

A NEW TREND IN NUTRITION EDUCATION
FOR SCHOOLS OF NURSING

by *J.S.D.*

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TABLE OF CONTENTS

	Page
INTRODUCTION	1
IMPORTANCE OF NUTRITION IN THE NURSING CURRICULUM	2
INTEGRATED PROGRAM	4
NUTRITION AND CURRICULUM DEVELOPMENT IN THE INTEGRATED PROGRAM	5
Guidelines for Changing or Revising Curriculum	11
Correlation of Nutrition to Other Nursing Courses	13
Advantages of Integrating Nutrition	15
Disadvantages of Integrating Nutrition	16
GUIDELINES FOR TEACHING NUTRITION AND DIET THERAPY	16
EVALUATION OF STUDENT ACHIEVEMENT	18
Tests and Testing Services	19
SUMMARY	20
ACKNOWLEDGMENTS	22
LITERATURE CITED	23

INTRODUCTION

A change in focus in the instruction of nutrition and diet therapy is taking place in many schools of nursing throughout the United States. This change represents a gradual transition from the traditional formal classroom to a correlated and integrated curriculum for nursing students. In the fifties educators began to question whether the traditional courses in nutrition were meeting the needs of the nurse. As they saw a shift in the role of the nurse and the scope of her responsibilities, the need for revision in nutrition education became evident.

It was not until the early sixties that the new approach of integrating nutrition in the nursing curriculum was implemented. Dietitians, nursing instructors, and students found the new plan of action to entail planning, revising, and evaluating as it was put into practice. As the correlated program was incorporated into schools, it was evident that flexibility in curriculum planning played an important role. There could be no rigid rules or patterns to govern a program of this type. Guidelines were established to make the procedures workable and applicable to curriculum objectives. Those involved with the integrated program found the experiences encountered to be challenging as well as rewarding.

A review of literature concerning the integration of nutrition education for nursing programs indicates a metamorphosis in the educational process.

IMPORTANCE OF NUTRITION IN THE NURSING CURRICULUM

Nutrition as a part of nursing must be viewed in the context of human need if the study of nutrition is to have relevancy and meaning. Nursing and the science of human nutrition both focus upon nourishing human life (17).

Sense (13) stated that the incorporation of nutrition in the nursing curriculum establishes an understanding of nutrition and its importance to the total health care of the patient. Since the nurse has more contact with patients than either the physician or the dietitian, it is she who becomes aware of poor eating habits. The nurse must incorporate nutrition into health teaching whether it be in the hospital, outpatient clinic, or a public health department. The nurse must establish rapport with patients. In order to do this she must have knowledge of teaching techniques for use at the bedside and procedures for feeding the emotionally disturbed or critically ill.

Sense (13) stated certain concepts of nutrition which indicate the importance of implementing nutrition into the nursing curriculum.

1. The study of nutrition requires sensitive inquiry into the human composition of different social groupings. The stresses of environmental factors and the availability of foods influence the food habits to which an individual clings. Deliberate modification of the diet and the influence of learning also affect one's food habits.
2. The prescription of a restricted diet may be a traumatic experience for an individual when the pleasures and the satisfactions derived from previous eating habits are altered.
3. Food has a symbolic as well as a concrete meaning for patients.

Food to a patient may communicate feelings of prestige, reward or punishment.

4. Members of the therapeutic team are responsible for maintaining and providing optimum nutrition for the well nourished patient as well as the undernourished individual.
5. The foods selected to meet the diet prescription also furnish bulk to promote peristalsis in the digestive tract, fluids to help avoid dehydration, and minerals to maintain intricate balances within the body.
6. The patient is encouraged to accept the limitations of the diet prescription and to make adjustments in food and living habits that will contribute to a better health program. Personality and emotional disturbances may be problems encountered in making these adjustments. Every effort is made to see that the patient receives the required nutrients.
7. The food allowances in the diet prescription are correlated with the new requirements of the patient's total health program.
8. Background and family environment are considered in regard to the food habits of the patient.
9. It must be remembered that stress influences food rejection, acceptance and demands made by the patient.
10. No two patients react alike to sickness and hospitalization. Those assigned to provide care must help patients to meet their problems by adopting a neutral attitude and not revealing one's own reactions to food.

