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A Touch in Time: An Educational Film Depicting the Major Activities of the School Health Nurse in a Modern Elementary School

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A TOUCH IN TIME:

AN EDUCATIONAL FILM DEPICTING THE MAJOR ACTIVITIES
OF THE SCHOOL HEALTH NURSE IN A MODERN
ELEMENTARY SCHOOL

A Thesis

Presented to
the Graduate Faculty
Central Washington State College

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by

Mary Catherine Rodgers

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APPROVED FOR THE GRADUATE FACULTY

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CHAPTER I

THE PROBLEM

I. STATEMENT OF THE PROBLEM

This study was undertaken to show how to plan and produce a film appropriate for informing lay citizens, parents, prospective teachers and nurses, educators, and public health personnel about the role of the school health nurse in the educational program of a modern elementary school.

II. IMPORTANCE OF THE STUDY

Through the use of a documentary film with color and sound depicting a public school nurse in a normal school situation, her manifold activities in fulfilling the concept of health as a state of physical, emotional, and social well-being of school children can be subjected (within the limitations of a 450 foot film) to critical analysis and evaluation.

The problem was selected on the basis of the unique position the school nurse occupies in the integration of the learning theory.

The study is original in its medium of film presentation.

III. PROCEDURE

The following steps were pursued in planning and producing the film, A TOUCH IN TIME:

1. Conferred with the school nurse and presented request for her cooperation in production of a film story.
2. School nurse secured permission from her employing agency, the County Health Department, to participate in educational filming.
3. Conferred with school nurse in selection of activities to be filmed and set-up calendar scheduling the activities.
4. Parent permission secured to do filming involving a single child.
5. Secured photographic equipment:
Bell and Howell Filmo Auto-Load movie camera,
Walz Preset M-1 movie light meter,
One light bar, three bulb,
Kodachrome Daylight Type Movie Film, Eastman,
Kodachrome Type A Movie Film, Eastman, and
Craig Splicer and Craig cement.
6. From the calendar of scheduled selected activities, chose the main items of the scenes, time of day for filming, and designated foot coverage for each scene.

7. Followed the calendar as described in item 6.
8. Processed film.
9. Did preliminary editing.
10. Reviewed film for re-take shots or addition of
close-up shots.
11. Did final editing.
12. Did preliminary writing of scenario.
13. Did final writing of scenario.
14. Interviewed Mr. Robert I. Barkley, San Diego, Cal-
ifornia, for technical and sound recording serv-
ices.
15. Interviewed Mr. Robert Regan, San Diego, California,
to do narration.
16. Arranged filming of titles by Mr. Robert I. Barkley.
17. Selected music for film.
18. Coached the narrator on adaptation of the narration
to the film.
19. Removed the projector with the film from the sound-
proof room.
20. Set-up the recorder for making the sound tape.
21. Set-up the microphone in view of the screen.
22. Connected the microphone to the sound recorder.
23. At a given signal from the sound recordist, started
projection of the picture through a glass window
from a separate room into the sound-proof room
and onto the screen before the narrator.

24. Recorded the narration.
25. Sent film and sound tape to Color Reproduction Company, Hollywood, California, for finished sound track.
26. Addressed Copyright Office, The Library of Congress, Washington 25, D. C. for Application for Registration of a Claim to Copyright, (Form L-M).
27. Completed Form L-M and returned to the Register of Copyrights, Library of Congress, Washington 25, D. C.

CHAPTER II

THE SCENARIO: A TOUCH IN TIME

Scene

Narration

1. Nurse arriving at school: Years ago the school nurse's main function seemed to be that of checking on truancy. Today her services fulfill the concept of health as a state of physical, emotional, and social well-being of children.

Nurse getting out of car; walking toward school entrance. This film approaches school health and the role of the nurse not as a separate or isolated subdivision, but as an integrated part of the educational program encompassed in the elementary school.

Two small boys greeting the nurse; all three talking. Because of the school nurse's professional knowledge and practical approach, she contributes to the integration of the learning theory. She interprets

SceneNarration

health and its meanings to other school personnel. The school nurse is the proper pivotal person to coordinate health learnings through areas of curriculum with administrators, teachers, and the special services personnel.

2. Nurse performing health appraisals:

The school nurse usually performs health appraisals early in the school year. Vision screening is part of the general health appraisal.

Five children arriving in nurse's office.

When the nurse notes an abnormality in a child such as dental caries, skin rashes, pediculosis, poor posture, faulty nutrition, or a more serious condition, she informs the family. If necessary, she assists parents in obtaining correction.

SceneNarration

Nurse checking child's vision, height, weight, mouth and throat.

Other irregularities may also be observed such as occlusion of the teeth, activity of the soft palate, activity and size of the tongue and hard palate. These conditions may interfere with the child's production of sounds and speech. The nurse's notation of these findings may become useful to special services personnel such as the speech therapist and immediately useful to the teacher.

