

March 26, 1968.

Dr. Loretta Ford  
3040 Fifth Street  
Boulder, Colorado 80302

Dear Loretta:

I have cleared the date of Saturday, April 20 with Dr. William DeMaria of the Duke University School of Medicine and with Dr. Lucy Conant, Dean of the University of North Carolina School of Nursing. This date is agreeable with both, and we look forward to our meeting with you.

Would you let me know your flight number and the time of your arrival on April 19, so that I may meet you at the Raleigh-Durham Airport.

We have notified Dr. T. Franklin Williams, Associate Professor in the University of North Carolina School of Medicine, Dr. James Musser, Director of the Regional Medical Program, Dr. Amos Johnson, former president of the State Medical Society, and Dr. Myrtle Irene Brown, Dean of the Duke University School of Nursing, and hope they will be able to participate in the meeting with us. They have all expressed interest in our discussion.

We will be prepared to take care of your travel expenses, and Dr. DeMaria says this will include a modest honorarium.

Sincerely yours,

(Mrs.) Margaret B. Dolan  
Professor and Head  
Department of Public Health Nursing

MBD:fw

cc: Dr. William DeMaria

Duke University Medical Center

DURHAM, NORTH CAROLINA

SCHOOL OF NURSING  
OFFICE OF THE DEAN  
REPLY TO UNDERSIGNED

April 15, 1968

Dr. William Demaria  
321 Baker House

Dear Dr. Demaria:

I have checked my schedule and found that it will not be possible for me to attend the meeting Saturday, April 20, on the University of North Carolina campus regarding nurses as physicians' associates. I have a prior commitment to meet with our undergraduate faculty and Dr. Hassenplug, who is here as our annual lecture series guest and consultant.

I have talked with Miss Evelyn Bedard regarding this conference, and she would like very much to attend, and I would like to have her attend in my behalf. She has been interested for some time in the role of the nurse in a supporting relationship to physicians' care, and has looked at this in several situations, among them, the University of Kansas City program under Chuck Lewis. She has spent a short amount of time with the Frontier Nursing Service of Kentucky. Within the armed services, she has seen a number of situations in which nurses assume many responsibilities for medical care that are not ordinarily assumed in civilian life. If her attendance is acceptable to you, I would appreciate very much your notifying her of your further plans and coordinating with her directly.

I wish you considerable success in this meeting. The two professions do have a great responsibility in working for better patient care.

Yours very sincerely,

*Irene Brown*

Myrtle Irene Brown, R. N., Ph. D.  
Dean, School of Nursing  
Director of Patient Care, Medical  
Center

MIB: ga

cc: Miss Evelyn Bedard

Duke University Medical Center

DURHAM, NORTH CAROLINA

OFFICE OF THE DEAN  
SCHOOL OF MEDICINE

April 23, 1968

POSTAL CODE 27706  
TELEPHONE 919-684-3400

Dr. Loretta Ford  
3040 Fifth Street  
Boulder, Colorado 80302

Dear Loretta:

We are most appreciative of your taking the time and making the effort to visit with us this past Saturday. It was a very productive meeting, and I do hope our nursing groups can generate a local education and training program to advance the nurse's responsibilities in the health field.

I do hope we will have the opportunity for further discussion at subsequent meetings.

Again, many many thanks.

Sincerely yours,

William J. DeMaria, M. D.  
Assistant Dean

WJD:bj

Duke University Medical Center  
DURHAM, NORTH CAROLINA

OFFICE OF THE DEAN  
SCHOOL OF MEDICINE

April 23, 1968

POSTAL CODE 27706  
TELEPHONE 919-684-3436

Mrs. Margaret Dolan  
Chairman  
Department of Public Health Nursing  
UNC School of Public Health  
Chapel Hill, North Carolina

Dear Margaret:

Many thanks for arranging Loretta's visit. I believe the meeting was both informative and productive and do hope it sets the stage for developing an educational and training program to advance the nurse's responsibilities in health sciences.

I will be most anxious to hear from you regarding any progress you make in further meetings. If I can be of any help at any time, please don't hesitate to call.