INTEGRATED PROGRAM

Integration in nursing programs has become a key concept. This key concept involves a program which makes it possible for the nurse to interrelate many areas of her work in patient care. She no longer interprets each area as a separate entity but is able to correlate many facets of her work and is able to relate each to the other (6). In these programs the emphasis is placed on the development of skills, attitudes, and understandings a nurse needs for the direct care of patients as well as the coordination and supervision of patient care supplied by others. The principles involved are taught in terms of the patient's present and future needs (7).

The integrated program is designed to help the student organize and interrelate her knowledge from many fields and to apply this knowledge in solving typical nursing care problems of patients and families. It emphasizes not only that the student attain an understanding of "how" these procedures are performed, but also that she understand "why" they are performed in a particular manner. Application of principles learned increases meaningful, safe performance, permits an economy of learning time, and allows the student to work in a variety of situations. The clinical laboratory is devised to provide these learning situations and to stimulate the student to examine critically the nursing principles and concepts. Problem solving and independent thinking in dealing with clinical situations are of paramount importance to the student in applying knowledge in the care of selected patients (16).

Elder and Smyth (6) observed at Marillac College that "levels" of course content were established. Mutual decisions among the faculty were

made concerning unit assignments, clinical laboratory experience, and evaluation of students. Examples from the first level (junior content) and the second level (senior content) were cited. The first level placed emphasis on the one-to-one nurse-patient relationship. Some nursing problems studied at this level were in relation to common human needs, stress of a predictable duration, immobility, problems related to fluids and electrolytes, and alteration of body image, pain, shock and acute threats to life. The second level centered course content on multi-problem families, critically ill patients, community health problems, leadership roles in nursing and an introduction to clinical research. Experience included participation as a member of the community health team (6).

NUTRITION AND CURRICULUM DEVELOPMENT IN THE INTEGRATED PROGRAM

Nutrition and curriculum development in the integrated program is a time consuming process in which guidelines for changing or revising the present nursing curriculum must be established and the correlation of nutrition with other nursing courses must be determined. Advantages and disadvantages are noted in the process of integration (7).

The integrated program has spread the teaching of diet therapy and nutrition content throughout the entire nursing curriculum. As Sense (13) has stated:

The advantage of spacing education in nutrition throughout the three years is that it provides the necessary opportunity for continual learning and practice which are essential to the development of skills. Nutrition is not a specialty. It is a fundamental factor in all problems dealing with health and disease and is, therefore an integral part of the nurses armamentarium.

There is no one right way to implement food, nutrition, diet therapy

courses, and clinical experience in the present day nursing curriculum (7). Studies have shown that the changes being made in nursing programs and the trend toward integration have been only in the investigative stage. Procedures and practices which were found to be effective for one particular school of nursing were not necessarily beneficial for other schools (8, 9, 11, 15).

Long and Serpico (9) reported on the integrated clinical experience at the New England Baptist Hospital in Boston, Massachusetts. The program was inaugurated in 1955 with improving nutrition education for nursing students as their main objective. The transition from the traditional four week block in nutrition led to an integrated program. The organization and mechanics of the program began by determining the length of time that was to be allocated to the area of nutrition. This represented, in actual time, the same number of hours as the former four week system. The hospital next determined the placement of this program in the student's curriculum. The formal basic nutrition course, followed by a course in diet therapy, led to actual dietary clinical experience. Learning experiences established were considered as credit toward dietary experience even though they were thoroughly integrated into the total nursing care of the patient. Schedules for orientation classes and assignment to the dietary clinical area were developed. Tools devised for student evaluation included division tests and anecdotal records based on instructor observation and self-evaluation by the student. Planned student contact for teaching and guidance programs in affiliating schools was organized (9).

Thigpen and Mitchell (15) reported on a study made at the Baptist Memorial Hospital in Memphis, Tennessee. Some techniques used in changing

to the integrated program were similar to those implemented at the New England Baptist Hospital. The faculty at Memphis also developed original theories to meet the needs and objectives of their students and faculty.

