goodwin, *No Ordinary Time*, 321-322, 427-431. Teutsch reported in our follow-up telephone conversation, that the two students who were cousins now live in eastern Oregon and have had some contact with the School on the La Grande campus. Those reports remain unverified at this time. Goodwin explained the internment of Japanese-Americans whether Issei or Nissei as a significant dilemma for Roosevelt. Anti-Japanese public opinion was high throughout the war. However, not only were the conditions in the camps reminiscent of a prison, it was impossible to demonstrate that the internees were really enemies. With the efforts and arguments of Eleanor Roosevelt and Secretary of the Interior Ickes, one-third of the internees were allowed to work, go to school or join the military by the end of 1943. It seems likely our two former students were among this group.

23. Henrietta Doltz, "Nursing Education: We Discontinued Our Diploma Program," *American Journal of Nursing* 52 (April 1952):479-480.

24. May Rawlinson ('43), "Interview by author," Portland OR, 4 April 1997.

25. Doltz, *American Journal of Nursing*.

26. Doltz, *American Journal of Nursing*; Perkins, *A Centennial Review*, 321; and Thomas P. Murdock, Warren F. Draper, Howard K. Gray, Leland S. McKittrick, and Donald W. Smelzer, "Report of Committee on Nursing Problems", *Journal of the American Medical Association* 137(July 3 1948):878-879.

27. "Citation of the Week," *The Oregonian*, 6 August 1944.

28. Elizabeth Marshall Creighton, Harriet McRay LeCours and Shirley Howell O'Connor, *Memories from the Class of 1942*, 12,21,43. The origin of the teapot is unknown. It is possible it is one that was presented to Miss Thomson in 1931 in Great Britain in recognition of a presentation after her attendance at the International Council of Nurses. See, "Miss Thomson to Speak at October District Meeting," *Oregon Nurse* I(October 1931):6.

29. "Interviews with the classes of 1942 and 1946; and Letter, Henrietta Doltz to Virginia Olcott, 6 April 1945, OHSU SON historical files.

30. Bernice Orwig Cochran, ('46), "Telephone conversation with author", 1997.

31. "Interviews with the classes of 1942 and 1946"; Doltz, *American Journal of Nursing*; and Catherine Kemmerer, "Telephone conversation with author," 1997.

ENDNOTES-Chapter V

1. Incomplete citation attributed to Dennis O'Brien, *Commonweal* 28 March 1997; Susan Rimby Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946-1986* (New York: Peter Lang, 1993) 1-3,10,53; Richard White, *"It's Your Misfortune and None of My Own": A History of the American West* (Norman OK: University of Oklahoma Press, 1991) 513-519; Esther Lucille Brown, *Nursing for the Future* (A Report prepared for the National Nursing Council, New York:

Russell Sage Foundation, 1948) 129; and Mary M. Roberts, *American Nursing: History and Interpretation* (New York: The MacMillan Company, 1954) 666-668.

2. The search for a new director initially sought a nurse with doctoral preparation, which was the vanguard approach of the prestigious schools. Of those candidates with doctoral preparation interviewed, either relocation was a problem or the match not good. Miss Doltz was the candidate of choice of those with master's degrees. For information about Miss Doltz's background and recognition see Miss Doltz's Curriculum Vitae; "Nursing Director Selected for Woman of Year Honors," *The Oregonian*, December 1951; "Miss Henrietta Doltz, R.N. Woman of the Year," *Multnomah County Medical Society Bulletin* February 1952:20; and "Dedication," *The Lamp* 1950.

3. Stephanie A. Stachniewicz and Jean Kilgore Axelrod, *The Double Frill: The History of the Philadelphia General Hospital School of Nursing* (Philadelphia PA: George F. Stickley Company, 1978) 110-112. The authors provide another example that the period immediately after the World War II was a difficult time for those people doing day-to-day administration of programs.

4. Henrietta Doltz, "Recommendations as presented by the Executive Faculty of the Department of Nursing for strengthening the program," Memorandum to Dr. D.W.E. Baird, 25 February 1946, OHSU SON historical files.

5. Brown, *Nursing for the Future*, 74.

6. Doltz, "Recommendations," 2-3.

7. "Olive A. Slocum, M.A.; July 16, 1897-April 27, 1985," (Invitation to contribute to a memorial in Miss Slocum's name, no date, OHSU SON historical files); Bernice Orwig Cochran, "Interview with the Class of 1946," Portland OR, June 1996, 1. A file in the SON historical materials includes a collage of 25 newspaper clippings from 20 newspapers across the state directed to increasing enrollments. Examples of article titles include: "Nursing Offers Profitable Field," "College Trained Nurses Sought," and "Career Girls Urged to Study Nursing." The articles appeared between February and April 1946. An additional fact of interest that would have later faculty implications for Bernice Orwig Cochran was the increase in the number of students coming from Vanport(PSU). The on-campus advising program would expand to

include PSU with Bernice as the prenursing advisor and continue through the 1960s, providing prospective students with a vital link to the medical school campus.

8. Department of Nursing, University of Oregon Medical School, *Student Handbook* (Portland OR: author, 1946) 22. The tension between policy and practice remembered by so many alumnae is apparent in the policy statement. While students were allowed to marry at any time, they could not take a leave of absence to marry; they were required to withdraw and reapply for admission. Leaves would become available in the early 1950s as enrollment problems persisted and the student as learner not laborer emerged. For a sense of the issues around marriage and work, see Leighow, *Nurses Questions/Women's Questions*, 15,42.; and incomplete citation, Linda Hughes, "Little Girls Grow Up to be Wives and Mommies," *Socialization, Sexism, and Stereotyping: Women's Issues in Nursing*. See JoAnn Ashley, *Hospitals, Paternalism and the Role of the Nurse* (New York: Teachers College Press, 1976) 34-52 for a discussion of the concept student or laborer.

9. "Interview with the Class of 1946"; and Olive Slocum, "Report on Nursing Education at University of Oregon and Oregon State College, Spring 1945-1950," 28 July 1950, 3, OHSU SON historical files.

10. Lois Abalgore Epeneter, "The Development of the Basic Professional Program offered through the Department of Nursing Education, University of Oregon Medical School," (master's thesis, University of Oregon, June 1958) 35-36. In 1952, after the closure of the diploma program, the department produced a recruitment piece using the a two-column technique in which it outlined the differences between diploma and degree education. Calling itself the "School of Nursing of the University of Oregon Medical School," the document listed the advantages of the "Diploma School - Hospital School of Nursing" and the "Degree Program - University or Collegiate School of Nursing." Another official offset recruitment document issued around this same time (1952-1955) and titled *Will This Be You?* labels the School as the Department of Nursing. (The pamphlet, *Will This Be You?*, is undated. The choice of the 1952-1955 publication dates were selected after a telephone conference on 7 April 1997 with Gordon Dodds, Ph.D., Professor of History at PSU. According to Professor Dodds, PSU was known as the Portland State Extension Center during this three-year period. The center is cited as one campus from which students may enter the nursing program.)

