Nursing at the University of Rochester, while holding firm to the high standards set by The School of Nursing's first super-intendent, Helen Wood, has evolved in ways responsive to the needs and values of other University units (particularly those in the Medical Center), as well as to society’s changing needs. Through research, clinical innovations, and preparation of leaders, nurses here have significantly shaped their discipline and enriched its contributions to health care.

Nursing has evolved over nearly a century, against a national and international backdrop of sociocultural, political, economic, educational, and medical forces. During the history of nursing at Rochester, nursing nationally came to be seen as a profession wherein nurses were accountable for their own practice, a practice governed by scientific knowledge as well as by art and ethics. Preparation for nursing practice changed from an apprenticeship-like training in hospitals to professional education in colleges and university schools of nursing. Prior to the 1970s, nursing research was conducted by nurses well inspired to discover and document, but ill equipped with methods to analyze the complex phenomenon of clinical nursing. Now nurse scientists prepared with Ph.D.s and post-doctoral training in nursing are competing with the best scientists in other fields for NIH funding. They are generating the knowledge necessary for the continued development of evidence-based clinical nursing practice and for nursing's future contributions to society.
Within this context, nursing at Rochester has served as a trailblazer for nursing nationally. The following can provide only a glimpse of the University of Rochester School of Nursing's rich heritage and a partial account of how our future hopes and present endeavors draw strength from those who have gone before. In this chapter, we will touch briefly on the formative years of the school, the post-war years, and the 1960-1971 era preceding the establishment of the independent School of Nursing (described so well and in detail by Eleanor Hall in the 1975 history, *To Each His Farthest Star*). The development of educational programs shaped by the Unification Model, for which nursing at Rochester is known, with its emphasis on research, innovations in practice, and regional contributions, also will be discussed.

**THE EARLY YEARS**

Helen Wood, R.N., A.B., was appointed superintendent of nurses in 1922, but she delayed coming to Rochester until 1924 when she had completed a master’s degree at Teachers College, Columbia University. During her first year here, Wood planned the University's nursing education program. In 1925 the School of Nursing was established concurrently with Strong Memorial Hospital and the School of Medicine and Dentistry.
Founding members of the faculty included Wood, Grace Reid, R.N., B.S., Leona Ivers, R.N., and Hanna Peterson, R.N.

From its earliest beginnings the nursing school was known for the quality of its graduates and the excellent patient care they provided. At the time, a university-based education for nurses was a relatively new idea. In 1925, Rochester was among a small number of colleges and universities involved in nursing education. The School of Nursing was founded in the wake of the Goldmark Report, which criticized hospital training programs and recommended university studies for nurses. (This national report, entitled “Nursing and Nursing Education in the United States” was published in 1923 by the Committee for the Study of Nursing Education.) In order to attract adequate numbers of well-qualified students, the report recommended shortening the course of study from three years to 28 months, eliminating non-educational and repetitive services. It also recommended developing and strengthening university schools of nursing in order to upgrade the discipline and to prepare nurses to become leaders in the field. Wood was a member of the committee and brought these insights to Rochester.

**THE GROWTH OF DEGREE AND DIPLOMA PROGRAMS**

In 1925, the School of Nursing established a five-year program leading to a Bachelor of Science degree (granted by the College of Arts and Science) with a major in Nursing (a diploma course of 28 months). Three years of liberal arts study generally preceded the diploma for nursing study; that in turn involved two calendar years and two summers, although students could elect to complete the nursing courses first. The length of the diploma course was increased to 36 months in 1934; public health experience at the Visiting Nurse Association (VNA) or the Monroe County Health Department was added in 1934 and psychiatric nursing in 1946. By 1945, the degree program included one summer session and could be completed in 4½ calendar years. Both the School of Nursing and the diploma program were administered by Strong Memorial Hospital. The liberal arts coursework that led to the baccalaureate degree was overseen by the degree-granting College of Arts and Science, with acceptance of the nursing coursework completed in the School of Nursing.

**THE COLLEGE’S NURSING PROGRAMS**

The period 1941-1961 was important in the development of degree-granting programs, short courses, institutes, and workshops for registered nurses. In 1941, a Department of Nursing Education was established to provide courses for registered
nurses. The first faculty member was Augusta Patton, R.N., B.S., who was succeeded in 1944 by Esther Thompson, R.N., M.A. Originally a department in the College of Arts and Science, it was reorganized in 1951 as the Division of Nursing Education within the University School of Liberal and Applied Studies; in 1958 it became a department in the College of Education. In 1961, all nursing education was consolidated in the Department of Nursing in the School of Medicine and Dentistry.

The original courses of study focused on ward management and teaching. However, by 1944, a program for registered nurses was offered with a major in nursing education leading to a Bachelor of Science degree. By 1947, study opportunities were available in obstetrics, operating room nursing, and public health.

In 1951, a program leading to a Master of Science degree in nursing education became available. Although focused on education and supervision, clinical experience was available in Strong Memorial Hospital, and the program began to lay the groundwork for the clinical specialty programs that were to come.

POST-WAR PRESSURES

Clare Dennison, R.N., B.S., appointed in 1931 to succeed Helen Wood, retired in 1951, ending a long era of leadership for the School of Nursing and the development and administration of nursing services at Strong Memorial Hospital. As Director of Nursing Service (a title that replaced Superintendent in 1947), Dennison is remembered as starting one of the first recovery rooms in the nation. Ruth (Miller) Brody, R.N., M.Ed., succeeded Dennison, followed by Beatrice Stanley, R.N., M.Ed., in 1954.

Post-war changes in nursing left the University of Rochester struggling to keep pace organizationally with the national movement in nursing education. Following challenges to the school’s accreditation by the National League for Nursing (NLN) in the 1950s, the university sought...
consultation regarding future directions for the education of nurses from NLN staff member Margaret Bridgman, R.N., Ph.D. In her assessment, Bridgman wrote: “It seems clear that the degree programs now offered by the University are not organized to use these exceptionally fine resources [within the university, medical center, and community] in a way consistent with the purposes, standards, and reputation of the institution and with current ideas of higher education in nursing that is well-adapted to service the needs of students and society.” Thus, Bridgman brought to full awareness of University administration the organizational changes needed for nursing at Rochester to retain its leadership status nationally, given the changes in the professional discipline.

Bridgman suggested three options for organizing nursing education. The establishment of a true school of nursing, closely associated with all cooperating units of the University, was the first option. The second was to consolidate all nursing programs in a Department of Nursing in the College of Arts and Science. The third option was to separate the degree and diploma programs, transferring the degree program to the College of Arts and Science and leaving the diploma program under the jurisdiction of the hospital.

University evaluators echoed the NLN's concerns. One recommendation made during an accreditation visit by the Middle States Association of Colleges and Secondary Schools was that “all nursing education programs be brought together in one unit under one head and one faculty, and that this unit be given sufficient autonomy to plan and conduct such nursing programs as the University determines it requires to fulfill its objectives.”

During the 1950s, nursing faculty continued to deal with functional and structural complexities. In 1956, Gertrude Stokes, R.N., B.S., instructor and supervisor of psychiatric nursing, resigned when accreditation of the school's degree program was in question; she perceived that the University had not really decided what was to be the fate of the program. Stokes also was troubled by the complexities of her status; she served as director of the Advanced Psychiatric Nursing Program in the Department of Education of the University School, in the Department of Psychiatry, and in the School of Nursing. Responding to the resignation, the chairman of Psychiatry, John Romano, M.D., wrote the following to the dean of the Medical School, Donald Anderson: “I am writing this detailed letter to you to indicate as emphatically as I can the fundamental importance to our department, among others in the medical school, of a stable, established, collegiate nursing educational program.”

NURSING DEPARTMENTS – SERVICE AND EDUCATION

Approval was in place in 1956 for the establishment of the Department of Nursing of the School of Medicine and
Dentistry. By placing nursing education in an academic unit of the University, one need identified by the NLN was fulfilled. A year later Nursing was divided into two units - nursing service and nursing education. Beatrice Stanley, R.N., M.S., directed the Department of Nursing Service at Strong Memorial Hospital until 1961. Ann Rosenberg, R.N., B.S., and Marion Nichols, R.N., served as acting directors until Claire O’Neil, R.N., M.S., arrived in 1963. In 1968, Betty Deffenbaugh, R.N., B.S., was appointed acting director and served until the appointment of Margaret Sovie, R.N., Ph.D., in 1976. The director of the nursing service was appointed to sit on the hospital's Executive Committee.

Eleanor Hall, R.N., M.A., was recruited in 1957 to chair the new Department of Nursing Education in the School of Medicine and Dentistry. She would guide the department through perilous times. NLN accreditation was lost that year (regained in 1960) and an ad hoc Joint Advisory Committee was established by the University president to “provide assistance to the Department of Nursing in developing and strengthening the program leading to the Bachelor of Science Degree with a Major in Nursing.” Major changes in program offerings enabled the school to regain accreditation and re-establish relationships within the Medical Center and the University. Hall became a member of the Advisory Board of the School of Medicine and Dentistry, giving nursing an inside view of policy-making in the Medical Center for the first time.

In 1960, the three-year diploma program admitted its last class; the baccalaureate program remained as the single program for entry into practice. That same year, the University's board of trustees moved to consolidate the multiple nursing educational units. In 1961, the educational programs in the College of Education became part of the Department of Nursing of the School of Medicine and Dentistry. For the first time nursing education was in a single academic unit.

From a financial perspective, it was difficult for an educational unit to change from one where students earned their education for the service they provided in staffing the hospital to one where they were learners first. As a result, Hall needed to manage the department budget under considerable fiscal constraints. For example, in 1967-68, rising deficits were projected at 38 percent of the department’s total cost for teaching. Expenses for Helen Wood Hall, the building that housed Nursing, were assumed by Strong Memorial Hospital as a patient-care expense. This plan was developed when nursing education was hospital-based. The endowment accounted for less than six percent of the department’s income, and there was no direct University support for nursing education. In comparison, according to the Bates Committee Report¹, the comparable endowment figure for the College of Arts and Science was 23 percent. The Bates Committee questioned the
appropriateness of these arrangements at a time when hospital support of baccalaureate nursing programs typically accounted for 5.5 percent of costs.