Educators at the Baptist Memorial Hospital began to question the value of their present course content in the area of nutrition and diet therapy and its relation to the role of the nurse. They doubted if the hours consumed by these courses were justified in the light of the ever-increasing curriculum and whether these hours represented a fair proportion of the total curriculum. It was at this time a twenty-week integrated course including medical surgical nursing, pharmacology, therapeutics, public health, and social problems was developed. Through cooperation with nursing clinical instructors efforts were made to develop the student's interest in diets as a vital part of the medical-surgical experience. A dietary case study was also completed during this period. The student reviewed the basic food groups and dietary essentials to appreciate the therapeutic significance of diets and vitamin and mineral supplements. This knowledge enabled her to better interpret physician's orders and to make actual calculations of the diet. Instructors attempted to use the student's concern for her own nutritional needs and well-being as a stimulus for her to appreciate the nutritional needs of others, both in health and disease (15).

The following course outline was devised at the Baptist Memorial Hospital in Memphis to fulfill the nutrition and diet therapy requirements in the integrated program designed (15).

I. Nutrition--21 hrs. on preclinical period

A. Lecture--18 hrs.

- a. Basic nutrition with emphasis on adult requirements
- b. Basic principles of cookery
- B. Discussions--3 hrs.; evaluation of students personal dietary habits

II. Diet therapy in medical-surgical nursing--28 hrs.

Placement: 1st. yr. following preclinical period in 20 wk. clinical assignment with concurrent classes.

- A. Lectures--16 hrs., integrated in related units of medical-surgical nursing.
- B. Practical experience
 - a. Clinical classes--12 hrs. integrated throughout course
 - b. Tray and diet observation

III. Diet in maternity nursing--9 hrs.

Placement: 2nd. yr. in 12 wk. clinical assignment with concurrent classes.

- A. Lectures--5 hrs.
- B. Practical experience--1 wk.
 - a. Clinical classes--4 hrs.
 - b. Milk laboratory--6 hrs.
 - c. Checking and serving diets, nourishments and formulas

IV. Diet in nursing of children--7 hrs.

Placement: 3rd. yr. in 12 wk. clinical assignment with concurrent classes.

- A. Lecture--5 hrs.
- B. Practical experience
 - a. Clinical classes--2 hrs.
 - b. Checking and serving diets and formulas and work with special feeding problems.

Still another form of integration was reported by Kiniery (8) at

Loyola University in Chicago. An eighteen hour lecture and thirty hour lab course was revised to include formal class sessions teaching the principles of normal nutrition and demonstrations presenting the principles of food preparation. A public health nutritionist was engaged to teach community and family nutrition.

Recommendations presented by Loyola University and approved by the state board included the following (8):

1. Diet therapy was to be correlated with medical surgery.
2. Students in groups of ten were assigned to a clinical experience in diet therapy while on medical surgery.
3. One instructor of medical surgery was responsible for planning and supervising the experience.
4. Three one-hour classes per week were planned. One of these was to be conducted by a nutritionist.
5. The experiences planned for students included serving general and soft diets, checking patient's diets and discussing with them their nutritional needs. The students developed and used a teaching plan for instructing the patients. They noted what effect individual likes and dislikes for certain foods had on the patient's nutrition. The students were asked to care for two patients on therapeutic diets and to study the relationship of the diet to their total care. Preparing and administering tube feedings were added experiences for the students.
6. The number of clinical services should be limited to two or three to obtain diet therapy experience.
7. The medical surgical faculty strived to improve their own

knowledge in nutrition by independent study and group conference with the nutritionist.

Murphy and Backlund (11), at the University of Michigan School of Nursing, discussed the importance of maintaining a formal nutrition classroom in relation to the integrated program. They proposed that many students do not take home economics in high school and therefore, are inexperienced in basic nutrition fundamentals as well as in food preparation. Murphy and Backlund (11) suggested a three credit course with two hours lecture and two hours of discussion and demonstration per week be incorporated as part of the nursing curriculum. This three credit course would permit the student to select a topic of her choice relating to foods or nutrition. The information obtained concerning the topic selected was presented to other class members. The student presenting the topic prepares enough of a food typical of what she was discussing and allowed the entire class to taste it. Instructors stated that students enjoyed this method of learning.

The hospital associated with the University of Michigan School of Nursing provided selective menus for all patients. The dietitian arranged for the nursing students to assist with the instruction of selected patients on modified diets. The nutrition faculty were responsible to the hospital dietitian for completing the menus which students requested for use as teaching tools. Together the nutrition instructor and the hospital dietitian evaluated the student's plan for teaching (11).