11. Henrietta Doltz, "Nursing Education: We Discontinued Our Diploma Program," *American Journal of Nursing* 52 (April 1952):479-480; "University of Oregon Medical School, Department of Nursing", *The Oregon Nurse* 13(August 1947):14; "University of Oregon Medical School Department of Nursing Education, Announcements," *The Oregon Nurse* 14(June 1949):8; and Henrietta Doltz, "Action regarding the discontinuance of the Diploma Program," Memorandum to Dr. D.W.E. Baird, 21 May 1949, OHSU SON historical files.

12. Letter, Elnora Thomson to Dr. Richard B. Dillehunt, 5 December 1936, OHSU SON historical files.

13. Memorandum, Henrietta Doltz to William Zimmerman, 25 March 1948; Memorandum, Henrietta Doltz Memo to Dr. D. W. E. Baird, 2 June 1949, both in the OHSU SON historical files; and Brown, *Nursing for the Future*, 152.

14. Henrietta Doltz, "Requisition and series of letters to University Press, Eugene Oregon," 12 April 1948 and 28 May 1948, OHSU SON historical files.

15. Memorandum, Henrietta Doltz to William Zimmerman, 21 December 1951; and *The Lamp* (Portland OR: SON, 1954, 1955), OHSU SON historical files.

16. Department of Nursing Education, University of Oregon Medical School, "An Examination of Certain Questions of Terminology and of Degree-granting Procedures Affecting the Department of Nursing Education (A Report to the Dean, University of Oregon Medical School from the Committee to find a Director Department of Nursing Education, 1957).

17. University of Oregon Medical School, *Student Handbook* (Portland OR: author, 1957, 1958) 42-43,48-49.

18. "Resolution on Appointment of Committee for the Study of Nursing Problems and Education," *Journal of the American Medical Association* 129(December 22, 1945) 1191; Brown, *Nursing For the Future*, 151-173; Ashley, *Hospitals, Paternalism and the Role of the Nurse*, 112-114; and Charles H. Russell, *Liberal Education and Nursing* (New York: Teachers College, Columbia University, 1959, A report published for the Institute of Higher Education) 21.

19. Russell, *Liberal Education and Nursing*, 37.

20. See for example, "University of Oregon Medical School Department of Nursing Education," *The Oregon Nurse* 13 (August 1947) 14 and 14(June 1949) 8; Eleanor Palmquist, "Graduate Cancer Nursing Course," *Oregon Cancer Control News* 2(September 1948) 1,3; Johanna R. Vreeland, "Curriculum Study Undertaken by the Oregon State League of Nursing Education," *Oregon Nurse* 15(December 1950) 14-16,21; and "Graduate-Nurse Program: University of Oregon Medical School (same issue) 15-16; and Lucille Gregerson, "A Way to Renew Your Nursing Knowledge," *Oregon Nurse* 17(September 1952) 5.

21. "Department of Nursing Education, University of Oregon Medical School." (A typescript identified as being taken from the W. K. Kellogg Foundation folder, 2 February 1957); Lucille Gregerson, "Resume of the Baccalaureate Specialization in Teaching and Supervision, 1947-1962," OHSU SON historical files; and untitled photograph from 1948, OHSU SON historical files; and Brown, *Nursing for the Future*, 49. Brown validated the assertion that most clinical supervisors were unprepared for their positions. She said that of "20,134 graduate nurses ...engaged predominantly on a part-time basis in...administration and instruction...Only 24 percent had as much as a bachelor's degree..."

22. Gregerson, "Resume of the Baccalaureate Specialization"

23. University of Oregon School of Nursing, *Self-evaluation Report* (Portland OR: author, 1971, A Report for the National League for Nursing) 108-110.

24. "Masthead, "Editorial Board," *Nursing Research* 1(June 1952) 1; "Oregon Nurse Has National Appointment," *The Oregon Nurse* 16(September/October, 1951) 30; and Marcella Cate ('64), "Interview by author," 12 March 1997, and Donna Buchanan Schantz Jensen ('56), "Interview by author," 19 March 1997.

25. Letter, Helen Nahm to Miss Doltz, 2 December 1952; "Educational Programs in Nursing Approved for Full Accreditation," *Nursing Outlook* 1(February 1953) 108 and 2(February 1954)104; and "University and College Programs for Graduate Nurses," *Nursing Outlook* 1(December, 1953) 705.

26. *The Lamp*, (Portland OR, Department of Nursing, University of Oregon Medical School, 1950).

27. Carol Pearson Storer ('49), "Mail Delivery," February 1997.

28. Marjorie Huff Nase ('52), "Interview with Kathleen Hartshorne," 20 August 1990, 9-10.

29. Nase, "Interview," 11,13.

30. Appropriately enough, the School of Nursing building sits on the site on the Hill where students slid down the hill on bedpans.

31. It is not possible from available materials to determine when the School decided to admit students of color. It seems likely that the policy would have come up for discussion in the early 1950s. In 1950, the National Association of Colored Graduated Nurses combined with the American Nurses Association—and by 1953 only three state and territorial association still had any restrictions against "Negroes and other minority groups." See Darlene Clark Hind, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession 1890-1950* (Bloomington IN: Indiana University Press, 1989) 190-191 and Chapter 4; and "Less Discrimination Against Negro Nurses," *Oregon Nurse* 18(March 1953) 7. In an undated recruitment brochure, but one that must have been published in 1955 or later because of the reference to the master's program, the following phrase occurs: "Regardless of race, creed, or marital status..."

32. Letters, Donna Buchanan ('56), to her parents; and Donna Buchanan Jensen, "Interview." All in the OHSU SON historical files.

ENDNOTES-Chapter VI

1. University of Oregon School of Nursing, *Nursing for You* (Portland OR, UOSN, no date) 4-5. This recruitment brochure is probably from 1961. The curriculum change referenced in the dated, 1960 recruitment brochure is in place and the Student Activities Building, which opened in July 1960, is referenced as "new."

2. For an excellent description of the relationships between the shortages experienced in the 1960s and 1970s, participation in the workforce, and the transformation of American nursing, see Susan

Rimbey Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946-1986* (New York: Peter Lang, 1996), 23-78.

3. Jean E. Boyle, "Personal Bibliography," 13 June 1962; and "Faculty Profile" *Nursing Notes*, 3(December 1968), no page. Miss Boyle taught and was director of nursing at The Dalles Hospital from 1937-1939. Both documents are available in the OHSU SON historical files.

4. Department of Nursing Education, University of Oregon Medical School, "An Examination of Certain Questions of Terminology and of Degree-Granting Procedures Affecting the Department of Nursing Education," (A Report to the Dean University of Oregon Medical School from Committee to Find a Director, Department of Nursing Education, Portland OR, 1957). Perusal of commencement programs from this period suggest that resolution to the issues surrounding who would award degrees occurred in 1960 when the department became a school of the University of Oregon.