The realities of the pressure that resulted from contemporary educational practices -- where students were to be learners rather than hospital staff -- began to place constraints on the long hours of service the students were providing. These constraints were not always understood by colleagues less familiar with the contemporary trends in nursing education. In 1960, in an extensive memo to Dean Anderson, Hall responded to questions that were being raised about the number of clinical hours students would spend in the hospital. Hall wrote:

“As efforts are continued to improve the clinical instruction of students in order that they will learn to practice nursing effectively, we must work out satisfactory solutions to innumerable problems which prevail at present. If we believe that the major responsibility for the selection and supervision of clinical experience for the students rests with the full-time faculty, we must either increase the faculty or restrict the areas to which students are assigned…While, on the one hand, we do not favor the ‘over-protection’ of students from the realities of the practice of nursing in hospitals, we do feel obligated to foster the concept that students are learners. As such, they need to approach each new experience thoughtfully, to learn to use the resources at their disposal to deepen their understanding of what the situation requires of them, and to reconstruct the experience with a teacher who can help them utilize it effectively in future care.”

Eleanor Hall was well known for her emphasis on academic standards. In 1965, she was invited to speak on “System Barriers to Quality Nursing” at the convention of the New York State League for Nursing. Throughout her career, Hall devoted herself to the pursuit of excellence, counting as one of her highest achievements the elevation of the School of Nursing to the level of academic standards set for the University's other educational units. Hall remained in her position until 1971, when Helen McNerney, R.N., M.S., took over as acting chair. During Hall’s tenure, in countless ways – by holding fast to academic standards, encouraging faculty to develop new clinical roles, and managing the fiscal operations - she paved the way for the independent School of Nursing that was to come.

THE INDEPENDENT SCHOOL

In February 1968, the Dean of the Medical School, J. Lowell Orbison, appointed an ad hoc committee to review the nursing programs and establish program goals in nursing education and nursing service. Chaired by Barbara Bates, M.D., this committee recommended strengthening the academic base in nursing, unifying nursing education and nursing service, and partnering nursing and medicine. In a sharp divergence from the direction taken by other schools of nursing, this organizational model would influence nursing nationally.
Loretta C. Ford, R.N., Ed.D., was recruited to be the first dean of the School of Nursing. In 1971, the Kellogg Foundation granted five years of funding to help form and expand this new enterprise. The money helped recruit new faculty who provided the leadership in nursing practice and education, develop new clinical nurse specialist and nurse practitioner programs, and, ultimately, the doctoral program. At the school's inauguration, Barbara Lee, program director of the Kellogg Foundation, commented: “The extent of administrative and professional support afforded this new college by the University of Rochester, and particularly by the School of Medicine and Dentistry, must be noted. A University commitment has been made to restructure the Department of Nursing to compare organizationally with the School of Medicine in terms of autonomy, financing, and qualifications of faculty and facilities. As this commitment becomes reality under the leadership of Dr. Ford, Rochester’s School of Nursing can become a model for schools of nursing in similar settings. This alliance between medicine and nursing is as it should be, and cannot help but contribute significantly to the strength of the evolving College.”

This alliance was to lay the foundation for many of the decisions that were to come, with interdisciplinary collaboration becoming a theme at the organizational, working group, and individual level.

University President W. Allen Wallis also articulated the direction of the new school of nursing: “A primary contribution of the School will be to provide the highly qualified teachers so sorely needed in nursing schools throughout the country. Efforts will focus on two critical problems highlighted by the National Commission for the Study of Nursing and Nursing Education established in 1967: the need for increased research in nursing and the need for new patterns of nursing education, including the education of more nurses who are qualified to teach and to engage in research.”

President Wallis served as president of the National Commission for the Study of Nursing and Nursing Education, headquartered in Rochester and directed by Jerome P. Lysaught, Ed.D., professor of education in the Graduate School of Education.

Given the direction of the new school, it was no surprise that an honorary degree was conferred upon Virginia A. Henderson, R.N., M.A., during the inauguration ceremony. Henderson, a faculty member of the School of Nursing between 1929 and 1930, was described as having “had a profound and lasting effect on education, practice, and research in nursing … Her rare ability to express basic principles in simple language has made her book, *The Nature of Nursing*, a landmark, and her monumental four-volume *Nursing Studies Index* ranks high among her many achievements.” In accepting the honor, Henderson said: “The importance of science in undergraduate, graduate, and
continuing nursing education cannot be overemphasized; nor can the importance of research as a basis for practice be overemphasized.”

Dean Ford, already well established as a leader for her contribution to the development of the nurse practitioner model, brought a new vision about what nurses should be doing and how they would do it. Her vision, consistent with the direction Rochester had set in its plans for an independent school, included the need for a highly skilled, clinically competent faculty. In addition to educating students, this faculty was to be able to promote the development of new roles for nurses and to conduct the research needed to develop the knowledge base required for advancing the quality of patient care.

The creation of the School of Nursing as an independent school within the University provided the autonomy and authority necessary to promote major changes in nursing education, practice, and research in the context of a renowned medical center. A strong nursing system was to be implemented by nurses whose appointments reflected both academic preparation and clinical skills. This dual appointment concept was to operate at all levels, from the dean of the school, who would simultaneously be director of nursing service in the Medical Center, to the clinical nurse specialists within various divisions of the hospital. Designated as Clinicians I and II, these clinical nurse specialists carried academic appointments and were responsible for teaching nursing students. At the intermediate level, appropriately prepared clinical nursing chiefs directed each specialty service in all endeavors - educational, service and research. The parallelism of the clinical nursing chiefs and clinical medical chiefs facilitated the integration of nursing and medicine at the clinical department level. It also provided a mechanism for organization at higher levels. For example, the clinical nursing chiefs and clinical medical chiefs both served on the Strong Memorial Hospital Executive Committee. This organizational model remained in place until 1987.

During the 1980s, the clinical nursing chiefs experienced many competing demands, arising from the numerous responsibilities of the position. Many were new Ph.D. graduates trying to establish their research careers while managing overwhelming practice and education/administrative responsibilities. With the appointment of Dean Sheila Ryan in 1986 the organizational structure was revisited and realigned. Associate dean positions were retained but responsibilities for educational programs and research efforts were shifted from clinical chiefs to division chairs, with the clinical chiefs remaining responsible for nursing service at Strong Memorial Hospital. Responding to the national trend in nursing to enhance research efforts in university schools of nursing, three divisions were established -- Health Promotion and Maintenance, Health Care Systems, and Health Restoration -- based on the faculty’s emerging programs of research. The division structure remained in place until 1995, when organizational structures in schools of nursing across the nation were flattening. A new structure then
emerged, consisting of the dean and associate deans. Coordinators for the Ph.D., master’s, and undergraduate program coordinators were phased in over the next three years.

In the fall of 1998, the School of Nursing was faced with a severe financial crisis related to a declining baccalaureate enrollment pattern that had already developed nationally and a decline in external research support. As described in that year’s annual report, this crisis “served as a catalyst for a strategic planning process that was comprehensive in its scope (over 100 School of Nursing faculty and students worked on task forces and sub-groups which covered every aspect of education, research, and practice), diverse in its participants (including School of Medicine faculty, employers, clinical staff, and senior leadership of the Medical Center), and involved a short but concentrated time frame. The outcome of that process seeks to return the School to some key aspects of past prominence -- the integration of practice and education within the School of Nursing and Strong Health [the University's new health system]--and focuses research effort in a few areas of strength where cross-discipline initiatives and resources can achieve excellence. A decision was made to phase out the generic baccalaureate program and restructure the baccalaureate program for registered nurses.

At the time of this writing, the strategic plan that emerged is in the process of being implemented. It retains a concept of unification, a nationally recognized hallmark of the School of Nursing for many years.

UNIFICATION OF EDUCATION, PRACTICE, AND RESEARCH

A harbinger of what would become a beacon for nursing at the University of Rochester throughout its 75-year history is this 1924 quote by Helen Wood:

“Some...would claim that, for the best interests of all concerned, the hospital should provide a nursing service allowing the school to supplement this service to such a degree as shall be of educational value to its students. I cannot take just this view. I should always want my position as director of a school of nursing to imply that I am by appointment also superintendent of the nursing service of the hospital. I should want to have the staff of the school given the privilege of the responsibility of the nursing services with enough funds available to employ graduates, orderlies, porters, wardmaids, or helpers, to supplement the work of the student nurse and thus maintain the efficient education of the nurse as well as the adequate care of the patient.”

The joint responsibility for nursing services, nursing education, and research rested with the director of nursing from 1925 until 1957. In the late 1950s and during the 1960s, when the education and practice units were organizationally separate, tension arose between the units. Evidence suggests that the school's organizational structure was discordant with the philosophy of administrators and faculty who believed that in order to achieve the expected levels of excellence nursing must be recognized and governed in a manner similar to other disciplines within the University.

In the 1970s, Dean Loretta Ford strongly upheld the idea that the School of Nursing was a member of the larger
Medical Center and University community. At the same time, she worked within what became known as the Unification Model to reengage nursing education, practice, and research. Like Helen Wood, Ford linked education and practice through her appointment as dean of the nursing school and director of nursing service at Strong Memorial Hospital. Ford was widely credited for the reemergence of faculty practice in schools of nursing across the nation. She also was recognized for building relationships between medicine and nursing that would facilitate interdisciplinary education, practice, and scholarship within the integrated model.

Befitting the tenor of the times, Dorothy M. Smith, R.N., Ed.D., dean of the School of Nursing at the University of Florida, was invited to receive an honorary degree at Dean Ford’s inauguration. Smith was cited as “having brought about fundamental improvements in health care by changes in nursing service and nursing education. She succeeded in reversing the trend toward separation of nursing service and nursing education when, as dean, she undertook the direction of nursing practice at the J. Hillis Miller Health Center, a step then controversial but now accepted...” It was this leadership trend that the new School of Nursing was seeking to emulate. Smith reminded the audience: “You will see to it that nursing education does, in fact, embody research and practice, for this is what education in a university is all about.”

Ph.D. program, established in 1978, where the focus always has been on clinical nursing research. Addressing major clinical questions through research is seen as a joint effort on the part of students and faculty advisors; matching student interests to faculty expertise depends on the support and development of individual faculty members’ independent research programs.