Robinson (12) concluded that the nutrition curriculum should be oriented to the philosophy of education adopted by the school of nursing. This philosophy of education should include a concern for development of

the student as an individual as well as for the school. In building the curriculum, the faculty must define the end results that are desired; that is, they must look at the whole. Decisions must be made concerning what is to be learned, when learning is to take place, and how much time should be allowed for learning.

Guidelines for Changing or Revising Curriculum

Studies (8, 9, 11, 15) which have been discussed indicated the individuality of nursing schools in developing integrated programs. Although flexibility within a program is desirable, Brown (1) listed suggestions to be used as guidelines in changing or revising a nursing curriculum to an integrated program.

1. A realistic evaluation of teaching facilities should be made.
This evaluation should also include the number of instructors, teaching dietitians and nutritionists available as well as their teaching loads, responsibilities, and qualifications.
2. The possibility of providing in-service education should be considered. This may aid in strengthening particular areas as well as keeping the faculty up to date.
3. Teaching goals are formulated and shared among teaching dietitians, clinical nutritionists, and ward dietitians.
4. The correlation of nutrition subject matter with chemistry, anatomy, physiology, and nursing arts is viewed as a possibility.
5. An orientation program may be a successful means of integrating nutrition subject matter within a curriculum. This program presented effectively by concerned specialists and students will

help the student recognize that all nutrition subject matter is to be patient centered.

6. The participation of students in planning and evaluating objectives of the new program may prove effective.
7. The faculty who cling to fixed traditional methods of teaching need to realize that effective learning is associated with participation and problem-solving.

Morgan et al. (10) reported on curriculum planning for changes and adjustments at the Hamilton Civics Hospital School of Nursing in Canada. In 1965 the school of nursing proposed to change from a three year program, which included a one-year internship, to a two-year program in nursing. A faculty steering committee began work by visiting two-year nursing programs in Canada. The committee attended conferences in the United States to broaden their knowledge of associate degree programs. They met leaders in nursing education and became more familiar with methods of teaching. Then they returned and interpreted to groups within their organization the reasons for the proposed change.

The following are curriculum changes made at Hamilton Civics Hospital School of Nursing related by Morgan et al. (10). Although these differ from the suggestions stated by Brown, they provide a basis which other schools of nursing might find beneficial in implementing curriculum changes.

1. A shift was made from apprentice teaching to a learning centered program in which students go to hospital areas to fulfill specific educational objectives.
2. The instructor determined the learning experiences needed. With

the assistance of the head nurse, the instructor assigned students to patients for the specific learning experiences identified.

3. Pre and post conferences formed an integral part of clinical teaching.
4. The implementation of the new curriculum brought about changes in the structure of the faculty committee as well as in the philosophy of the school.
5. Committees which no longer serve a function were abolished and new ones established.
6. A student-faculty committee was to be organized or reorganized with equal representation from students and faculty.

Correlation of Nutrition to Other Nursing Courses

The correlation of nutrition to other nursing courses in the integrated curriculum must be carefully planned to provide subject matter and practical experience that will be beneficial to the student. To obtain full advantage from clinical experience and course content certain courses should be taught as prerequisites or in conjunction with nutrition and diet therapy (2).

Sister Mary Carolyn (2) concluded that the teaching of anatomy and physiology of the gastro-intestinal tract and the absorption of foods should precede nutrition. Chemistry involved in digestion should be taught prior to or in connection with the introduction of nutrition. Microbiology should be completed, whereas courses in pharmacology and fundamentals of nursing should be correlated closely with nutrition. In relation to

medical and surgical nursing, dietary treatment should be taught as various diseases are studied. Murphy and Backlund (11) stated that nutrition is an applied science so the student is expected to apply concepts from previous courses in physical and social sciences.

Brown (1) listed the following suggestions to aid in the correlation of any subject matter of nutrition with that of other nursing courses.