The nature of the degree awarded was more problematic. Many schools awarded a bachelor of science in nursing (B.S.N.) acknowledging the professional nature of the program; others including the University of Oregon awarded the B.S. or the B.A. The acronym B.S.N. caught on in the nursing literature and is used in describing the degree in the 1963-64 and 1964-65 School of Nursing *Bulletin*. However, in these same catalogs the summary of degrees awarded lists the degree as B.S., as do all earlier and later documents. By the 1967-68 *Bulletin* the description as well as the degree summary both use the B.S. nomenclature. But commencement programs, including one from 1975, list at least one B.A. being awarded. The practice of awarding the B.A./B.S. had a long history and was continued as long as students had accumulated the appropriate credits making them eligible for either degree. Despite the fact that the School has always maintained a curriculum leading to the B.S. degree and the M.S. degree and awarded these degrees, graduates persist in using the common nomenclature, B.S.N. and M.S.N.

5. For a discussion of "authentically collegiate" programs and the sense that clinical time would/should be regulated, see Margaret Bridgman, *Collegiate Education for Nursing* (New York: Russell Sage Foundation, 1953) pp. 101-105. For an actual recommendation that

nursing practica follow the 3:1 contact:credit ratio and beginning discussion that programs could be shortened to four years, see Amy Frances Brown, *Curriculum Development* (Philadelphia: W. B. Saunders Company, 1960) pp. 18, 39-42.

6. Memorandum, Jarvis Gould to nursing service personnel with copy to Miss Boyle, 2 October 1958; and Charles N. Holman "Untitled document-copy", 7 August 1959. Both documents are in the OHSU SON historical files.

7. Holman, "Untitled;" Memorandum, Jean E. Boyle, "Employment Policies for Student Nurses Effective Spring Term 1962," 12 February 1962); and Memorandum, Jean E. Boyle, "Announcement of Changed Admission Date Effective Summer 1963," 30 October 1962.

8. Joseph B. Trainer, M.D., "Christmas Poem," 7 December 1961; and Memorandum, Jean Boyle, "University of Oregon School of Nursing: Announcement," 19 November 1964. May Rawlinson ('43), "Interview by author," Portland OR, 4 April 1997. Dr. Rawlinson recalled the tension that existed between nursing service and the School saying, "the leaders couldn't agree.....and both sides just dug in deeper." All documents are available in OHSU SON historical files.

9. "Three Separate Programs in Psychiatric Nursing Broaden and Strengthen Educational Offerings of School," *Nursing Notes* I(September 1965), 2.

10. Jean E. Boyle, Memorandum, "Biennial Report of the School of Nursing, 1960-62," 20 July 1962. Interestingly enough review of commencement programs from 1944-1973 shows three patterns of recognition or lack thereof of scholarship of basic students. The habit in the medical school was to confer cum laude status for outstanding scholarship. From 1954-1959, a few nursing students were recognized for high scholarship by either University of Oregon or Oregon State University depending on which institution conferred the degree. This practice ceased in 1960 when the department became a school. From 1960-1967 there is a notation at the end of each program of those students who earned high or highest honors, but there is no concomitant statement that this was recognized by the UO. It is likely that it is this lack of recognition at the university that prompted Miss Boyle's concern in 1962. In 1973, the School of Nursing began listing High Honors or Highest Honors directly under the candidate's name in the commencement program and on the diploma. Today honors are

listed in the commencement program but are not included on the diploma. (The comment on current practice is based on a telephone conversation with Jan Derry, Staff Student Affairs, 18 May 1997.)

11. Boyle, "Biennial Report of the School of Nursing; and Marcella Cate ('64), "Interview by author," Portland OR, 12 March 1997.

12. *Nursing for You*, p.10; and University of Oregon Medical School, *Its New! University of Oregon School of Nursing*, (Portland OR: 1960).

13. "Less Discrimination Against Negro Nurses," *Oregon Nurse* 18 (March 1953) 7; University of Oregon Medical School, Department of Nursing Education and University of Oregon School of Nursing, "Commencement Programs" Portland OR, OHSU SON central files; Telephone conversation with the OHSU Registrar's Office, Portland OR, March 1997; Telephone conversation with Burt Christophesen, Office of Minority Affairs, Portland OR: March 1997; University of Oregon School of Nursing, "News" (September 1963), 2; "Eugene Mitchell, B.S.N. ('64)" *Nursing Progress* 6(Fall/Winter 1993) 11; and Thelma Wilson, "What Keeps Men Out of Nursing," *Imprint* 16 (Winter 1967) 8-10.

14. Series of letters and memoranda, Lucille Gregerson and Dr. John Brookhart, and Henrietta Doltz and D.W.E. Baird, 4 May 1953, 24 November 1953, 23 February 1954, and 12 June 1954, OHSU SON historical file—"Graduate Program." The University of Oregon School of Nursing *Self Evaluation Report* (1971) submitted to the National League for Nursing in its initial request for accreditation of the graduate program states (p. 109) that the Oregon State Board of Education formally acted on the request for the degree on February 23 1955 one full year after Dr. Brookhart's letter to Miss Gregerson.

15. University of Oregon Medical School, *Commencement Program* (Portland OR: June 1957) no page.

16. Memorandum, "Purpose of Consultation Visit with Margaret Bridgman," 22 January 1957, OHSU SON historical file—"History of Accreditation."

17. Documents describing the graduate program continued to focus on students' career contributions to leadership and particularly leadership in the West. See for example, the *1971 Self Evaluation Report*, pp. 109-110; and "103 Men and Women Complete Master's

Program in 11 Years" *Nursing Notes* 3(December 1968), no page. By 1968 103 students had graduated. Their respective practice areas were as follows: 49 were involved in nursing education—45 in the West, three were elsewhere in the country and one was unspecified; 20 were involved in nursing administration—all in the West; nine were involved in practice and one in post-masters study—again all in the West; 23 were either inactive or lost to the School; and one was deceased. For a discussion of the contributions of graduates supported with federal traineeship dollars see Jo Arpin, "Goal of Traineeship Grant: Better Nursing Care", *Imprint* 19 (Autumn 1970), pp. 7-9.

18. Letter, Miles Romney to Jean Boyle, 23 August 1968 and response from Miss Boyle dated 20 September 1968, OHSU SON historical file—"Graduate Program." Progress in recruiting additional doctorally-prepared nurse faculty was slow. Perusal of the *Catalogs* from 1972-73, 73-74, and 75-76 show that while non-nurse faculty like Julia Brown, Ph.D., Jack Keyes, Ph.D., and Gerry Miller, Ph.D., all of whom would make important contributions to the graduate program, were recruited it was not until the 1975 publication that two nurses on faculty would finish their doctorates in 1974—Mary Jane Amundson and Barbara Gaines.