3. Doctor performing physical examination:

A Department of Public Health physician may be scheduled to perform physical examinations of school children. The nurse sends invitations home to the parents of primary children asking that they be present at the time of examination by the doctor. If the parent cannot

SceneNarration

be present, the nurse will contact the parent to report the findings.

Doctor using the stethoscope listening to child's heart beat.

If defects are discovered and if treatment, surgery, or medication is indicated, the child is referred to the proper source--either private physician or other medical agency.

Doctor thumping the child's back and checking child's backbone.

The doctor records his physical findings on the child's health record. The nurse records the correction when it is made.

4. Immunization:

Immunization in the school health program is entirely coordinated and supervised by the school nurse. She sends consent slips home about two weeks prior to the date of immunization.

SceneNarration

Doctor's assistant arranging immunization equipment on the table; doctor checking hypodermic needles.

During this time the school nurse gives classroom demonstrations to prepare the child for immunization and to remove the fear of hypodermic injection. Experience has shown that by use of such demonstration by the nurse, children willingly report for the immunization program.

There are usually many questions from parents concerning this program, which the nurse answers. Inquiries may come by note, telephone, or personal visit to the nurse's office.

Children receiving hypodermic injections.

Immunization is provided to maintain a high level of immunity in our school age population. Smallpox vaccinations are usually offered every five years. Diphtheria-tetanus immunization is usually offered

SceneNarration

every other year. Polio immunization for school children has become a law in the state of California.

Parent volunteer workers alphabetizing consent slips.

The well-planned immunization program facilitates rapid administration (as many as 200 injections can be given in an hour).

When the child's immunization is completed, it is then recorded on the school health record.

5. Audiometric screening:

Preparation for the hearing testing program is the responsibility of the school nurse. She informs the school faculty as to the testing dates and procedures and may interpret the teacher's role in referring children with a suspected hearing loss.

SceneNarration

Audiometrist using the machine, examining child.

When a loss is found, the nurse contacts the parent to interpret test results and recommend further study and possible treatment.

The follow-up may be referral to the family physician, who in turn may refer to an otologist; or, if the parent prefers, the child may be referred to the Department of Health Otology Clinic for further testing, diagnosis, and recommendations for treatment. If the child is to go to the Otology Clinic, the nurse, teacher, and parent prepare a medical, social, and academic history to assist the physician in arriving at a diagnosis.

6. The nurse and parent conference:

Following a visit to the Otology Clinic, the nurse again

SceneNarration

confers with the parents in order to help plan for the carry-out of clinic recommendations.

The nurse is an important link between the home, classroom, and other health resources in the school and the community. The nurse unites these forces in the goal of better physical and mental health for the child by means of conferences.

Nurse showing card to parent and interpreting child's hearing loss.

Parent conferences are often held following nursing activities in school including vision, hearing, dental, physical examinations, and nurse appraisals. Such conferences may also be held at the request of the principal, teacher, or special services personnel.

SceneNarration

Child removing her hearing aid; nurse explaining its function.

Conferences are of utmost importance for the exchange of pertinent information about an individual child's physical and emotional development in order to better understand and plan for his needs.

7. Nurse and the classroom demonstration:

The nurse plans with teachers for school health instruction. She assists with the development of curriculum guides and teaching materials as well. She serves as a consultant on matters of health practices, giving talks on nutrition, posture, grooming, or safety.

Nurse, using oversized dentures and oversized tooth brush, demonstrates correct procedure in brushing teeth.

Her visits to the classroom are for the purposes of demonstrating health practices, giving talks on nutrition, posture, grooming, or safety.

SceneNarration

The nurse interprets the health program, emphasizing the relationship of good health to good learning.

8. Kindergarten child:

No note . . . no accompanying classmate . . . a simple stomach ache . . . but the kindergarten child turns to her friend, the school nurse.

The relation is intimate . . . the result of a school nurse having instilled knowledge, understanding, and trust in even the littlest one!

9. Child and her dog:

If it's good enough for me, it's good enough for my dog . . . strange philosophy, perhaps . . . but the ultimate expression of confidence the school child places in the warm, understanding personality of the school nurse.

SceneNarration

And never let it be said or known that the nurse cannot find an answer to this problem, too . . . the reward . . . the smile of a child!

10. Speech Therapist:

Children with speech therapist performing exercises for improved articulation.

Speech and language are the most difficult processes that a child learns. There are physical causes of speech defects such as deafness, poor coordination, malformation of teeth, jaw, throat, tongue, nose palate. However, psychological reasons may frequently be found as the cause of speech defects. For instance, the child using baby-talk may have found this kind of speech useful in winning attention for him, getting others to wait on him, improving his competition with a baby sitter. Every child enrolled in class for speech correction should

SceneNarration

first have had the school nurse's health appraisal. If there is evidence of emotional or social maladjustment, that problem must be recognized and an attempt made to reach the basic causes.