1. Correlate lecture with activities in laboratories and discussions in the clinical conferences, so that there is a common thread throughout.
2. If written outlines are prepared for instructors or by groups of instructors, the suggestions for clinical conferences should be concerned with nutrition subject matter, as well as with other aspects of patient care.
3. Refer to the lecture content and activities of other areas being considered concurrently.
4. Inform the librarian of the unit or the topic under consideration. Ask for her assistance in acquiring reading lists and in preparing exhibits and other illustrative materials which may be related to other subject matter areas.
5. Inform instructors and students of assignments in advance.
6. Prepare joint activities as often as possible involving instructors, patients, and physicians.
7. Discuss the objectives of each new unit or activity with students, acquainting them with horizontal relations and asking their aid in finding other common threads.
8. Give students the opportunity to find related materials in other

areas, as examples of nutritive therapy in the hospital, in medical literature or in films.

9. Encourage student participation in health activities of the community when possible.
10. Plan field trips to health clinics, laboratories, and exhibits that feature nutrition or food work as a part of other service or research.
11. Meet often with other instructors and administrators for evaluation of the program.

Advantages of Integrating Nutrition

The results and accomplishments discovered from incorporating nutrition through an integrated program proved to be advantageous. The new program was rewarding for both faculty and students. The great challenge for the faculty was participating in the dynamic, demanding process of planning and creating a new curriculum (10).

The student in an integrated program has the advantage of constant, planned, and supervised teaching of nutrition. Nutrition is an integral part of the nursing curriculum, not merely a four week period assigned and accomplished, but a daily experience throughout the entire course. Through this constant contact with nutrition, the student is better qualified to discuss diet with the patient. Stress is placed on instructing the patient in normal nutrition as well as in modified diets. The student teaches a greater number of patients more types of diets than could formerly be afforded for her practice. In this nutrition program, the student may clearly see the role of this subject in the total care of

the patient (9).

Disadvantages of Integrating Nutrition

Although favorable aspects were noted, those involved with implementing the integrated program encountered some disadvantages. Deegan (4) stated that the integration of nutritional therapy with other clinical teaching is expensive in terms of time and energy. Murphy and Backlund (11) concluded that due to added clinical experience and more student-patient contact limitations were placed upon how much time and how closely faculty members were able to work with students. Morgan et al. (10) noted at Hamilton Civics Hospital School of Nursing that students had some difficulties in making the transition from the old to the new program.

GUIDELINES FOR TEACHING NUTRITION AND DIET THERAPY

Guidelines for teaching nutrition and diet therapy provide a basis for nutrition instruction. A committee on Nutrition Education of the American Dietetic Association and the National League of Nursing developed a list of the understandings and abilities needed by nurses in relation to nutrition and diet therapy. This list provides guidelines for the instructors of nutrition helping them to realize and understand the needs of the nurse (3).

1. Apply the principles of good nutrition to the maintenance and improvement of her own health so that what she teaches may carry conviction.
2. Assume responsibility for motivating others by setting an example.

3. Recognize that meeting nutritional needs of individual patients is an essential part of therapy.
4. Carry out the physician's diet orders as a shared responsibility with the dietitian, if there is one, or independently if necessary.
 - a. Plan normal menus and modified diets which are suitable for a given pathologic condition. The diet should be adapted to the social, physiological, psychological, and economic needs of the individual.
 - b. Observe actual acceptance of the diet and make suitable notations on the patients record. Accept responsibility of calling the notations to the attention of the doctor and the dietitian.
 - c. Understand and appreciate the principles and problems involved in food preparation and the service to patients and personnel.
 - d. Interpret food to the patient and family in terms of the patient's need. Develop attitudes of understanding and acceptance with the patient.
 - e. Interpret the patients' attitudes and problems to nursing, medical and dietetic personnel.
 - f. Instruct patients on therapeutic diets, giving considerations to economic, social, psychological, and physiological needs.
5. Seek and accept opportunities for informal teaching of normal nutrition to patients of all ages.

6. Be active in community and professional activities designed to promote better understanding of total world food situation, and/or local nutrition problems with lay and professional groups.
7. Know available resources (references and agencies) in the area of foods, nutrition and diet therapy, and utilize them.

The guidelines provide a basis for discussions of the student's knowledge of nutrition and diet therapy and how and where she can apply the knowledge. They may serve as an incentive for young dietitians or those inexperienced in planning and executing a major program. Part-time dietitians or those returning to the hospital after a number of years may benefit from the guidelines by saving valuable time (5).