At the installation of Sheila Ryan, R.N., Ph.D., in 1986 as the second dean of the independent School of Nursing, Ryan said, “The University of Rochester School of Nursing is acclaimed for a successful model of faculty and practice collaboration called unification, which is recognized for advancing innovative nursing practices. Unification II--the next phase--is being built upon the same tenets of excellence and intellectual integration to promote the impact and efficacy of nursing through theory, practice, and research. This model, driven by scholarly productivity of nursing practice and scientific theory in education, provides multiple role opportunities, such as scientist practitioner and scientist researcher. The intellectual integration of theory, practice, and research--the intellectual adventure of disciplined inquiry--is the new goal.”

As in the 1960s, nursing in the 1990s was characterized by the structural separation of Strong Memorial Hospital's nursing service and the School of Nursing. However, the concept of unification remained as a template for selecting professional directions within these organizations. Since its inception, ideas of how to make the unification concept work at the level of the individual have varied widely. Because of the perceived difficulty of focusing on all three areas of excellence...
at any one time in one’s career, nurses working within the model in the 1990s were encouraged to focus on “a dyad” -- a combination of two of the model's elements (i.e., practice and education, education and research, or research and practice). This was deemed important for professional success at the individual level. It also was thought that the dyad model might bring about a beneficial effect at the organizational level as well, across both nursing service and the school. History will judge how the gains achieved balanced out against a continued striving for closer collaboration between the individual nursing units – service and education.

To some, it is a mystery how the concept of unification, which can create such tension in its application, is nonetheless revered. This respect for unification extends well beyond the University of Rochester nursing community and is a cornerstone on which the national reputation of the school has been built. The concept of unification is at its strongest when seen as a reflection of how nurses think about their profession. The inseparability of education, practice, and research, symbolized by the notion of unification, represents a gestalt for the nursing mission of service to the public, as well as for professional self-identity.

CLINICAL SPECIALIST AND NURSE PRACTITIONER PROGRAMS

CLINICAL SPECIALIST PROGRAMS

From the inception of the program leading to a master’s degree in nursing education in 1951 until 1968, the graduate program prepared nurses to excel in specialty areas of nursing. During these years, graduates of this and other such programs across the nation experimented with different clinical specialist roles. At Rochester, Josephine Craytor, R.N., M.S., was one of the first of these leaders. Craytor, recognized later by the Oncology Nursing Society as one of a few nurses who pioneered the oncology nurse role, developed and studied the role of the clinical specialist in cancer nursing in her interdisciplinary practice with surgeon Charles Sherman. The Rochester Regional Medical Program, described later in the chapter, brought multiple specialists in the care of the chronically ill and disabled to the faculty at Rochester. Innovations that emerged during this period laid the foundation for the master’s program in medical-surgical nursing. Nurses saw new opportunities to excel in clinical practice, and the healthcare community saw the contributions that advanced-practice nurses could provide in expanding and enhancing clinical services.

In 1967-68, after an intensive review, the graduate program in nursing was changed from a course of study leading to the degree of Master of Science with a major in nursing education to the degree Master of Science with a major in nursing. Virginia Brantl, R.N., Ph.D., was recruited from the University of Chicago to be associate chairman for graduate study.

A series of courses related to teaching and supervision in nursing was replaced with courses designed to support and underpin clinical practice (at that time within medical-surgical nursing). The intent was to prepare nurses for leadership roles
in education, research, and practice. They were to be expert clinicians, improving patient care through use of indirect services. For example, clinical nurse specialists served as in-service educators and consultants to staff nurses, assisting with clinical problem-solving.

During the 1970s there was tremendous development in the program leading to preparation at the master’s level. After the introduction in 1973 of the first program in primary care (Family Health Nurse Clinician), new clinical specialty concentrations were developed: psychiatric-mental health nursing (1974), pediatric nursing (1975), gerontological nursing (1976), and community health nursing (1976). All these required four semesters of study; the medical-surgical nursing program could be completed in three semesters.

By 1984, a gero-psychiatric mental health nursing subspecialty program had been added to the gerontological and psychiatric mental health nursing programs; and psychiatric liaison nursing and adult psychiatric mental health nursing had been added to the psychiatric mental health nursing program. In addition, a women’s health care nurse practitioner program had been added.

A nursing administration program was added in 1990 and a midwifery program in 1994. The growth and breadth of program offerings followed patterns of national momentum created around identified needs. Some of the smaller programs could not be sustained as separate programs; however, the educational content and teaching methodologies established during their development allowed the specialty preparation to be included in integrated programs. Recent records show that over 1,500 students have graduated from the combined master’s programs.

PEDIATRIC NURSE PRACTITIONER PROGRAM

In the 1960s the Department of Pediatrics under the chairmanship of Robert J. Haggerty, M.D., was conducting research and providing leadership in the development of services for children in the community. Nursing, in the University and the community, was an important partner.

Development of the pediatric nurse practitioner program began in Rochester as early as 1966, when nurse practitioners trained at the University of Rochester began working with the pediatric resident staff in the House Officers Continuity Clinic. They provided well-child care, rehabilitative care for the ill and disabled, and acute illness screening for the children of University of Rochester graduate students and selected families who used the General Pediatric Clinic at Strong Memorial Hospital for primary health care. During 1967, under a Children’s Bureau training project, a nurse-physician team working in the Resident Continuity Clinic of the Department of Pediatrics demonstrated that well-child care performed by the nurse member of the team was both efficacious and acceptable to the patients and professionals involved. This paved the way for a
major study that was to follow.

In 1968, five nurses were prepared under a grant from the Children’s Bureau research program as pediatric nurse practitioners by members of the Department of Pediatrics and Nursing and in the offices of privately practicing pediatricians. The well-child care given by these pediatric nurse practitioner-pediatrician teams was compared to care given by the physician alone. The findings of that randomized trial, reported by Evan Charney, M.D., and Harriet Kitzman, R.N., M.S., supported the quality of care provided by the nurse practitioner-pediatrician teams. The nurses who participated in the trial (Carol Agnew, Esther Berkow, Lois Davis, Carolyn Friedlander, and Nancy Hare) continued their team practices and served as clinical preceptors for pediatric nurse practitioner students.

Following this study, pediatric nurse practitioners continued to be prepared in a four-month intensive program followed by a preceptorship, and then received a certificate. Under the direction of Robert Hoekelman, M.D., and Kitzman, a three-year project was funded in 1971 to evaluate the preparation, placement, and performance of pediatric nurse practitioners. Between 1967 and 1975, 87 nurses received certificates for completing the Pediatric Nurse Practitioner continuing education offering.

**MEDICAL NURSE PRACTITIONER PROGRAM**

In January 1969, a small-scale effort began by Barbara Bates M.D. and medical outpatient department clinic nurses to change the pattern of their work. Each nurse in the clinic was freed to work in a team relationship with a resident physician one half day each week. The nurse-physician teams were asked to explore innovations in their roles. An informal evaluation indicated improved nurse and physician satisfaction and improved patient care; the innovative model attracted several nursing faculty members to the clinic. By May 1969, a nurse clinic was organized to enable nurses to see relatively stable chronically ill patients independently, on referral by physicians. In addition, an evening course in physical diagnosis was developed, and ten nurses from the faculty of the School of Nursing and from the staff of Strong Memorial Hospital participated as learners. Several physicians from the Department of Medicine volunteered as teachers.
By 1971, a planning grant to develop a formalized program for Medical Nurse Practitioner training was approved and funded by the U.S. Public Health Service Division of Nursing. The planning group, comprised of 13 nurses and 12 physicians, worked together in physician-nurse teams, and represented a wide variety of healthcare settings in the region. Nurses in the planning group completed a five-week training program supplemented by classes each week for the next six months. By working through their own role realignment and practice, they helped identify problems and find solutions, giving health planners, health professionals, and the community an opportunity to see the potential of the nurse-physician team in patient care.

In July 1972, under the directorship of Dr. Bates and Joan Lynaugh, R.N., M.S., a three-year project entitled “Medical Nurse Practitioner: Nursing Education in the Care of Adult Ambulatory Patients and Implementation of Role and Practice” was approved and funded by the Division of Nursing. By 1975, 90 nurse practitioners had been prepared through the continuing education programs. Graduates of the program began working in collaborative practice settings, primarily in western New York, but also across the country.

THE GRADUATE PROGRAM IN PRIMARY CARE.

As a result of an ongoing study of the pediatric and medical continuing education programs, the Family Health Nurse Clinician (FHNC) Program (later referred to as Primary Care) was developed in 1972 as one component of the master’s program. The other component was the Medical Surgical Program. The FHNC program began as one of only six programs in the country to prepare nurse practitioners in primary care at the master’s level. The program had a strong focus on health promotion and included, in addition to the core courses already in place in the master’s program and the new clinical component, courses on family interaction, applied theory of small groups, and human development. The program was designed to help students understand the multiple factors that affect health behavior and to support the development of interdisciplinary team skills. Clinical courses stressed the importance of keeping the family context always in focus when providing care. Because of common patterns of practice affecting clinical placement of students and faculty/graduate practice, the older and younger tracks of the FHNC program became synonymous with adult medical and pediatric care.

Enrollment climbed from six students in 1972 to 48 in 1980. Faculty practiced and precepted students in multiple interdisciplinary practices; indeed, the quality and quantity of preceptorships surpassed those of most programs. The program was funded originally by the Department of Health and Human Services in 1973 and was funded for expansion until 1988.

Given the strength of the commitment to interdisciplinary practice in primary care at the time, it was not surprising that
the Robert Wood Johnson Foundation funded companion proposals of the Schools of Medicine and the School of Nursing for primary care education. The program was designed to prepare nurse clinicians to work with high-risk populations, to work in interdisciplinary health teams, and to work in a variety of health care delivery systems and settings. Here were opportunities for medical and nursing school faculties to continue to work together in their education and practice. The Foundation also funded, for the first time, stipends for primary care graduate students to continue their clinical practice during the summer between their first and second year, strengthening their clinical skills base.

Many graduates of the master's program in primary care have been instrumental in developing nursing and nursing education in primary care at the national level. This rigorous program, from both theoretical and practice perspectives, provided an excellent foundation for doctoral study in nursing, a direction pursued by many.