19. University of Oregon School of Nursing, *Self-Evaluation Report* (1971); University of Oregon School of Nursing, *Graduate Program Progress Report* (1973) Portland OR; and series of memoranda between the School and Dr. John Brookhart and a letter from Dr. Charles Holman, dean of the medical school, to Miss Boyle confirming the authorization of the M.N. degree by the Oregon State Board of Higher Education, 29 September 1971-30 November 1971. All are in the OHSU SON historical files.

Critical changes that occurred with the introduction of the M.N. included the following. The Graduate Record Examination was required for admission; applications were reviewed by the graduate council; a graduate council member was appointed to each thesis or field study; and the "3 hours of credit for the field study should be interpreted in the proposal as representative of at least 9 hours per week in actual work on the grounds that the field study resembles laboratory work rather than lecture time." The clinical nature of nursing research would continue to be an enigma to the primarily bench researchers who were the members of the graduate council, resulting in continuing deliberations over many years about appropriate credit allocations and the substance of studies undertaken by students.

For a sense of context of the changing role of nursing in health care see Jerome P. Lysaught, *An Abstract for Action* (New York: McGraw-Hill Book Company, 1970); Jerome P. Lysaught, *From Abstract into Action* (New York: McGraw-Hill Book Company, 1973); and Jerome P. Lysaught (ed.), *Action in Nursing: Progress in Professional Practice* (McGraw-Hill Book Company, 1974).

20. University of Oregon School of Nursing, *Self-Evaluation Progress Report: Graduate Programs* (Portland OR: September 1973) p. 135.

21. Memorandum, Catherine Burns to Barbara Gaines, 17 June 1997, Dr. Burns reports that because she held only an earned bachelor's degree at the time of the submission of the grant her colleague at UCLA, Pamela Hellings, who held an earned master's degree as well as certification as a pediatric nurse practitioner was recruited to direct the grant. Burns was hired as a project faculty member on completion of her M.N. but only because a search for a Ph.D.-prepared nurse practitioner faculty failed. This circumstance would be repeated in many schools of nursing for many years to come. The discipline was in an uneasy state over the competing demands of practice and research and acceptance in the academy. NLN had formally adopted its position on the need for doctorally-prepared faculty in graduate education in 1968. These nurses were primarily trained as researchers; many considered the clinical base they had gained in their master's programs sufficient. They had little sense of how one could add yet another role and remain credible with researchers in other disciplines.

22. Memorandum, "Proposed Student Conduct Code," 1 March 1971; "Guidelines Re Pantsuits" from the Office of Personnel, 15 April 1971; Class of 1971, "Interview by Elaine Mahoney," Portland OR, 6 June 1961; Leighow, *Nurses Questions/Women's Questions*, 83; and "White Caps Need People, Nurses in Short Supply," *The Oregonian*, 28 August 1968. The article says "Even the University of Oregon Medical School, with a magnet in young male medical students, is short of nurses."

May Rawlinson's success as the first baccalaureate graduate of the program was heralded in the press, Marge Davenport, "Heart Surgery Patient Recovery, Psychology Tied," *Oregon Journal*, 5 November 1970; and "Assistant Professor Appointed," *The Press*, 11 November

1970. Yet the press' discomfort with educated nurses was also apparent. Despite the headline in the *Oregon Journal* article, the picture of Dr. Rawlinson inserted in the narrative focused on her comeliness, reading "...pert, pretty Ph.D."

23. Diana Taylor ('72), "Interview by author," telephone, 27 June 1997; and Leighow, *Nurses Questions/Women's Questions*, 83.

24. The issues surrounding the perceived needed change were focused on Miss Boyle's leadership. Faculty, students, and alumni often spoke of "Queen Jean." Her concentrated efforts on the agenda she believed necessary to the School's growth were seen by others as rigid and militaristic. Her lack of attention to alumni resulted in substantial dissatisfaction. The work she did to move the School to an authentic collegiate program was no longer recognized. It was time for a change.

ENDNOTES-Chapter VII

1. University of Oregon Health Sciences Center School of Nursing, *Self Evaluation Report*, Volume 2 (Portland OR, October 1977) pp.151-241.

2. University of Oregon Health Sciences Center, *School of Nursing Catalog 1975-1976* (Portland OR, 1975) pp. 38-40; UOHSC School of Nursing, *Self Evaluation Report* Volume 1(Portland OR, October 1977) pp.i, 55; and the Oregon Health & Science University School of Nursing, *Self-Evaluation Report* Volume 1 (Portland OR, October 1986) pp. 25, 89, 137. Two strategies prevailed in increasing the mix of faculty needed to move program initiatives forward. First, new faculty were hired with track records in research and the clinical expertise needed. Second, continuing faculty were provided sabbaticals, leaves and release time to complete doctoral study. The budget figure reported does not include revenue from faculty practice, which was just beginning, or revenue from endowments.

3. See for example, Jeanne S. Berthold, "Reports of a Symposium, May 19, 1965," *Nursing Forum* 1966:50-108; Joseph D. Mattarazzo and Faye G. Abdellah, "Doctoral Education for Nurses in the United States," *Nursing Research* 20 (September-October 1971): 404-414; Marie J. Bourgeois, "Special Nurse Research Fellows" *Nursing Research* 24 (May-June 1975):184-188; Margaret A. Newman, "The Professional Doctorate in Nursing: A Position Paper," *Nursing Outlook*

23 (November 1975):704-706; Virginia Cleland, "Developing a Doctoral Program," *Nursing Outlook* 24 (October 1976):631-635; Committee on a Study of National Needs for Biomedical and Behavioral Research Personnel, *Personnel Needs and Training for Biomedical and Behavioral Research* (Washington, DC: National Research Council, 1978); Western Council for Higher Education for Nursing, "Position Paper: Doctoral Education in Nursing," (Boulder CO: WCHEN, no date); Helen K. Grace, "The Development of Doctoral Education in Nursing: In Historical Perspective," *Journal of Nursing Education* 17 (April 1978):17-27; Florence S. Downs, "Doctoral Education in Nursing: Future Directions," *Nursing Outlook* (January 1978):56-61; Rozella M. Schlotfeldt, "The Professional Doctorate: Rationale and Characteristics," *Nursing Outlook* (May 1978):302-311.

The 1978 report of the National Research Council, above, says that nursing research was first defined as a distinct area of scientific inquiry in 1977. That definition read:

Nursing research focuses on the role of nursing care in the prevention of illness, care of the sick, and the promotion and restoration of health. Although it relies upon and utilizes the substantive science and methodology provided by other biological and behavioral sciences, it differs from those other scientific areas in that it focuses on their relevance to nursing rather than other aspects of health care(p. 128).