A speech defect is a great handicap to the reading program. Before a child becomes a "reading" child, he has first to become a "speaking" child. The child must first be able to hear likenesses and differences in the sounds of words. Then he must be able to hear likenesses and differences of sounds within words, or word elements. Next he must be able to reproduce these sounds with accuracy.

Children using tape recorder with speech therapist.

Use of the tape recorder is invaluable to the child, for he may first become aware of

SceneNarration

his own sounds, his own articulation, and thus recognize and understand his own speech problem.

Child matching phonics cards.

The child who substitutes d for g will say "dough" for "go," "pid" for "pig," or "wadon" for "wagon." If, after he has learned to read, he meets a new word such as "beg," he most likely will pronounce it "bed." Immediately there is confusion in his mind about both the meaning of the word and the mechanics of reading. Not only is a speech defect a reading handicap, but a spelling handicap as well.

11. Psychologist:

The usual two steps providing the way for a child's psychological evaluation are teacher observation and the nurse's

Scene

Psychologist administering intelligence test to child.

Narration

health appraisal with recommendation.

Intellectual development has a relationship to learning. The learner may learn more rapidly because of more efficient intellectual functioning. With development and more efficient intellectual functioning, more knowledge is gained--the goal of learning. However, intelligence is entrenched in aspects of personality. The emotional and social life of the individual influence intellectual development. Therefore, (or in combination) intelligence may be described as total personality.

The Revised Stanford-Binet Test of Intelligence is the one most commonly used for children. The most heavily weighted parts

SceneNarration

Child reaching her
 maximum test per-
 formance and gives
 up.

of the test are the Verbal
 Factors, such as supplying
 word meanings, manipulation of
 words, words as elements of
 ideas. Memory Factors test the
 power of recall of connected
 word meanings as well as dis-
 connected elements. The Space
 Factor requires the individual
 to visualize movements within
 a configuration. Reasoning
 Factor, Closure Factor, and
 Carefulness Factor are all
 phases of the test.

Intelligence alone, however,
 is not the capsule that makes
 for superior performance.

12. The End:

Music.

CHAPTER III

FINANCIAL COST

All production costs of the filmstory A TOUCH IN TIME were paid by the writer. Following is an itemized account of the financial expenditures:

Film	\$ 94.35
Processing	24.31
Narrator	75.00
Sound track and technical services	188.04
First Answer Print	55.85
Music rights	20.00
Copyright	4.00
Miscellaneous	60.00
	<hr/>
	\$521.55

Although a market for the film is not presently known, the writer has made application and completed forms for Registration of Claim to Copyright with the Register of Copyrights, Library of Congress, Washington 25, D. C.

CHAPTER IV

SUMMARY AND CONCLUSIONS

I. SUMMARY

The writer proposed to plan and produce a film appropriate for informing lay citizens, parents, prospective teachers and nurses, educators, and public health personnel about the role of the school health nurse in the educational program of a modern elementary school.

Through the use of a documentary film with color and sound depicting a public school nurse in a normal school situation, her manifold activities in fulfilling the concept of health as a state of physical, emotional, and social well-being of school children can be subjected (within the limitations of a 450 foot film) to critical analysis and evaluation.

II. AREAS FOR EVALUATION

School Nurse's Performance of Health Appraisals

Analysis can be made of the school nurse's activity in making health inspections of children, including vision screening, height and weight checks, condition of teeth, occlusion of teeth, activity of hard and soft palate, size and activity of tongue, posture, skin, and factors relating to general physical conditions.

Doctor's Performance of Physical Examination

Evaluation can be made of the doctor's part in performing physical examination of school children, and the school nurse's role in carrying out medical findings and recommendations.

Immunization in School Health Program

Evaluation can be made of the immunization program involving the school nurse's responsibility in supervision and coordination, doctor administering injections, parents as volunteer workers, and children reporting for immunization.

Audiometric Screening in School Health Program

Evaluation can be made of the audiometric screening process and the nurse's function in interpretation and direction for further diagnosis or treatment in cases of hearing losses.

School Nurse and the Parent Conference

Evaluation can be made of the school nurse's position in uniting the forces of home, school, and community health resources through the use of parent conference.

School Nurse and the Classroom Demonstration

Evaluation can be made of such school nurse objectives in making classroom visits as presenting lectures on matters of health and giving demonstrations on good health practices.

Speech Therapist

Evaluation can be made of the significance of speech handicaps in relation to the physical and emotional status of the child identified by school nurse's health appraisal. Evaluation may also be made of speech defects in relation to the child's progress in speaking, reading, and spelling processes.

School Psychologist

Critical analysis may be made of forces suggesting total personality with bearing on that quantity termed intelligence.

III. CONCLUSIONS

The writer has attempted to report the filmstory in its provision of stated goals. Procedural steps in planning and producing the film were outlined. The complete narration has been supplied. Statement of financial costs was included.

The writer has permission from her Advisor, Dr. Donald J. Murphy, to make or attempt to make a commercial disposal of the film, A TOUCH IN TIME.

APPENDIX

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