PREPARING NURSING FACULTY AS NURSE PRACTITIONERS IN PRIMARY CARE

As nursing competencies evolved to include history taking, physical assessment, and clinical decision-making (an evolution that followed the nurse practitioner movement first conceptualized and developed by Loretta Ford and Henry Silver, M.D. at the University of Colorado), schools of nursing across the country began striving to find faculty prepared to teach these competencies. Because of the work of Rochester faculty in developing the nurse practitioner role in the late 1960s and early 1970s, the University of Rochester was in an ideal position to prepare faculty from across the country in the new methodologies. During 1973-74, the faculty developed a teaching program; by 1981, 55 nursing faculty from 34 institutions had participated. The primary care nurse practitioner faculty program involved three months of intensive summer study and clinical practicum at Rochester, followed by a preceptorship at the home institution for the remainder of the year. The faculty returned to Rochester at the end of the academic year to share experiences, including the results of research projects, and received certificates recognizing their completion of the program.

In 1977, the School of Nursing was selected by the Robert Wood Johnson (RWJ) Foundation as one of four sites in the country for a one-year fellowship program in primary care. This program was headed by Elaine Hubbard, R.N., Ed.D., a medical nurse practitioner with a long history in interdisciplinary practice and academic nursing administration. By the end of the 1981-82 academic year, 51 nursing faculty had completed the primary care nurse practitioner program. In addition, 25 RWJ fellows had completed the primary care faculty fellowship program. These efforts to prepare faculty in primary care strengthened the teaching base at Rochester and were influential in shaping the educational experiences of nursing students in schools of nursing across the country.

THE ACUTE CARE NURSE PRACTITIONER PROGRAM.
In the late 1970s, the “acute care nurse practitioner” role (ACNP) was developed by the Surgical Nursing Service at the University of Rochester Medical Center. The first ACNP, Jill Quinn, RN, MS, worked with the cardiothoracic surgical team. Quinn was a graduate of the medical-surgical nursing clinical nurse specialist program and the primary care nurse-practitioner program.

The need for advanced practice nurses prepared to function in both direct and indirect patient care roles in the acute-care setting grew dramatically in the 1980s. To address this need, the medical-surgical clinical nurse specialist master’s program went through a number of curriculum revisions with increasing emphasis on the knowledge necessary to deliver direct patient care at an advanced practice level. At the same time, special effort was made to maintain instruction in the knowledge nurses needed to function in indirect patient care roles. By the late 1980s, it became clear that the role of the advanced practice nurse in the acute-care setting had evolved to a point where a major curriculum revision would be beneficial.
Wenona Abbott, R.N., B.S., and Helen Vickery, R.N., B.S., early faculty in the School of Nursing.

Jane Ladd Gilman, R.N., B.S., alumni and Associate Director of the School of Nursing during the early 1950s, presents the Clare Dennison Award to Marion Lopuszynski Holliday, Class of 1955.

The Iron Lung

Joanne Vandervalk Clements, R.N., M.S., in 1977, with a young patient. Clements is one of hundreds of graduates of the master's program. Many serve as administrators and advanced practice nurses at Strong Memorial Hospital.

Nursing students enjoy a summer afternoon in the gardens behind Helen Wood Hall.

Helen McNerney, R.N., M.S., former chair of the Department of Nursing and Dean Loretta Ford, with master's graduate Suzanne McKim, R.N., M.S., in 1972.

In the 1950s babies were shown through the nursery window for one-half hour twice each day.

Edith Bickford, Helen Wood Hall residence director, poses as a patient, as a public health nursing student teaches preparation for an insulin injection.
Faculty from the medical-surgical clinical nurse specialist program and the adult primary care nurse practitioner program convened to discuss the development of a formal acute-care nurse practitioner (ACNP) program. This program was designed to replace the clinical nurse specialist program and was the first formal acute-care nurse practitioner program in the United
States. The educational program was designed to address three major areas: 1) general master’s-level core content, such as theory, ethics and public policy, and research; 2) advanced practice content, such as advanced physiology, pharmacology, and health assessment and promotion; and 3) specialty clinical content. Principles of both direct and indirect patient care were incorporated into the new curriculum, with special emphasis on collaborative practice and continuity of care. Students were admitted in 1989, and the program received approval from the New York State Department of Education. Graduates are eligible to use the title “nurse practitioner,” now a legally protected title in New York State.

In some ways, the title acute-care nurse practitioner is a bit of a misnomer. Although nurses educated in the program focus their practice in a specific area of clinical expertise, their practice is not necessarily limited to the acute-care setting. For example, ACNPs in cardiovascular nursing may be responsible for the care of patients across settings, during the acute and chronic stages of disease. Even so, the title of ACNP has received national recognition.

In summary, from the 1960s evolution of nurse practitioner roles in primary care to present time evolution of advanced nurse practitioner roles, the University of Rochester School of Nursing has maintained its leading edge and plans to continue in the role of leader and national trendsetter in innovative models of care and education for those roles.

**Ph.D. PROGRAM IN NURSING**

At the inauguration of the School of Nursing, the dean of the School of Medicine, J. Lowell Orbison, commented: “The inauguration today of the School of Nursing formalizes the commitment of the Medical Center and the University to this new School and to the expanded role of nursing which its inauguration implies. The School of Nursing, and through it, the Medical Center, is dedicated to a renewed emphasis on academic nursing. The continued commitment to the baccalaureate degree and expansion of the program in the master’s degree, and the initiation of a program for the Ph.D. degree are all a part of these plans. From this School will come teachers, administrators, and investigators to contribute throughout the profession to the education of future nurses and to the care of the ill and the injured.”

This commitment emphasized the leadership role the University of Rochester was to have in doctoral education in nursing. In 1969, the numbers of doctoral degrees awarded to nurses nationwide was low (38 received the Ph.D., and 30 received the Ed.D.) and only five universities offered doctoral programs in nursing. By 1975 when the final proposal for the doctoral program in nursing at the University of Rochester was submitted for approval, ten schools were awarding doctoral degrees in nursing. The ten doctorally-prepared School of Nursing faculty prepared to teach in the program all had degrees in fields other than nursing. Among the faculty most involved were: Carole Anderson, R.N., Ph.D., Betty Evans, R.N., Ph.D.,
Debate arose among the faculty about the type of degree to be offered. The final proposal for the Ph.D. program reads:

“The University of Rochester School of Nursing has chosen to pursue the development of a clinical Ph.D. Degree in Nursing. It is the belief of the faculty that a Doctor of Nursing Science Degree (professional degree program) should follow, not precede a Ph.D. in Nursing. A D.N.Sc. implies adequate nursing theory exists to be taught, whereas Ph.D. implies the need for a strong research and theory building component aimed at developing clinical nursing theory with the anticipated outcome that clinical knowledge, understanding and skills will evolve from which a professional degree can be built. This trend appears to be the most prevalent today and the most defensible.”

After approval at the University level, the proposal for a graduate program leading to the degree Doctor of Philosophy in Nursing was submitted in 1977 to the New York State Department of Education for approval. By that time 15 universities were offering doctoral programs in nursing. The program opened in 1978, and the first students were admitted to the program in 1979, four years after the original proposal was submitted.

A decade later, 29 students had been awarded the Ph.D. degree. By 1990, graduates already were having a visible impact on the profession, holding faculty appointments in 14 of the major universities in the United States and Canada. Several had completed postdoctoral study and many had received prestigious awards. Rochester was rapidly gaining a reputation for producing first-rate clinical researchers who were heavily recruited as faculty. Many new programs around the country were patterned after the curriculum at Rochester.

However, in the 1990s, Rochester became only one among many universities that offered a doctoral program in nursing. At the beginning of this decade, the Ph.D. was being awarded by 42 schools and the D.N.Sc. or other doctorate by 11. Nevertheless, the reputation of the University of Rochester School of Nursing’s doctoral program as unique, highly focused, and rigorous was well established. Students were highly competitive for National Research Service Award (NRSA) grants; 90 percent of the students who applied for federal funding received it. Between 1990 and 1995, the school received funding from the National Institute of Nursing Research in the form of an institutional NRSA. A total of 12 pre-doctoral fellows and five postdoctoral fellows received support under this award.
A decade later, in 1999, there were 71 graduates of the Ph.D. program. About 75 percent of these graduates held faculty positions in nursing schools around the United States and in Canada, Greece, and Thailand. Of those in nursing school positions, almost 70 percent had reached senior ranks. Several individuals occupied endowed chairs, dean or associate dean positions, and several had been elected to the American Academy of Nursing. Almost 25 percent of the graduates were in leadership positions in nursing practice settings or private practice. The remaining individuals were retired.

The faculty who developed or are teaching in the Ph.D. program have served as consultants to doctoral programs in many of the leading universities, nationally and internationally. The curriculum, although somewhat modified, has remained relatively consistent since its initiation and the curricula of many other programs have been influenced by it. This speaks to the strength of its original conceptualization.

**ROBERT WOOD JOHNSON CLINICAL NURSE SCHOLARS PROGRAM**

In the 1970s and early 80s nursing research nationally was constrained by the nearly nonexistent postdoctoral training available to nursing faculty, making it difficult for fledgling nurse investigators, most of them trained in other disciplines, to establish significant programs of clinical nursing research. In response to the need for research training, the Robert Wood Johnson Foundation (RWJF) sponsored a postdoctoral program for nurses from 1983 to 1991. The program goal was to increase the pool of nurses who had the skills to provide leadership for nursing functions in complex health agencies. In a competitive process, three sites were selected for the training of the clinical nurse scholars: University of Pennsylvania, University of Rochester, and University of California at San Francisco. The long history of inter-disciplinary collaboration at Rochester, as characterized in the unification of education, research, and practice in both the School of Nursing and the School of Medicine and Dentistry, may have given Rochester a competitive edge in the selection process.

The foundation stipulated that programs would be co-directed by a nurse and a physician. Each site was provided with program planning support. Candidates for the program applied directly to the RWJF. Final selection was made by an advisory committee to the foundation. RWJF provided a stipend based on the salary applicants were receiving from their home institutions; the maximum stipend was $40,000 a year, and the fellowship was awarded for two years.

Rochester designed a program whose unifying focus was clinical research. Participants were assisted in developing clinical research competencies that could be integrated into teaching, practice, and collaboration within a complex health agency. In addition, experiences were provided to develop skills required for successful clinical teaching and which promoted an understanding of complex political, economic, and administrative climates. The nurse program director was Jean E. Johnson, R.N., Ph.D.. Three different medical directors worked with Johnson during the program's duration: Drs. Paul Griner (1983-1986), Robert Herndon (1986-1989), and Norbert J. Roberts, Jr. (1989-1991).
Each scholar had two mentors, a nurse and a physician. These mentors provided individualized programs of study, guiding scholars in selecting learning experiences, in planning a clinical research project, and in conducting the pilot stage of the project. Scholars were expected to prepare a proposal for a clinical research project to be submitted to a funding agency at the end of the two-year program.