4. Carol A. Lindeman, "Nursing Education and Scholarly Practice," in Barbara C. Gaines, comp., *Proceedings: International Perspectives & Implications for Doctoral Education in Nursing* (Portland OR: Oregon Health & Science University School of Nursing, June 22-26, 1987), p. 10.

5. Sherry T. Boyd, "Ph.D. in Nursing: Advanced Nurse Training Grant," (Portland OR, Oregon Health & Science University School of Nursing, March 1985). In 1985, the distribution of doctoral programs in nursing resembled the earlier patterns of settling "the frontier." Twenty of the programs were in the East and Midwest; two were in Texas. The five in the West were distributed as follows: University of Arizona, University of California at San Francisco, University of Colorado, University of Utah, and the University of Washington. All of these programs began in 1981 (p. 24-25).

The early conceptualization of the OHSU School of Nursing program was as a regional doctoral program that would serve those states in the West without programs. The funding and contractual arrangements

necessary for an interstate venture proved overwhelming. Faculty from these states were given adjunct regional faculty status and several served with distinction—participating in classes via telephone, serving on dissertation committees, and advising faculty committees in their areas of expertise.

6. Telephone conversation with Christine A. Nelson, 14 August 1997, provided the dates for the awards of the institutional NRSA's in gerontological and family nursing.

7. Report, Gaylord Thorne, "Summary Analysis: Ph.D. Student Interviews-June 1986," Ph.D. Project files, 3. The statement identifying conceptual nimbleness as a desired outcome should be attributed to Patricia James, Ph.D., who introduced it to the Ph.D. Task Force after a long discussion about what faculty really intended as outcomes as expressed in language other than pedageese. The assertion that only six of the 10 original students applied for individual NRSA awards and that five were awarded comes from a hand search of a file titled "Individual NRSA" located in the administrative offices of the School of Nursing. Software and other paper records documenting NRSA awards for these early students were inaccessible.

8. "Doctoral Program Graduates and Dissertation Advisor and Year of Graduation," Nursing Graduate Program database, 13 August 1997.

9. E-mail correspondence, Virginia P. Tilden, 14 August 1997; and Patricia Archbold, 18 August 1997. The four Japanese scholars noted here represent only a small fraction of the larger international visiting scholar program hosted by the School. These four nurses are included here because of the nature of their research interests.

10. Catherine Burns, "Pediatric Nurse Practitioner Training Grant," submitted to the Division of Nursing, U.S.P.H.S. (Portland OR: The Oregon Health & Science University School of Nursing, 1975); "The Importance of One," *Nursing Progress* 5 (Summer '92):6; and Oregon Health & Science University School of Nursing, "Graduate Brochure: 1993-1994" (Portland OR: author), 14, 17.

11. "Nurses Here Hang Up Shingle," *The Journal*, 2 September 1974, no page; Diana Taylor ('72), "Interview by author," 27 June 1997. Taylor, who was a member of the school faculty, presented the first position paper on faculty practice in 1982; and "Practice Makes

Perfect,” *Nursing Progress* 2 (Fall 1989):2-3,9. As referenced in the *Journal* article, private practice for nurses began in the 1960s. Patricia Short-Tomlinson, R.N., M.N., who was an assistant professor in psychiatric nursing at OHSU, and Patricia L. Chadwick ('69), dean of the School of Nursing at the University of Portland, opened their practice in Lake Oswego in 1974 after the passage of H.B. 2775, a new Nurse Practice Act, which allowed nurses to provide care in independent settings. Independent practice was slow to catch on in Oregon. A more common joint physician-nurse practitioner model took hold in response to the “Lysaught Reports” of the early 1970s (See *An Abstract for Action*, and *From Abstract to Action* (New York: McGraw-Hill Book Company, 1970 and 1973 respectively). An early example of this type of practice in the School was the Rheumatology practice of Sharon Clark ('67) and Robert Bennett, M.D. When Taylor presented her paper to the faculty in 1982, it accommodated joint practices but reintroduced the concept of independent practice by faculty in the School.

12. The report was silent about the relatively new ADN program at OIT. Under Catherine Puri's leadership OIT developed an articulated, plus-two program in 1978 and then introduced a “generic” program in 1982. See Oregon Institute of Technology Department of Nursing, *National League for Nursing Progress Report* (Klamath Falls OR, June 1991), 1-2. The campuses at Ashland and La Grande are now known as Southern Oregon University and Eastern Oregon University.

13. The concept of the authentic collegiate program was introduced earlier. The concept of authenticity is attributed to Margaret Bridgman, *Collegiate Education for Nursing* (New York: Russell Sage Foundation, 1953), p. 104, although a similar description of curricula in schools of nursing was widely held in the literature. The OHSU School of Nursing evolution from an affiliate program to this state had been hard fought. Successful initiation of the “authentic” collegiate program occurred during Miss Boyle's tenure as dean.

14. “Report of the Feasibility Study: Branch Campus for University of Oregon Health Sciences Center School of Nursing,” (Portland OR: February 4 1977) and included in *Appendices: Self Evaluation Report* to NLN, October 1977, pp.540-597; “Milestone in La Grande,” *Views* (Summer 1989); 8: and “Twenty Questions,” *Nursing Progress* 7 (Summer 1995): 2.

15. The citation for the quote about Jeanne Bowden's research can be found in “Twice as Nice,” *Nursing Progress* 2 (Summer 1990): 5. The

quote about the RFD program can be found in “Learning without Leaving: Bringing Nursing Education to Rural Communities,” *Nursing Progress* 4 (Winter 1992):2-5,12.

16. *Appendices: Self Evaluation Report* to NLN (Portland OR: University of Oregon Health Sciences Center School of Nursing), 615-641.

17. The Oregon Health & Science University School of Nursing, *Catalog:1985-87*, 21; and the Oregon Health & Science University School of Nursing, *Self-Evaluation Report* (Portland OR, October 1986),81,269, and Appendix G-507-518. The CE Pathway Program was also available on the EOSC campus although it was implemented in a slightly different manner. This implementation difference was one of the first recognitions of the need for a change in thinking about the replicate campus concept.

18. Todd Schwartz, “Carol Lindeman, R.N., Ph.D., F.A.A.N.: A Brief History of Her Time,” *Nursing Progress* (Autumn/Winter 1995), 6. The story of the clinical skills lab is only one of many student and media encounters. The author recalls vividly that in 1981 or 1982, students wanted to protest a change in the way clinical assignments were to be made. They camped out all night in front of the registrar’s office and summoned the media to discuss their plight.

19. Oregon Health & Science University School of Nursing, *National League for Nursing: Self-study Report* (Portland OR: author, October 1995), 7.

20. “Gala ‘Dirt-Shoveling’ Event!” *Nursing Progress* (Summer 1990), 8.

21. Information about the capital campaign was extracted from various pieces of ephemera produced in association with the campaign. The quotation about the building can be found in Deborah K. Dietsch, “Campus Order,” *Architecture* December 1992, 58, 62.