With warm regards,

William J. DeMaria, M.D.  
Assistant Dean

WJD:bj

UNIVERSITY OF COLORADO  
MEDICAL CENTER  
4200 EAST NINTH AVENUE  
DENVER, COLORADO 80220

SCHOOL OF NURSING

April 22, 1968

Dr. William De Maria  
Assistant Dean  
Duke University  
Durham, N. C. 27706

Dear Bill:

Enclosed are the reprints and some additional materials I promised to send. What a delightful time I had on Saturday sharing ideas with you and the other people at the meeting. It's always exciting to explore possibilities with people who are thinking openly and creatively together in seeking solutions to important present and future problems. Frankly, I was very pleased and greatly impressed with the nursing group's attitudes and potential for future developments in your area. I particularly enjoy the opportunities that bring allied health personnel (notice I didn't say medical) to the conference table. That's Lesson #1 in ( ). Incidentally, I've gone through the enclosed publications with a marker so you can start your own programmed instruction on the Lingo-Gut Issues problems between physicians and nurses. I hope you will find it helpful in communicating. Next time I see you I'll be listening very carefully to see if you've learned your lessons!

Do write about your progress and plans when you have a second - I know you have no minutes or hours to spare. My expense voucher will be delayed because of the detour I made from Washington. There's no rush as far as I'm concerned.

Sincerely,



Loretta C. Ford, Ed.D., R.N.  
Professor of Public Health Nursing

LCF/lsc  
Enclosures

1965 Henry Silver and Loretta: Discussion and Planning

Family Nurse Practitioner - Loretta's interest

Pediatric Nurse Practitioner - Henry's interest

Interested in some clinical role - graduate program.

Commonwealth - \$250,000 (P.H.S. disinterested.)

Phase I education 4 months

Phase II practical 20 months - In community.

- offered 10 hours of graduate credit but not a Masters.

Phase I 3 categories

A) Care of well child

B) Care of acute and chronic conditions

C) Care of emergencies

A) Well Care

P.E. inop. perc. auscult.

Some special skills → judgement

e.g., Stethoscope - screening primarily.

Otoscope -

Initial gp. from P.H. and Peace Corps and some from hospital.

- Nurses were frightened as to how far could go and how well received.

However, what is already doing just as frightening. (Trinidad-Mex.-Amer.)

- 4 months in Phase I - helped to reorient girls

(unlearn previous info.)

Learn a decision-making process.

They do wrong about perf. a P.E.

Gathering of data, synthesize it and then talk with mother.

- In Phase II

More methods and less subject matter.

Medical center was 'opened' to them

- teaching resources - M.D.'s, etc.

Hard to speak out at first

Nurses were to make own arrangements for learning process.

They were given status by Dr. Silver in med. center and Dr. Ford in community.

Language problem bet. M.D. and nurse - e.g., medicine vs. health

Medicine      Nursing      Health

Once they learned P.E. skills, they used them in solving child care problems.

5-7 students in Phase II - Denver became practice area rather than Trinidad

- Denver also had Denver 'Project Child' with health stations

(1) Started with child

(2) Then Ob.

(3) Then adult health

Differs from clinics (comprehensive)

Do P.E. on well child and on sick ones with referrals. Do emergency care also.

- Now have some (3) in Phase II in Ped. 's offices.

Collaborative role bet. Ped. and Nurse

- Another pattern -

Health Department wants to put PHN in Ped. office.

Move indigent form to a structure where (1) Ped.

(2) PHN

(3) Ped. Nurse Practit.

- Ped. Nurse - go to hospital or visit mother prenatal for the Ped.

Patients already asking for the Ped, who has a Ped. Nurse.

Mother more willing to call the Ped. Nurse rather than M.D.

Home visits for, e.g., allergy control.

Support - currently on project funds.

Permanent - ask for 4 months Phase I and then return to Perm. Phase II

- Had success in providing nurse with competency.
- Problems are with the system - not geared to these new workers

Problems with Nurse educators

- 1) Nurses look at this as med. practice. They see the Peds. as looking at nurses as relieving them of "tasks" without any quality of eval., judgement, etc.



Frank Williams -

1 line - Nurse operating alone - 1st contact with health - 1. Eval.

2. Care

3. Referral

2nd line - Nurse op. in Ped.'s office

Ford - She is trained for both (above).

She must make decision based on data obtained from P. E. , Hx.  
and Lab. M. D. -Nurse relationship much closer because are  
talking about med. problems of patients.

Williams - What about management of chronically ill child?

Ford - Can care for this child in health station in coop. with Ped.  
(although he may not see the child unless change in course)

F. W. - What about sub-specialty needs?

Phil -

She exams. child - screens - det. if she can handle it.