Twenty nurses received training as RWJ clinical nurse scholars at the University of Rochester. Three nurses started their two-year training program each year from 1983 to 1989 (one was unable to keep her commitment to the program). At the program's completion, all scholars accepted positions in university-based schools of nursing. All continue to be affiliated with such schools, and most have active research programs.

RESEARCH IN THE SCHOOL OF NURSING

Throughout the lifetime of the School there has been a concern for nursing studies that informed the quality of nursing care and the conditions that made that care possible. Starting in the 1940s, Esther Thompson conducted studies of the quality of nursing care in the region, eventually using students in the masters in nursing program at the University to help gather data in the region’s hospitals. Clare Dennison was completing time studies in an attempt to understand how nursing demand changed as a result of increasing numbers of medical students and increasing numbers of untrained attendants. She wrote about nursing management in emergency situations. Faculty were studying the organization of the patient care unit, specifically, the impact of the structure of medicine rooms and utility rooms on nursing activity. During the late 1950s and 1960s some faculty began to pioneer clinical specialist roles and conduct studies related to the clinical populations for whom they provided specialty care. The fact that they saw research as part of their responsibility was a reflection of a period in which there were few doctorally-prepared nurses and when nursing research activities still rested largely with masters-prepared nurses.

After developing and studying the clinical specialist role in an oncology interdisciplinary team and becoming a Cancer Project Nurse, Josephine Craytor, R.N., M.S., was charged with developing new educational approaches to teaching cancer care to students and nursing staff. Working collaboratively with colleagues in the College of Education, she implemented a series of educational research projects designed to develop programmed instructional materials in cancer and cancer care.
These materials were tested on undergraduate nursing students in their classes. This work resulted in numerous articles, and culminated in the first programmed text in cancer care, *The Nurse and the Cancer Patient: A Programmed Text*, published by J.B. Lippincott in 1970. At a time when cancer still carried a social stigma, she also was concerned with changing nurses’ and other health care professionals’ attitudes towards cancer patients and their care. With nursing and interdisciplinary colleagues, she conducted a series of studies on nurses’ perceptions and attitudes about themselves as cancer nurses.

Marjorie Pfaudler, R.N., M.A., who developed a specialist role in stroke/rehabilitation nursing at Rochester, also conducted studies during this period. Pfaudler’s work focused on the effectiveness of various nursing interventions, such as alternating pressure mattresses, in preventing decubitus in bedridden patients. Mary Wemett, R.N., M.S., who taught fundamentals of nursing, was conducting research on methods to teach foundational skills to undergraduate nursing students. Working with Martha Pitel, Ph.D., she also published research on the use of the gluteus medius as an intramuscular injection site. Students were taught the use of this technique in practice based on the research findings.

The creation of the autonomous School of Nursing in 1972 resulted in the explicit inclusion of research as central to the School’s mission. The School's Ten-Year Plan, published in 1973, stated that “the primary goal …is the development of nursing practice theory through research and application of the basic principles developed to the improvement of professional practice and education.” The faculty voted to adopt a system of promotion and tenure expectations for scholarship for all faculty that was consistent with University standards. However, none of the faculty had doctoral preparation to conduct research at the time of Loretta Ford’s recruitment to Rochester, and recruitment of faculty qualified to conduct research became a high priority. Seven faculty prepared at the doctoral level were in place a year after the School was opened. One was a methodologist recruited as a resource to the School’s faculty and to support curriculum research objectives; the others were all newly graduated from doctoral programs. By 1976 ten faculty members were doctorally-prepared, but retention became an issue and the total number remained the same five
In the early 1970s several research support structures were put in place. An internal Human Subjects Review Committee was established. The nursing alumni organization created a Research Seed Fund and an Alumni Resource Directory. The Seed Fund was a source of support for pilot studies of both faculty and graduate students; it continued into the early 1990s. The Resource Directory identified alumni willing to assist in implementing research projects. Sustained research productivity and in-depth programs of research were slow to develop, partly because of the lack of research expertise of most of the faculty, and partly because the energies of the newly recruited, more research-oriented faculty were tied up in developing new graduate educational programs and practice developments. Many were busy serving as clinical nursing chiefs in Strong Memorial Hospital. Under the unification model, all faculty members were expected to fulfill responsibilities for all three parts of the School’s mission: research, education and practice. However, policy regulating faculty time divided it into two percentages—education and practice. As a result, research activities were assumed to be part of the educational percentage.

Research in the first few years was characterized by a large number of mini-studies. Most of these focused on promoting self-care or coping with disease; others were focused on professional characteristics of the nurse and aspects of the care delivery system.

To spur the development of clinical nursing research, the School secured funding through a Clinical Research Facilitation grant from the Division of Nursing, Bureau of Health Professions. The purposes of this three-year grant were to establish an administrative support structure for research development; link doctorally-prepared investigators with clinicians to enhance the clinical emphasis of the nursing research enterprise; increase the amount of time faculty had to engage in research; assist faculty in developing, funding, and reporting their research activities; and enrich facilities, resources, and equipment for the conduct of research. Under the grant a Research Office was created with Madeline Schmitt, R.N., Ph.D. as its director. This position reported directly to the Dean and was designed to facilitate faculty and nursing staff research efforts, rather than evaluate them.

The Research Office became the focal point for coordinating research support services; for expert advice and consultation related to developing research proposals and implementing research and data analysis; for disseminating faculty research money, using a format for review of proposals that followed the Federal research review process; and for programmer, methodologist, and research assistant support. A Research Committee was created to advise the Research Office staff and peer-reviewed requests for funding. (Eventually, the Research Committee was incorporated into the standing committee structure of the faculty organization.) Research Office staff facilitated weekly Brown Bag Research Seminars, developed a research newsletter that was circulated to other schools of nursing, and acted as a conduit for information about
requests for proposals, calls for papers, presentations, and the like. An annual Research Day was established, a small research library was developed, and basic research equipment (e.g., tape recorders) was made available.

Other activities during the grant period signaled the further development of a research climate in the School. Faculty regulations were revised and two tracks were created, an academic-tenure track and a clinical track, in recognition of the difficulty of master's-prepared faculty to achieve University standards for scholarship. A dozen faculty members initiated doctoral study, some in the School's newly established Ph.D. program, some in other University Ph.D. programs, and some in other institutions. Student research was ongoing in the form of required master’s theses, and a nursing honor society was initiated that eventually became a local chapter of Sigma Theta Tau, Epsilon Xi. Under a new associate dean for nursing practice, Margaret Sovie, R.N., Ph.D., the practice environment began to reflect staff involvement in research. A doctorally-prepared Director of Inquiry and Evaluation was sought for the practice setting. The Medical Nursing Service under clinical chief, Nancy Kent R.N., M.S. created a Research Committee.

At the conclusion of the Clinical Research Facilitation grant, although many research activities had been supported and projects, publications, and presentations had grown, research activities continued to lack an integrating institutional focus, were small in scale, and lacking in further development for external funding. Many, however, were practice-based. For example, a project initiated in 1978 under Nancy Kent focused on evaluating a program to increase communication between nurses caring for patients in an inpatient setting and in an ambulatory clinic. Outcomes of interest included numbers of broken clinic appointments, quality of patient teaching, and nurses’ job satisfaction.

A report of research activity prepared by the office in 1980 listed almost 125 active research projects. During an extension year of the grant, the Research Office underwent an organizational change. Between 1980-1986 it became a research and planning office directed by a professional health planner responsible to the associate dean for graduate/undergraduate studies. The goals were to promote research and to support the long-range planning efforts of the faculty. The activities initiated to support research under the grant were mostly continued, the network of consultants was expanded, a computing budget was negotiated, and the planning function added. During the 1980s the office added a peer review network to help strengthen the quality of proposals being submitted for external funding. The Research Office also provided some instructional support, such as conducting computer classes, and
reviewing human subjects approval processes for master’s and doctoral students’ thesis activities. The staff also conducted a series of planning studies.

In 1982 a new ten year Long-Range Plan was published. It noted that, although doctorally-prepared faculty had been recruited to the School, “a large proportion of faculty resources had been diverted to [the development of sound academic programs and the establishment of a model nursing practice program] … The impact of the Unification Model on research productivity of faculty is unknown and needs to be determined.” It was noted that a considerable expansion of doctorally-prepared faculty was needed, along with increased research productivity. The goal was to have 50 percent of the faculty doctorally-prepared by 1992. A shift in the predominately junior faculty also was advocated, with a goal that at least 35 percent of the faculty be tenured and 35 percent of the faculty occupy senior ranks by 1992. In 1983-1984, a formal Research Committee was established. One of its first tasks was to review the research productivity of the faculty and propose strategies for enhancing that productivity.

In the final report of the Clinical Research Facilitation grant, the potential for the research activities in the Cancer Center to become a research “cluster” was noted. The recruitment of Jean E. Johnson, R.N., Ph.D., as associate director for nursing in the Cancer Center began a long and productive period of cancer-related studies that actualized the mutually beneficial investigative relationships envisioned between master’s and doctorally-prepared faculty. By 1983, the work was supported by research funding from the Division of Nursing, Department of Health and Human Services; the RWJF; and the National Cancer Institute (NCI). During 1983-1984, a second cluster of studies focused on social support processes was funded through a Nursing Research Emphasis program grant from the Division of Nursing. Ruth Ann O’Brien, R.N., Ph.D., principal investigator, secured individual grant support from the National Institute on Aging.
Sponsored research dollars grew steadily from somewhat over $25,000 in 1977-1978 to about $425,000. In 1985-1986, the School met the external funding criteria for the receipt of a Biomedical Research Support Grant (BRSG) for the first time. BRSG funding became an important resource for pilot research activities until the 1990s, when federal dollars for this activity were no longer available and were replaced by pilot funding internal to the School.