22. The narrative is silent on the contributions of the support staff. Because they have done their jobs so well, their contributions are most often invisible. Yet without their dedication and contribution the School would not have achieved its ambitious goals. From a single person in Martha Hirsch’s day to slightly over 41 full-time equivalents in 1995, the support staff were described in the 1995 *NLN Self-study* as falling within three broad categories. The growth in absolute numbers and

breadth of activity are clear indicators of the complex operation of the School. The categories and the scope of the work is as follows:

Office specialists—performing at a high level within the range of clerical/secretarial activities to assist faculty with course preparation and production of grant applications and reports.

Office managers—performing administrative and managerial duties within the realm of office and budget management, assisting with the recruitment of graduates students, supervising the work of office specialists, recruiting graduate assistants and coordinating their activities as they work with faculty.

Individuals holding faculty rank who provide support in research, clinical practice and general administrative areas (p. 72).

During the reorganization of the Portland faculty in 1993, the department structure was abandoned in favor of a flatter organizational structure. “Cluster conveners” provided liaison to the central administration. Rotating regularly avoided a return to the hierarchical structure associated with the departments (p. 4).

23. Those interested in accounts of the numerous individual faculty accomplishments should review the *Nursing Progress* series “Spotlight” and “20 Questions” as well as the research issues.

24. “World Nurse” *Nursing Progress* 7 (Autumn/Winter 1995):11.

25. Carol Lindeman R.N., Ph.D., F.A.A.N.: A Brief History of Her Time,” 8.

Endnotes-Chapter VIII

1. “Why a cap?” *American Journal of Nursing*, 40 (April, 1940):387.

2. Each piece of the uniform has a long history, more often associated with the fashion of the day than with its usefulness. This is even true of the apron. Despite the fact that uniforms, especially the cap, became closely associated with the identity of the School, changes in both occurred albeit somewhat piecemeal. The cap of the Oregon Health & Science University School of Nursing was no exception. To gain a better understanding of the importance of the uniform to the history of nursing, see: Fern E. Stuntz, “My Cap,” *American Journal of Nursing*, 29

(April 1929):441-442; "Why a cap?" 384-387; M. L. Wenger, ed., "The Nurse and Her Uniform," *Nursing Times* (October 7, 1955):1111; "Simple Elegance, Nurses Uniforms: New American Ideas," *Nursing Times* (October 7 1955):1128-1129; Brian V. Watkins, "The Story of the Nurses' Uniform," *Nursing Times* 59 (October 11, 1963):1279-1283; Eileen L. Yates, "The Apron Story," *Nursing Mirror*, 122(June 10, 1966):xii-xiii; and Sally Kilbey-Kelberg, "Caps-Wearable or Unbearable?" *American Journal of Nursing* 74 (May, 1974):897-899.

3. Report, Grace Phelps to Henrietta Doltz, undated, OHSU SON historical files.

4. "The Trained Nurse," *The Oregonian*, 16 June 1907, 8.

5. Margaret Burnie Fox, "Interview by Shirley Franzen Schumann, Portland OR, 1 March 1996, 22 May 1996.

6. Stephanie A. Stachniewicz and Jean Kilgore Axelrod, *The Double Frill: The History of the Philadelphia General Hospital School of Nursing*, (Philadelphia PA: George F. Stickley Company, 1978).

7. Report, "The Cap - A Brief History," 1 March 1962, OHSU SON historical files.

8. Lota Peck Calloway, "1962 Letter to "Lois," attached to "The Cap - A Brief History."

9. See reports of Miss Doltz's conversations with various student groups; and "Nurses' Caps Like Fields of Service Show Wide Variety," *The Oregonian*, 18 April 1954, no page.

10. *Student Handbook of the Department of Nursing, University of Oregon Medical School* (Portland, OR: UOMS, 1950, 1958), 19 and 54 respectively. Class of 1955. "Interview by author," Portland OR 1 June 1996; and Kilby-Kelberg, "Caps-Wearable or Unbearable?" 897-898.

11. "Why a Cap: A Short History of Nursing Caps from Some Schools Organized Prior to 1891," (Philadelphia: J.B. Lippincott Company, 1940).

12. *Student Handbook of the University of Oregon Medical School* (Portland OR: UOMS, 1946), 22.

13. Kilbey-Kelberg, "Caps - Wearable or Unbearable?"

14. Multnomah Training School for Nurses, *Circular of Information (1909-1910)* (Portland OR: author, 1909-1910),6.

15. Maybelle Jacobs Emerick, "Oral History by Elaine Mahoney," April and May 1996 (Portland OR: OHSU SON historical files).

16. Aura Johnson Neely, "Interview by Kathleen Hartshorne," Portland OR, 2 August 1990, 2,4 17; and Zoe Lauder, "Interview by Kathleen Hartshorne," Portland OR, 3 August 1990,2.

17. "Twelve Aprons, Twelve Bibs, Three Dresses, Four Collars: \$35.50", *Nursing Progress* (Fall 1990):8.

18. Department of Nursing, University of Oregon Medical School, *Student Handbook* (Portland OR: UOMS, 1964),19.

19. Elizabeth Marshall Creighton, *Memories from the Class of 1942* (Portland OR: OHSU School of Nursing, 1993), 13.

20. University of Oregon School of Nursing, "Sophomore Students Initiate Attractive New Green and White Uniforms," *Nursing Notes* 1 (September 1965):3.

21. Letter, Julia Quiring, Kristi Helenius, Malyn Wood and Madelle Poole to Jean Boyle, 15 January 1967, OHSU SON historical files.

22. Memorandum, "Undergraduate Orientation," OHSU SON historical files; and Barbara Gaines, information gathered in 1996 visits to all campuses.

23. Registered nurse students, graduate students and nurses in various forms of community practice also wear uniforms appropriate to the agency when appropriate. In these groups the use of the lab coat over street clothes is the most common form of dress.

24. Portland School of Social Work, *Announcements 1925-26*, 8.

25. Elizabeth Peters Sowder, *Memories from the Class of 1942* (Portland, OR: OHSU School of Nursing, 1993), 17.

26. Lorraine Judson Carbary, "Nursing School Pins are Priceless Possessions," *RN*, 34 (December 1971):27-31.

27. Mr. Kenneth J. Klein, "Interview by Elaine Mahoney," Portland

OR, 14 March 1996. Correspondence from Henrietta Doltz to University Press in 1948 and Carol Storer's 1949 pin, which is in a H.E.R.F.F.-Jones Co. Box, suggest Klein's did not have the contract in the years immediately after World War II.

ENDNOTES- Chapter IX

1. University of Oregon Medical School, *Aesclepi*a (Portland OR, author, 1940), 67. The 1940 *Aesclepi*a was the first yearbook the School of Nursing participated in according to a report "University of Oregon Medical School Department of Nursing Education" *Oregon Nurse* 9 (April 1940):11.