EVALUATION OF STUDENT ACHIEVEMENT

Saint Marys School of Nursing at Rochester, Minnesota (5) found that integrating nutrition and diet therapy into the total nursing student program was effective. These abilities were used to evaluate the students after completing four weeks of diet therapy experience:

1. Ability to modify the normal diet to meet clinical conditions.
2. Ability to integrate nutritional care with total nursing care of the patient.
3. Ability to adjust prescribed diets to meet the patient's social, religious, and economic needs.
4. Ability to understand the psychologic implications of food for certain patients.
5. Ability to give adequate informal dietary instruction to the patient.

Robinson (12) concluded that upon completion of a study of normal and therapeutic nutrition the student may be expected to exhibit these

behaviors.

1. Uses reliable resources, including library and personnel, to find answers to nutrition.
2. Uses the tools of nutrition such as the Recommended Dietary Allowances, the Four Food Groups, and tables of food composition for making dietary evaluations.
3. Interprets basic dietary information to others on an informal basis.
4. Correlates clinical and laboratory findings with accepted principles of dietary treatment.
5. Adapts the normal diet to specific therapeutic needs.
6. Calculates diets for nutritive adequacy and for prescribed nutrient and energy levels.
7. Recognizes and maintains high standards of tray service.
8. Assists patients at mealtime.
9. Answers patient's questions concerning diet and initiates instruction on an informal basis.
10. Makes appropriate notations on the patient's chart concerning dietary acceptance.
11. Maintains liaison with other members of the therapeutic team, recognizing diet as an integral part of patient care.

Tests and Testing Services

The National League for Nursing strives to provide tests and testing services which will be most useful to schools and state boards of nursing. Now in question is whether or not there is a need for a separate test in nutrition and diet therapy with the trend toward integration in nursing curricula (14).

It is believed that the evaluation of important ability areas should not be slighted just because the curriculum is integrated. If nutrition is integrated in broad strands of clinical education there remains a real need

for a separate evolution of attainment in this area. This does not mean that separate national standardized tests should be provided for each division of subject matter but that the school faculty should be responsible for seeing the student's attainment evaluated for all important ability areas (14).

Shields (14) stated that nutritional questions are classified not merely under the general heading of nutrition, but also according to such categories as understanding of normal needs, purposes and effects of therapy, manifestations of deficiency conditions, selection of care in accordance with patient's needs and chemistry of foods.

SUMMARY

Many schools of nursing in the United States have implemented some form of integration into their nursing curricula. The purpose of this paper was to review and summarize the literature available concerning nursing programs and the incorporation of nutrition through an integrated curriculum. Guidelines for teaching nutrition and diet therapy were also discussed.

Literature was reported for various integrated programs including nutrition, which began in the late fifties and early sixties. The incorporation of the integrated program into the nursing curriculum was a time consuming process. Cooperation and patience among nursing instructors, nutrition instructors, dietitians, and students were essential in order to plan, develop, and execute an effective, flexible program.

The purpose of the integrated program was to incorporate into the nursing program attitudes, skills, and knowledge related to nutrition.

The integrated curriculum made it possible for the nurse to visualize and understand the relationship of nutrition to other areas of patient care.

This review of literature indicates that steps have been made in improving nutrition education for nursing students but there is still much to be done. The literature found describes little of the integration which has taken place in our schools of nursing within the last five or six years. At this point more information is sought by those involved with nutrition education for nursing students.

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Many schools of nursing throughout the United States have begun an integrated program of nutrition education. The need for integrating nutrition into the nursing program became evident as educators began to re-define the role of the nurse and the scope of her responsibilities. They questioned whether or not the traditional classes in nutrition were meeting the needs of the nurse. The purpose of this paper was to review and summarize available literature concerning nursing programs and the incorporation of nutrition into an integrated curriculum. Guidelines for teaching nutrition and diet therapy were also discussed.

Literature was reported for various integrated programs including nutrition, which began in the late fifties and early sixties. The incorporation of the integrated program into the nursing curriculum was a time consuming process. Cooperation and patience among nursing instructors, nutrition instructors, dietitians, and students were essential in order to plan, develop, and execute an effective, flexible program.

The purpose of the integrated program was to incorporate into the nursing program attitudes, skills, and knowledge related to nutrition. The integrated curriculum made it possible for the nurse to visualize and understand the relationship of nutrition to other areas of patient care.