In early 1988, the School’s faculty adopted an administrative proposal to create a Center for Nursing Science and Scholarly Practice (CNSSP). The Center's director was to foster and oversee the development of a focused research program in the School, propelled by a long-range plan. Management of an array of resources by the director was envisioned as instrumental to the success of such a plan. However, creation of the Center was delayed until the recruitment of Veronica Rempusheski, R.N., Ph.D., as director of the CNSSP in 1994. Rempusheski, who had been responsible for nursing research activities at Boston’s Beth Israel Hospital, also was appointed as the first associate dean for research.

In 1991, prior to the successful recruitment of a director for the CNSSP, Ann Marie Brooks, R.N., D.N.S., appointed Judith Baggs, R.N., Ph.D., and Nancy Wells, R.N., Ph.D., as co-directors of the Clinical Nursing Research Office. This office, housed in Helen Wood Hall, was to promote improvements in nursing and patient-care delivery via collaborative research efforts of practitioners and researchers in nursing and with other disciplines.

With the recruitment of Rempusheski, the CNSSP was established in 1995 in 1600 square feet of newly renovated space and a five-year strategic plan for research development was created. Activities and resources that had been available in the old Research Office were restored and expanded, such as assistance with locating funding sources, proposal preparation, methodological and statistical consultation, regular research exchange seminars, grants management, and the like. In addition, efforts to conceptualize the focus of faculty research efforts were begun. Rempusheski actively encouraged faculty and student participation in the Eastern Nursing Research Society, the regional nursing research organization, and the School was the primary host for the tenth annual anniversary meeting of the Society in 1998.

In 1999, the CNSSP was renamed by director and associate dean for research, Bernadette M. Melnyk, R.N., Ph.D. as the Center for Research and Evidence-based Practice. Renewed emphasis was placed on linking academic support for research with support for research initiatives by clinicians in the practice setting by creating the ARCC...
(Advancing Research and Clinical Practice Through Close Collaboration) model, and establishing two associate director positions, one from SMH nursing practice and one from community-centered practice, to implement the model.

Years of discussion about targeted research emphasis in the School came to fruition in the strategic planning process in Spring, 1999. A few areas of national need were identified which coincided with Medical Center research priorities and with the nationally recognized research programs of a number of School faculty. The identification of these areas of strength led to the establishment of the Center for High-Risk Children and Youth and the Center for Clinical Research on Aging within the CNSSP. A third center, the Center for Clinical Trials and Medical Device Evaluation, has recently been developed. Initiatives are underway to secure funding for the new centers, to strengthen the core of faculty resources and research efforts of the centers, and to tie the research training of Ph.D. students more closely to the centers' research programs.

In summary, the development of a significant nursing research effort in the School of Nursing has been a long, slow process. Throughout its history, faculty research efforts have had a distinctive focus on clinical problems and new models of care, reflecting the strong education-research-practice links that have characterized the School philosophically and organizationally. The establishment of the autonomous School led to a significant and prolonged effort to strengthen research resources and productivity, but, especially during the School’s early years, this effort was competitive with education and practice goals. Faculty were recruited to the School deliberatively to develop programs of scholarship and research, and master’s-prepared faculty sought research training at the doctoral level in significant numbers. Many of these nurse scholars eventually developed significant, nationally recognized programs of research, and trained a second generation of Rochester faculty researchers.

In a paper on 25 years of nursing research presented in 1998 to the American Academy of Nursing on its 25th anniversary, several investigators who have spent significant portions of their research careers in the School were identified by Johns Hopkins University Dean Sue Donaldson as nursing research “pathfinders.” The research of these leaders has changed thinking about such areas as pain perception, female urinary incontinence, and elderly caregiving, not only within nursing but across disciplines. Thus, though the School’s full research potential is yet to be
realized, the way forward has been well marked by significant faculty research accomplishments to date.

**INNOVATIONS IN PRACTICE**

**INTERNATIONAL EXCHANGE VISITOR PROGRAM FOR NURSES**

Between 1959 and 1972, Strong Memorial Hospital offered an international exchange visitor program for nurses from other countries. These visiting nurses worked at Strong for one year, and had the option of spending an additional six months in another hospital program. Starting with five nurses, the program grew to a maximum of 15 visitors per year for a total of about 150. Nurses came to Rochester from all over the world, including Taiwan, India, Africa, Germany, Austria, Yugoslavia, the Scandinavian countries, and the British Isles. Rochesterians opened their homes and hearts to these visitors and friendships extend to the present.

The program's primary goal nationally was to respond to severe shortages of nurses. However, the program at Strong was unique. Not only did it provide clinical learning experiences for the visitors, but it taught the politics of health care in the United States as well. Organized and directed by Lynn McClellan, R.N., M.S., director of staff development, the program was elected as the exemplary program nationally and McClellan was invited to present a report on the Rochester experience at the National Council on State Boards of Nursing.

**THE EXPERIMENTAL UNIT**

In 1968, the Medical Center Committee on Nursing appointed a sub-committee on unit planning. A model experimental unit designed around patient needs was among the ideas developed. It was noted that: “Both nurse and physician must establish a relationship with the patient, assessing his needs, sharing appropriately, and developing a plan of care together.”

The goal was to demonstrate close working relationships between nursing and medicine. However, at the time that the experimental unit became operational in the early 1970s, plans were being made to build new hospital units at Strong. Thus, the goals for the multidisciplinary experimental unit, headed by Paul Griner, M.D., and Janet Manse, R.N., M.S., were expanded to include trying out new equipment, supplies, and furnishings.

Nursing wanted to try out other innovations, as well. Under the guidance of Eleanor Hall, chair of the Department of Nursing, faculty member Nancy Kent, R.N., M.S., became the nursing leader on the unit and undertook the challenge of implementing a new organization of nursing care – primary nursing. Nursing nationally was being influenced by a generation of nurse theorists who were examining the importance of the nurse-patient relationship and the individuality of patient needs.
Primary nursing was devised as one model that would strengthen the nurse-patient relationship, as recommended by contemporary nurse theorists. Rochester was among the leaders in the use of this organization of care.

Although some questions raised by the subcommittee were never fully answered – such as, “Is it feasible to expect [the role of the nurse] to change without change in the roles of those with whom [s]he relates?,” the unit laid the groundwork for future emphases on primary nursing and interdisciplinary team approaches to patient care.

**STRONG MEMORIAL HOSPITAL AS A MAGNET HOSPITAL**

Margaret Sovie, R.N., Ph.D., was recruited to Rochester in 1976, as the first associate dean for nursing practice and associate director of nursing. An energetic, well-prepared clinician, educator, and nurse executive, Sovie was committed to quality care for patients, career opportunities for nurses, and research related to conditions that enhance both. Under the Unification Model, implemented in 1972, Dean Ford had already established the value of having the best prepared nurses at the bedside. As a result, nurses at Strong were ready for the many innovative programs developed under Sovie’s leadership. All nursing staff were to be baccalaureate-prepared RNs practicing in a primary care organizational model, supported by clinical nurse specialists and expert nurse managers. Conditions were right. Each clinical service was headed by an accomplished clinical chief who was responsible for the quality of patient care, education of students, and research in the specialty. High-quality clinical specialist programs provided a ready supply of graduate nurses well prepared to guide the development of services.
Celebrating the 10th Anniversary of the School of Nursing are honorary members of the University’s Board of Trustees; (from left) J. Wallace Ely, Marie Curran Wilson and Edward Harris, with Dean Loretta Ford. The celebration included a symposium on “The New Order of Things.”

Dean Ryan, accompanied by Helen McNerney, Eleanor Hall, and Ruth Brody, all past directors of the School of Nursing, cut the ribbon to celebrate the reopening of Helen Wood Hall on May 2, 1996. The Teaching Learning Center and classrooms were modernized and the administrative offices redesigned to make them more accessible to students. The celebration capped earlier dedication of the Jean Johnson Research Conference Room, the Miller-Brody Board Room, the Clare Denison Student Lounge, the Jerome Lysaught Seminar Room, the Cynthia Hart Seminar Room, and the Craytor-McNerney Classroom.


At the 1985 reunion, Helen Wood was honored and her portrait presented. From left, Jane Ladd Gilman, Eleanor Hall, former Chair of the Department of Nursing, S. Daphne Corbett, Josephine Craytor, and Mary Wemett.

James Bartlett, M.D., Medical Director of Strong Memorial Hospital, and J. Lowell Orbison, Dean of the School of Medicine and Dentistry, greet Grace L. Reid on the occasion of the founding of the Grace Reid Society. Reid was recognized for her high professional standards and gift as an understanding teacher.

Students in Edward G. Miner Library.
The resulting synergism produced an environment in which nurses could provide high-quality care. Programs that focused on opportunities for nurses included the clinical advancement system (through which nurses were recognized for clinical excellence), awards for excellence in nursing practice, and “Nurses' Week.” Salaries recognized longevity and certification. Similarly, programs centered on administrative aspects included the patient classification system (with variable patient billing depending on the level of nursing care delivered), and cost centers for each nursing unit. Educational opportunities included management development, program retreats, and “think tanks.” The Professional Nursing Organization and the Staff Nurse Executive Committee are examples of commitment to a professional practice model.

In 1983, as the result of Sovie’s leadership, Strong Memorial Hospital was selected as a Magnet Hospital by the American Academy of Nursing (AAN). The national nursing shortage in the 1980s had provided the impetus for the AAN to conduct a study to determine conditions of practice and practice environments satisfying to nurses. From 165 hospitals nominated around the nation, 41 were selected, based on high nurse satisfaction, low job turnover, and low nurse vacancy rates in environments where others were experiencing nurse shortages. Study reports recognized Strong Memorial for its excellent nursing services. Many of its nursing innovations, including the clinical ladder, were quite different from those in other institutions. Additionally, faculty were immersed in developing and providing quality patient care through their roles as advanced practice nurses and clinical researchers, providing a rich resource for Strong Memorial Hospital.
When Sovie left to accept a position at the University of Pennsylvania in 1987, Alison VanPutte, R.N., Ed.D., acted as interim until Ann Marie Brooks, R.N., D.N.S. was recruited in 1988 as the associate dean for practice and director of nursing at Strong Memorial Hospital. Brooks refined many of the programs set in place during Sovie’s tenure. Roles for advanced practice nurses continued to be developed and a position was established for a clinical researcher to support the development of hospital-based research and evaluation. Patricia Witzel, R.N., M.S., M.B.A., succeeded Brooks when she resigned in 1997 and is providing leadership to Strong Memorial nurses at present.