L. F. - If she decides needs medication - she doesn't  
prescribe med., e.g., diarrhea - det. if needs  
fluids or medication.

Phil - Let's assume she makes a mistake - what is legal? In M. D.'s  
office (Dolan) she's responsible but M. D. is also libel.

Ford - If use nurse just as a screener - nurse won't like it.

- Phil - Physc. not worried about nurse working in, e.g., car. care -  
intensive nursing unit.
- Bob - Shortage of nurses - now you tell of qualifications of this program  
- will
- Ford - Not so much a shortage of nurses as nursing. We haven't tried  
to use nurses more wisely.  
Have lots of resources in Denver, but people aren't getting into  
system.  
Nurse is opening doors and even getting people from neighborhood  
to walk pts. through system.
- Hayes - Role of health center in training nurse.  
What is role of Comm. Hosp. in this program?
- Ford - We're not using them except as private Ped.  
Have 25 now completed training.  
Are age 28 years.  
1 pair in Alaska  
1 pair in Phil. in Neighborhood Clinic  
How many are still working?  
1 is with new baby  
1 moved with husband (not sure if pr.)

Traditional role - only complaint today is to go professional

Patient care

Administrative

Ward Managerial

Cleric. - Diet services, etc.

---

Salary

Some offered \$10,000

---

Maternal and child health care - non ob.

Mental Health

Ageing Care

Pub. H. Deans - o.k. this concept

Academic aren't sure

Nurses Evaluation

Devel.

Senses

Congenital

---

If FP in small community and doing all of the ped.

If FP in urban area -

---

Health visitor in England has moved into GP office.

---

10 hours (graduate equiv.) in Community Health Ped. - oriented

Family Health Specialist Nurse

Established nursing are care services oriented. They see this as medical.

THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF PUBLIC HEALTH NURSING

May 2, 1968

William J. DeMaria, M.D.  
Assistant Dean  
School of Medicine  
Duke University Medical Center  
Durham, North Carolina 27706

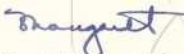
Dear Bill:

Thanks very much for your letter, and for your support and participation in our discussion last Saturday. I was delighted with Loretta's presentation, and am stimulated by the potential we have in this area for developing a family care nurse of a high professional order.

I hope that Lucy Conant, and Irene Brown and I can get together very shortly to discuss next steps on how we might go about getting something moving in this direction. I will keep you posted, and will be calling on you for your participation.

Warm personal regards,

Sincerely,



(Mrs.) Margaret B. Dolan  
Professor and Head  
Department of Public Health Nursing

MBD:fw

Duke University Medical Center

DURHAM, NORTH CAROLINA

SCHOOL OF NURSING  
OFFICE OF THE DEAN  
REPLY TO UNDERSIGNED

May 28, 1968

Dr. William Demaria  
Professor of Community Health Science  
Assistant Dean of Continuing Medical Education  
321 Baker House

Dear Dr. Demaria:

I was indeed sorry to miss the meeting on April 20 with Dr. Loretta Ford. I have finally had an opportunity to look through the materials with great care, and I find them of real interest.

I do not find that what the nurse is doing is really any different than I would have expected from a nurse well prepared in child health, with possibly this one exception. She appears to have been specially trained in a very careful physical screening of the youngsters for pathology as well as perhaps in diseases of development. From a nursing standpoint, I do not see that this person is an assistant to the physician, but rather the nurse specialist in child health. If, through unconscious selection, I have not seen something in this description that lies there which would indicate that she is indeed the physicians' assistant, please bring it to my attention. I am sending you a copy of an article which I wrote some fifteen years ago in which I described how a public health nurse functions as a health nurse in relationship to the child with loss of hearing. I think that you can see from it that my expectations for the nurse are considerably more than perhaps we have always held.

This year we have developed a sufficiently strong undergraduate faculty in children's nursing to excite our students and provide for them a fairly good basic preparation in nursing of children. From this, I hope we will have more interest in specialization in this area. We are also attempting to get on to our graduate faculty a person prepared at the doctoral level in children's nursing with special preparation in child development. When, and if, this occurs, we will have a much greater potential in developing a program such as you are recommending.

I do not in any way want to discourage you and your efforts, but this may take a while before we have the underpinning for this.

Yours very sincerely,



Myrtle Irene Brown, R. N., Ph. D.  
Dean, School of Nursing  
Director of Patient Care, Medical Center

MIB:vd  
cc: Miss Evelyn Bedard

Enclosure