2. Personal communication with Paula McNeil, former Executive Director, Oregon Nurses Association, December 1996.

3. "Oregon State Graduate Nurses Association: History," 1946, PNW Archives, OHSU, Old Library.

4. "Oregon State Graduate Nurses Association: History;" and Oregon Graduate Nurses Association, *Articles of Incorporation and By-laws Amended 1929* (Portland, OR, author, 1929).

5. Oregon State Graduate Nurses Association, *Nurses' Official Registry, District Number One: Rules and Regulations* (Portland OR, author, no date). While the major schools of nursing in Portland had fairly complete training programs, i.e., pediatric experience through an affiliation with Doernbecher Hospital, the same could not be said for graduates of many programs throughout the state or nation. Therefore, the registry allowed nurses to register for certain categories of cases as a means of assuring patients that they would receive competent care.

6. Oregon State Graduate Nurses Association, *Nurses' Official Registry*.

7. District Number One, Oregon State Graduate Nurses Association *Articles of Incorporation and By-laws* (Portland, OR, author, 1933); and Louise Hagen Cliff, "Multnomah County Alumnae", *Oregon Nurse* 11 (February 1932):9.

8. LaVerne H. Dickey and Louise Hagen Cliff, "Multnomah County

Alumnae," *Oregon Nurse* (January, February, March, July, 1931):14-15,9.

9. University of Oregon Medical School, *Aesclepi*a, 67.

10. "Alumni," no date, OHSU SON historical files.

11. In January 1938 the first report from the University of Oregon Department of Nursing appeared in the *Oregon Nurse* on p. 13. Issues from March 1938 include separate reports from the alumnae of MCH. At least until 1941, separate associations existed. The 1941 Constitution and By-Laws of the Multnomah Hospital Alumnae Association declares in "Article III: Membership," that "Graduates from the University of Oregon School of Nursing and Multnomah Hospital in good standing" shall be members.(p. 3)

12. Helen Cruickshank, "Annual Report of the Multnomah Alumnae Association, 1943-1944," OHSU SON historical files; Mrs. Mary Sander Angelo, "Annual Report of the U.of O. Medical School Department of Nursing Alumnae Association," 1945, OHSU SON historical files. It is interesting to note Mrs. Jones' influence, especially because it seems it was Grace Phelps who submitted the grant to the Rockefeller Foundation that we presume provided the money for Emma Jones Hall. See Endnote 18, Chapter II.

13. Letter, Edith Saxton to faculty, 10 March 1944, OHSU SON historical files.

14. Winnifred deWitt, Elizabeth Peters, Cherie Pearson, Etha Morris, Barbara Ricketts Frost, Roma Hartman, and Shirley Rees Davis, "The Alumni Association of the University of Oregon Medical School Department of Nursing: Minutes," 1946-1954, OHSU SON Alumni Association Office. Single sets, although not in the form of annual reports, exist for 1950 and 1953, and two sets exist for 1954. Joyce Nelson Colling, "From the President" *Nursing Notes* 3(December 1968):5.

15. Letter, Alumnae Association to members, 1951, OHS SON alumnae files.

16. Personal communication with Jean Bates, 16 December 1996.

17. Personal communication with Penney Hoodenpyle, 12 December

1996.

18. Bates.

19. "Minutes of the Alumni Association, Oregon Health & Science University School of Nursing, 1981-1996," OHSU SON Alumni Association Office.

20. Oregon Health & Science University, *Nursing Progress* (Fall 1993):15; and Harriet McRay LeCours, ed. *Memories from the Class of 1942* (Portland OR, OHSU SON, 1993).

21. "Minutes of the Alumni Association, 1981-1996;" and Marie Duncan, "Mentorship Program File," 1996, OHSU SON historical files.

22. Duncan, "Mentorship Program File." Dr. Duncan had two co-workers who provided unfailing support to the program. They were Karen Milbank ('84) and Teri Woo ('84). When the program expanded to the campuses at Ashland, Klamath Falls, and La Grande and to the graduate students the new coordinators along with Dr. Duncan were respectively Janice Napoleon, Linda Eddy, Russ Hunt, and Marie Napolitano. The program was discontinued due to the inability of volunteers to sustain the enormous workload associated with mentor/student assignment and student follow up.

23. "Minutes of the Alumni Association, 1981-1996"

24. Personal communication with Cathy Kemmerer, Alumni Director, 21 March 1997.

25. OHSU School of Nursing Alumni Association, "Program—75 Years of Nursing Education On The Hill: Diamond Jubilee" (Portland OR: author, 1994). Celebration of the 75th anniversary also pointed out the need for another written history of the School—one that would attempt to answer the question of when the School really began? The theme, 75 years of nursing education on the Hill, served its purpose but as has been shown in preceding pages it may not accurately reflect the history of the School. Determining an appropriate centennial date is an important project remaining for the association and school officials. Possible centennial dates include 2010, recognizing the beginning of the Multnomah Training School for Nurses; 2019—the date used in the University Communication publication, *History at a Glance* and

associated with the 1994 celebration that reflected the introduction of the 6-week continuing education course for public health nurses; 2020, recognizing the formal beginning of the public health nursing certificate and baccalaureate program at the University of Oregon Extension Division, School of Social Work; or 2026, recognizing the introduction of the first B.S./B.A. affiliation model program for students with no previous preparation in nursing.

26. "By-laws of the Oregon Health & Science University School of Nursing Alumni Association" (Portland OR, OHSU, 1995).

27. "By-Laws of the Oregon Health & Science University School of Nursing Alumni Association."

ENDNOTES-Chapter X

1. Harriet McRay LeCours, ed., *Memories from the Class of 1942* (Portland OR: Oregon Health & Science University, 1993), Preface.

2. The most compelling evidence supporting the contention that capping did not begin until the mid- to late-'30s comes from the following sources. First, the memorabilia of Catherine Prideaux ('33) contain a scrapbook that includes ephemera from parties, birthday and Christmas cards, disciplinary notes from the housemother, procedure checklists, and invitations and programs for graduation, convocation, and the baccalaureate service. A consummate saver of significant items in her student career, Miss Prideaux has nothing in her large collection of ephemera from a capping ceremony of any kind. It seems unlikely Miss Prideaux would not have commemorated this occasion if it existed. Second, Zoe Lauder ('40), Margaret Graham Ross ('42) and Winnifred deWitt Tyler ('42) all reported receiving their caps in Emma Jones office in what is best described as a non-ceremony. Zoe Lauder, "Interview with Kathleen Hartshorne, 3 August 1990, Portland OR, OHSU SON historical files; Margaret Graham Ross and Winnifred deWitt Tyler, *Memories of the Class of 1942*. And finally, Stephanie A. Stanchiewicz and Jean K. Axelrod, *The Double Frill: The History of the Philadelphia General Hospital School of Nursing* (Philadelphia PA: George F. Stickley, 1978), 158 state that an official capping exercise was not initiated at the Blockley, a Philadelphia diploma school rich in tradition and ritual, until 1938.