**NURSING IN THE CANCER CENTER**

Josephine Craytor R.N., M.S., established a strong nursing presence in the University of Rochester Cancer Center. When the Cancer Center was established in 1974, Robert Cooper Jr., M.D., its first director, named nursing as one of the core divisions and Craytor was appointed its first associate director for nursing. Under her leadership, and with support from an NIH National Cancer Institute core center grant, clinical nurse specialists developed care systems to support medical treatment and clinical trials as well as conducting their own investigations of clinical nursing problems.

After Craytor’s retirement, Jean E. Johnson, Ph.D., R.N., was recruited as associate director. The former director of the Center for Research at Wayne State University’s College of Nursing in Detroit, Johnson's own research focused on the use of experimental designs to examine the effects of preparing patients for health-care procedures and surgery.

When Johnson came to the Cancer Center, there were four clinical nurse specialists and three staff nurses in the Division of Nursing. The staff nurses’ salaries were covered by physicians’ clinical trial research grants and they reported directly to the physicians. Johnson believed that each healthcare discipline should set its own standards for practice and should evaluate members of its own discipline. If patients were to fully benefit from nursing care, nurses had to control their practice -- a practice based on national standards, nursing research, and self-governance.

Over time, clinical specialists became increasingly involved with staff nurses and direct patient care. As the number of clinic patients increased, more nurses were added to the staff; staff nurse salaries and portions of clinical specialists’ salaries were covered by clinical revenues. Clinical specialists and
staff nurses worked together as a team, developing skills and systems needed to support a high quality of patient care. Johnson provided overall leadership, helped the nurses develop professionally, and advocated for them and for this model of care with Cancer Center administrators, Strong Memorial's nursing service, and the hospital, as well as with individual physicians. This model of an advanced-practice nurse was responsible for insuring the delivery of quality nursing care on each of the clinical services continued until Johnson retired.

In a pattern consistent with the school's unification model, Johnson and the clinical specialists held faculty appointments, taught students, and conducted research. The clinical specialists’ research focused on problems such as incidence and severity of treatment side effects. Johnson conducted a series of studies to test the effects of theory-based preparatory informational interventions on patients’ distress and ability to function while receiving and following radiation therapy. The purpose of the last study -- conducted with radiation therapy patients -- was to demonstrate the direct application of the prior research and the theory developed from that research to the clinical practice of nursing. The research-based preparation for radiation therapy provided by staff nurses was observed to be effective in decreasing patients’ distress and disruption of their usual activities. Nurses continue to use the research-based knowledge when preparing patients for radiation therapy.

The Nursing Division in the Cancer Center received high marks from outside review groups. National Cancer Institute (NCI) peer review reports of applications for renewals of the center’s core grant consistently contained enthusiastic ratings of the Division of Nursing. However, in 1992, Cooper died unexpectedly, at a time when the center was struggling to obtain renewal of its core grant from the NCI. A year later, Johnson retired from her position in the Cancer Center and School of Nursing were not successful in recruiting a new leader for the Division of Nursing and the Cancer Center was unable to obtain continuing support for nursing from the NCI. Following the opening of the Medical Center's Ambulatory Care Center, the location of cancer clinics and nursing structure changed in 1998. At that time the Division of Nursing in the Cancer Center was dismantled. Now, nurses caring for patients in the various clinics report to a nurse manager who in turn reports to the administrator for all of ambulatory care.

**CARE OF THE BURNED PATIENT**

Florence Jacoby, R.N., pioneered the burn nurse specialist role at Strong Memorial Hospital. After graduating from Kings County Hospital School of Nursing in 1942, Jacoby practiced as a public health nurse and private duty nurse in the Rochester area from 1943 to 1969. In 1963, as a private duty nurse, Jacoby suddenly found herself challenged to deliver high-quality nursing care to the most severely burned victim to survive an airline crash at the Monroe County airport, as well as to provide nursing leadership for the care of other burn victims of the crash. When she found little scientific literature to guide her, the care of burn patients became her professional mission. Jacoby created a partnership with her physician and nursing
colleagues and, with her patients, she worked to develop burn nursing care strategies, evaluated on the basis of “what worked” for them in their long struggle toward survival and rehabilitation.

Jacoby pioneered the burn nurse specialist role, practiced it at Strong Memorial Hospital, and was instrumental in designing a new burn unit at Strong that became known as one of the top ten burn centers in the nation. She also began writing about what she had learned. She worked with her physician colleagues in research to develop the scientific knowledge base for burn treatments and co-published with them. She wrote the first text on burn nursing, *Nursing Care of the Patient with Burns*, published by Mosby in 1972 (translated into Japanese), with a second edition in 1976; the text became an American Journal of Nursing “book of the year.”

The knowledge Jacoby generated became the basis for the first national core curriculum for burn nursing care. Jacoby's work was recognized at every level – locally, regionally, nationally, and internationally. Among her numerous contributions, she served on many of the major committees of the American Burn Association and was the first nurse appointed a member. Eventually she became co-chair of nursing training and recruitment for the International Society of Burn Injuries.

**CARING FOR THE CHRONICALLY ILL: AN INTERDISCIPLINARY STUDY**

From 1972-1976, an innovative practice model was designed, implemented, and evaluated at Monroe Community Hospital under the auspices of a Division of Nursing, Bureau of Health Manpower Education contract. The project, under the leadership of T. Franklin Williams, M.D., and Nancy M. Watson, R.N., M.S., was one of the first in the nation to gather objective outcome data on patient health status related to differing approaches to nursing care. The target population was chronically ill, diabetic, ambulatory residents in a long-term care facility.

The two approaches studied in a randomized clinical trial were the usual ambulatory nursing care model and an individualized nursing care model. A battery of outcome measures was developed covering a range of patient outcomes thought to be influenced by the quality of nursing care. Individualized nursing care was linked to a multidisciplinary planning process designed to achieve care coordination across disciplines (nursing, medicine, and dietary). Interest within the Division of Nursing in this experimental model and its relationship to outcomes led to supplementary funding and a broadening of the study goals. Madeline Schmitt, R.N., (Ph.D candidate at the time), a School of Nursing faculty member who was the project's nursing research consultant, directed this part of the study, which included filming team meetings and studying team processes.

**THE COMMUNITY NURSING CENTER**
By the mid-1980s, care was beginning to shift from hospital to community, and community nursing centers were emerging across the nation. The School of Nursing had established its position as a leader in interdisciplinary primary care practice and community program development. The School's Community Nursing Center (CNC) was developed in 1988 under the direction of Elaine Hubbard R.N., Ed.D., associate dean for community practice. The center's goal was to provide innovative services in settings that also could be used for educating students. Hubbard, a medical nurse practitioner who had been involved in a joint internal medical practice for over a decade, set about establishing “a center without walls” in the community. Unlike many centers in the nation, this one focused on existing sites for care and on the belief that the center should be economically self-sufficient through fee-for-service income. Most centers were demonstration sites supported by external funding.

Patricia Hinton Walker, R.N., Ph.D., took over the directorship on Hubbard’s retirement in 1990. During Hinton Walker's tenure, the CNC became a professional corporation, contracts were established for services rendered, and its focus shifted to rural sites, in contrast to the urban settings of the earlier years.

In 1996, with Hinton Walker’s departure to become dean at the University of Colorado School of Nursing, Patricia Chiverton R.N., Ed.D., accepted the position of associate dean for nursing practice and CNC. While CNC services are still contracted, activities are increasingly programmatic. Part of the CNC's uniqueness is its ability to offer innovative programs. For example, through Strong Health, the University's new integrated delivery system, CNC operates the travel clinic "Passport Health" for the entire health system. While community nursing centers in other universities have closed, unable to be economically viable after external funding ended, Rochester's CNC continues to grow and flourish.

REGIONAL CONTRIBUTIONS

SUPPORTING QUALITY NURSING CARE IN THE REGION

An important force in the University’s nursing contribution to the community and region came with the appointment of Esther Thompson, R.N., M.A.. Thompson received the first Rockefeller Foundation fellowship awarded an American nurse. She received her master’s education at Teachers College, Columbia University, and was recruited to Rochester in 1943 as
director of the nursing program in the College of Arts and Science. Her charge: to provide direction for the newly established BS in nursing education for registered nurses, a program financed by local hospitals. In 1945, an innovative program in regional health planning was funded by the Commonwealth Fund, and Thompson seized leadership for the regional assessment and improvement of nursing care.

Throughout the 1940s and early 1950s, Thompson's complex job responsibilities required sophistication in working with a wide range of health care professionals - from physicians involved in the regional planning effort to nursing faculty and students in the university setting and to staff and nursing administrators in rural as well as urban hospital settings. Few positions could have offered such a direct contrast between the realities of nursing practice and quality of nursing care at the time and her vision of what professional nursing should be.

During World War II many nurses were called away from the community, leaving the care of the sick in hospitals to poorly trained aides and those nurses who remained. An anticipated post-war surplus of nurses did not materialize. Schmitt interviewed Thompson and wrote, “Miss Thompson was ‘appalled’ by the nursing care she observed in her travels about the region. Aides and nurses alike were poorly prepared for their jobs, with much overlap in what various categories of personnel were actually doing. She gathered systematic data on nursing attitudes, activities, and the quality of nursing care, completing numerous regional studies in the 1940s and 1950s. Miss Thompson noted, in a personal interview, that these should have been published, but ‘we were finding out too much about poor nursing, poor safety practices. Administrators wanted the results squelched.’”

Thompson served on many local advisory boards, including the local School of Practical Nursing, sponsored by the Board of Education. She stimulated a collaborative agreement to have practical nurses prepared in two hospitals where professional nurses were trained, the first such program in the country, according to Thompson. By the later 1940s, a time when team nursing was common, she initiated and facilitated the incorporation of the practical nurse in a team relationship with the professional nurse.
Replacement of untrained aides with better prepared personnel was Thompson's goal. In the early 1950s, as chair of a study to improve care by aides, she obtained support from the state health department and the state hospital association to develop a vocational program for teachers of hospital aides. While some of Thompson's activities seemed even to her contrary to her commitment to preparing nurses at the baccalaureate level, she was a pragmatist. She did what she had to do to bring immediate improvement in the quality of nursing care in the region.

For many years, Thompson conducted continuing education workshops on a variety of topics for nurse representatives from hospitals in the region. She had an unusual ability to network and bring together nurses with disparate agendas, such as directors of nursing services, around a common goal. She also started the Interagency Inservice Education Committee in 1964, first chaired by Lynn McClellan, R.N., M.S.. This innovative committee was organized under the hospitals in the Rochester Regional Hospital Council, for which Thompson was the nurse coordinator.

In the early 1950s, Thompson accepted the first in a series of positions with the New York State Nurses Association (NYSNA) an organization with which she had a long history, serving as vice president and president as well as chair of multiple committees. Under a directive from the NYSNA board in 1966, the Committee on Education, chaired by Thompson, wrote and published The Blueprint for Nursing Education in New York State. This became an important statement that generated extensive debate within the nursing community nationwide. NYSNA recommended that preparation for professional nursing be in baccalaureate programs, preparation for technical nursing be in associate degree programs, that diploma nursing schools be phased out by 1972, and that no new practical nursing programs be started.

Thompson's efforts to clarify levels of practice in nursing and to move nursing in New York State toward the goal of baccalaureate education for professional practice was central to her work. Her knowledge of nursing practice, based on her intensive studies, enabled her to articulate a complex understanding of how nursing education was linked to various practice domains. She retired from the University in 1968, leaving a long legacy of support for the development of quality nursing care in the region. Although efforts by the University to retain the regional focus continued for several years, it never reached the level of commitment it had under Thompson’s leadership.

**THE ROCHESTER REGIONAL MEDICAL PROGRAM**

Edith Olson, R.N., M.S., was recruited by Eleanor Hall in the 1960s to be the nursing director for the Rochester Regional Medical Program (RRMP); Ralph Parker, Jr., M.D., was medical director. Hall had become acquainted with Olson, a
national expert on rehabilitation, when they taught together at Yale. Olson subsequently recruited a strong team of nurse specialists to provide nursing leadership in the region.

The RRMP, federally enacted and funded in 1965, was designed to close the gap between existing knowledge about the treatment of heart disease, cancer, and stroke and its application in clinical practice. Later, these diagnoses were expanded to include diabetes, renal disease, and blood dyscrasias.

The University of Rochester School of Medicine was designated as the leader for developing and conducting the RRMP program (largely consisting of continuing education and consultation) in its ten-county region. This region had had a successful decade offering similar activities under the auspice of the Rochester Regional Hospital Council; these activities would be expanded in scope and directions under the RRMP. RRMP was unlike all other such programs in the nation in recognizing and respecting an interdisciplinary and collegial approach to learning and problem-solving. According to Olson: “When professional persons learn together and stay focused on the patient and his/her needs, there is no need to compete for identity or one-upsmanship.”

Rose Pinneo, R.N., M.S., a nurse who helped establish one of the country’s first coronary care units in Philadelphia, was recruited to Rochester. Noted cardiologist Paul Yu, M.D., and Pinneo wrote the first coronary care text for nurses. As part of the RRMP, Pineo recruited nurses from all the region’s hospitals to come to Rochester for an intense three-week continuing education program; she then helped these nurses set up coronary care units in their own hospitals. Other nurses in the RRMP were Josephine Craytor, R. N., M.S. (cancer), Marjorie Pfaunder, R.N., M.A., and Janet Long, R.N., M.S. (stroke/rehabilitation), Maria Smith, R.N., M.S. (diabetes), Virginia Hanson, R.N., M.S. (renal disease), and Nancy Clark, R.N., M.S. (cardiac disease). The program for each of these disease categories was similar to that designed for coronary care, requiring intensive continuing education and on-site consultation. Monographs were prepared by each group to help people in the region develop the services.

CONTINUING EDUCATION

Nationally, the continuing education movement in nursing started with the first conference in Williamsburg, Virginia, in 1968. Lynn McClellan, R.N., M.S. (who directed staff development in the hospital) was on the national meeting planning
committee. The ANA sponsored continuing education groups, which helped establish standards for continuing education. Between 1978-1981, the School of Nursing had a federal Health and Human Services grant to study “A Regional Approach to Continuing Education” for 13 counties, which included Rochester and New York State’s Southern Tier. This project involved convening two northeastern regional meetings and conducting needs assessment; over 20,000 nurses were surveyed. Despite initial grant support, further funding to develop an infrastructure for ongoing regional continuing education could not be secured, and nursing's regional focus was fractured.

Although continuing education programs are still offered by the nursing service of Strong Memorial Hospital and by the School of Nursing, systematic needs assessments have not been done, nor have programs in any area been offered consistently. This in no way has reduced the school's involvement in developing health services in the region. As earlier described, the school's programs have infused the region with advanced practice nurses. Support for quality nursing care in the region has changed only in the means used to achieve this end.

COMMUNITY HEALTH NURSE CONNECTIONS

A close connection developed between nursing at the University of Rochester and nursing at the Visiting Nurse Service (VNS) and at the Monroe County Health Department. Both were to become among the most progressive community health nurse agencies in the nation. For example, the first “meals on wheels” service of VNS was developed in Rochester under the leadership of its director, Elizabeth Phillips, R.N., M.S. Similarly, the nursing division of the Monroe County Health Department, under the leadership of Katherine Neill, R.N., M.S., initiated the development of many innovative nursing services that were to gain national recognition.

Katherine Neill was an early graduate of the master’s program at the University of Rochester, taught a course on community aspects of nursing in the mid 1940s and served as a senior associate on the faculty of the School of Nursing until her retirement in 1982. An innovator and researcher, she is credited with pioneering many programs that have become standard care.

Undergraduate students at the University of Rochester received their public health/community nursing experiences at VNS and at the county health department. In 1975, Helen McNerney, R.N., M.S., past interim chairman of the Department of Nursing, became the director of the VNS, where she served until 1981. In 1999, the VNS became part of Strong Health, the University's integrated health delivery system.
THE ROCHESTER NEIGHBORHOOD HEALTH CENTER

The Rochester Neighborhood Health Center was developed during the 1960s under the leadership of Evan Charney, M.D., associate professor of pediatrics, and Helen McNerney. Emphasis was placed on team care, with both physicians and nurses assuming responsibility. The first center, established in the inner city, was funded by the Office of Economic Opportunity and originally administered by the University through the aegis of the local anti-poverty agency, Action For A Better Community. Kenneth Woodward, M.D., an alumnus and assistant professor of preventive medicine and community health at the medical school, was its first medical director and McNerney was its first nursing director. By 1972, the center was offering comprehensive family-based health care to its 15,000 registered patients, including preventive and therapeutic services.

Innovative community programs were not new to nurses in Rochester. They were involved in what was to be the forerunner of the Community Mental Health Center (CMHC). Under the leadership of the Department of Psychiatry, public health nurses employed by the county health department were assigned by nursing director Katherine Neill to work in teams with psychiatry residents and social workers, delivering mental health services to inner-city families where one family member had been diagnosed with a serious mental health problem. Several features made the Neighborhood Health Center noteworthy from a nursing perspective. First, planning was an interdisciplinary collaborative effort, with faculty members from medicine and nursing and members of the community participating. Second, the first six nurses were full-time employees of the county health department; Neill assigned nurses to cover public health nursing needs at the center. Third, the nurses were prepared as nurse practitioners through programs at the School of Nursing, enabling them to enhance their contributions to the healthcare team.

THE COMMONWEALTH EXECUTIVE NURSE FELLOWSHIP PROGRAM

In the early 1980s, directors of the Commonwealth Fund recognized that nursing leaders needed to “adopt a comprehensive view of health care institutions and their social contexts or wholes, and the mission they undertake.” With the help of Dean Loretta C. Ford, the Commonwealth Fund supported the development of a national cadre of outstanding nurse executives who would have the potential to improve the delivery of health care in the United States. The Commonwealth Executive Nurse Fellowship Program began in 1983, and Ford was named national program director. Dean Sheila A. Ryan later accepted the directorship when Ford retired. Although the program was modified over its 12 years of operation, its primary emphasis was to support nurses with advanced degrees in clinical nursing during their M.B.A. studies. Thus, it acknowledged the need to combine clinical expertise and management in health care.

Between 1986 and 1993, 147 fellowships were awarded to nurses in the Executive Nurse Fellowship Program of the Commonwealth Fund. This important national program, headquartered at the University of Rochester, has been influential in
preparing a large number of nurses for hospital executive and management positions.

SUMMATION

Themes emanate from the history of the School of Nursing. One is an ongoing commitment to unification and the belief that high-quality care is best accomplished when education, clinical practice, and research occur in close proximity. Educational and research programs have emphasized the need for rigor in science, the need to understand the art of practice, and the importance of human values that underpin the care of people. Research programs have focused on developing the science necessary to address important challenges and perplexing problems encountered in clinical practice.

Another theme is commitment to developing and providing quality nursing care for the institution and the region, along with a commitment to interdisciplinary collaboration. There has been a persistent underlying belief that the highest quality nursing care comes from joint efforts with other disciplines to prepare care providers and to plan, deliver, and evaluate services, and form the discourse that drives health policy. Many organizational and programmatic decisions have reflected this belief. The result of these commitments is a rich and uncommon history of concern for the quality of nursing care in the region.

Nursing at the University of Rochester has faced many challenges. While Helen Wood in the early 1920s envisioned a school that offered postgraduate as well as basic nursing instruction, postgraduate instruction did not become a reality until 1941. The years 1941-1972 were times of struggle, growth, and change, as nursing was administered in multiple divisions within the University. Faculty worked across departments and services in order to provide diploma, baccalaureate, postgraduate certificate, masters, and continuing education programs. During this period, the educational activities of the School of Nursing, originally administered by Strong Memorial Hospital, were gradually acknowledged within the academic framework of the University.

Although Rochester may have been behind the times in establishing an independent school of nursing (autonomy only came in 1972), nursing at the University of Rochester from its beginning to the present has been ahead of the times in conducting research, developing new models of nursing care, and preparing generations of nurses as master clinicians, scholars, and leaders. The School of Nursing’s current vision and strategic plan chart a bold forward course, no less challenging than what has gone before and grounded in values and commitments that have inspired important innovations in practice and advances in research and education throughout its history.

Footnotes

1 The Bates Committee was an ad hoc committee established in 1968 by Dean Lowell Orbison to review the nursing programs.