3. *The Pylon* (Portland OR: University of Oregon School of Nursing with

Multnomah Hospital, 1939), 24.

4. May Rawlinson, Telephone conversation with author, 21 April 1997.

5. U. of O. School of Nursing, *Temp Sheet*, 30 August 1944, 1.

6. Stanley W. Jacob, "A Search for Wealth," *What's Going On* 11 (2, 1961), 17-18; and Paula McNeil, "Telephone conversation with author," 23 April 1977.

7. The 1975-76 catalog contains a picture of a capped student with a candlelit lamp. In the 1976-1977 issues, students are shown on clinical units without caps. Susan Schenk ('71) "Interview with the Class of '71," Portland OR, 1 June 1996, OHSU SON historical files; Marcella Cate ('64), "Interview by author," Portland OR, 12 March 1997, OHSU SON historical files; personal conversation with Mary McFarland, 21 April 1997; and Sarah Porter, comments on chapter manuscript and personal conversation, 15 August 1997.

8. The source materials for the information about the crutch are the 1939 *Pylon*, 24; 1950 *Student Handbook*, no page; *The Lamp*, 1950, 1952, no page; and report, Janet Crawford and Carol Dudley "The Crutch Committee," no date—but probably 1965 because these women graduated in 1966. All these materials are available in OHSU SON historical files.

9. Maisie Wetzel, "Commentary extracted from Convocation address", Portland OR, 14 June 1946, OHSU SON historical files.

10. Ephemera, OHSU SON historical files; and conversation with Sarah Porter, 24 April 1997.

11. The examples included are from *The Lamp*, 1947-171, class and individual interviews; a conversation with Sarah Porter on 24 April 1997; and "E-mail" messages from Jeanne Bowden, 1 May 1997 and 2 May 1997.

12. "Minutes of the Mothers' Club", 1942-1952, OHSU SON historical files; and *The Lamp*, 1948, no page.

13. Materials about the Wassail come from a variety of sources. The recipe for the Wassail bowl was provided by Mary Corcoran in a letter to

Barbara Gaines, dated 9 April 1998. Carol Pearson Storer ('49) recalled attending the Wassail in 1946. It was an important event for her because she is one of the students who was given the recipe for her Christmas wedding (Telephone conversation, 28 April 1997); Winnifred deWitt Tyler ('42) and Bernice Orwig Cochran ('46) do not recall attending the Wassail as students but have many memories of it as faculty. Their recollections are the source for the Wassail bowl and decorations in the Library (Telephone conversations, 30 April 1997); and *The Lamp*, 1947, 1949, 1951.

14. *Constitution and Standing Rules of the Multnomah Training School*, (Portland OR: Multnomah Training School, 1925 and 1928 amended).

15. "Activities," *Pylon*, (Portland OR: University of Oregon School of Nursing with Multnomah Hospital, 1939),22; "Nurses Association," *Aesclepiia* (Portland OR: University of Oregon School of Medicine and University of Oregon School of Nursing), 67; and *Student Handbook*, (Portland OR: University of Oregon Medical School, 1946, 1950, 1957, 1958), 3-4,4,47-48,52-53.

16. "Minutes of Student Council and Student Body," 5 February-2 April 1951. The tradition of stripping uniforms off students was common in many schools. It did not end in the author's diploma school until well into the 1960s where wearing whites on the last day of clinical service became the substitute tradition. The positive discussion by these students may be another reflection of the increasingly collegiate nature of the School.

17. *1959 Student Handbook*, no page; and *The Lamp*, 1958-1970; and *Oregon Nurse*, 24 (May-June, 1959),no page.

18. *NLN Self-Study Reports* (Portland OR: OHSU SON 1971, 1977, 1980), 147,48,54; and Ruth Alexander, "New Rules on Setting Incidental Fees," 2 August 1984; Nancy Altenburg and Dana Penilton, "To All Undergraduate Students: Regarding the 1985 Grading Change Proposal," no date; Ethel Griffith, "Letter to Neyle Hunter," 20 May 1986; and various minutes of the Student Senate, 1988-89 (All in a folder—"1988-1989 Student Senate Minutes," Sarah Porter's files).

19. *The Pylon*.

20. *The Aesclepiia*.

21. *The Lamp*, Copies from 1959, 1967 and 1968 are not available.
22. *Temp Sheet*, 29 July 1944; 30 August 1944; 12 October 1944, Mimeographs, OHSU SON historical files.
23. *The Lamp*, 1947, 1948, 1950.
24. *The Lamp*, 1952, no page; and *The Wick*, 1951-1953. OHSU SON historical files.
25. *Sigma Nu Nu News: Carpe Nerdiem*, no date, OHSU SON historical files; and Terry McNeill, Telephone conversation with author, 14 October 1997.
26. Minutes and correspondence of Alpha Tau Delta," 1931-1933, OHSU SON historical files; Margaret Tynan "National Fraternity Unique as a Nursing Organization," *Oregon Nurse* (March 1934):4,11-12; *The Pylon*, 25; *The Lamp*, 1954, no page. The society is not mentioned in *The Lamp*, 1949, 1950 or 1951. The 1952 *Lamp* and "Minutes of the Student Body," 7 January 1952, state that reactivation of the chapter was accomplished this year.
27. *The Lamp*, 1949, no page; "Elnora Thomson Association: History," 1957, 1-3; University of Oregon Medical School, School of Nursing, "News Letter: An Alumnae Association is Born", March 1951, 1-11; and "Script: E.T.A. Graduation Tea," 11 June 1964, 3. All in the OHSU SON historical files.
28. *The Lamp*, 1948-1971; and "Student Activities," *Catalogs* (Portland OR: University of Oregon Health Sciences Center School of Nursing, 1975-1976, 1977-1978), 16, 15.
29. "Membership List: UOHSC School of Nursing Honor Society, 1975,; and Ephemera, "Program: Installation Ceremonies, Beta Psi Chapter, Sigma Theta Tau," 10 April 1976. Both in the OHSU SON Historical files. "History of Beta Psi," no date, Beta Psi archives; and "Carol Lindeman Explains the 10 Year Plan to a Three Chapter Meeting in San Francisco," *Sigma Theta Tau Region I Newsletter*, Premier Issue (15 March 1982):1, Beta Psi archives.

ENDNOTES–Epilogue

1. "My Job is to Make the Ideal Happen in a Realistic Way," *Nursing Progress*, Summer 1996: 4-6. For a discussion of how leadership has been defined and practiced in the School of Nursing see comments in the "Preface" and its accompanying endnote.

2. Oregon Health & Science University School of Nursing. "Strategic Plan," (Portland OR: author, no date) 4-23.



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