~1956

A SOCIAL GROUP WORK PROGRAM TO PROMOTE CHILDRENS' ADJUSTMENT TO HOSPITALIZATION.

HFG

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This Committee was formed to assist in planning and policy making of the program. Any suggestions, criticisms, or questions regarding the program may be brought to any of the above members.

BACKGROUND OF PROGRAM:

Representatives of the medical staff, School of Nursing, Nursing Service, Social Service, Hospital Administration were appointed (1955) by William C. Deamer, M.D., Chairman of the Department of Pediatrics, to study the need for an organized Activity Program. The Committee recommended an organized Activity Program with the following objectives:

I. To improve teaching by:

1. Providing staff and students with better understanding of each child (his responses, development, adjustment, and feelings).
2. Adding to the general body of knowledge about the effects of hospitalization upon children of different ages.
3. Utilizing this knowledge to prepare children and their parents for hospitalization.

II. To improve care of the child during hospitalization by:

1. Affording children an opportunity to give expression to normal developmental needs and interests.
   a. Play activities to keep them in touch with the experiences of normal living.
2. Providing a situation that encourages the expression of feelings (positi ve and/or negative) which are related to illness and hospital experience.
3. Helping children to become acquainted with each other more quickly and comfortably, in order to:
   a. Gain support, reassurance, and enjoyment from relationships with others.
   b. Lessen the traumatic effect of separation from home and family.
4. Providing an additional diagnostic "tool" to aid in understanding social and emotional factors which may interfere with the child's adjustment and/or recovery.

A REPORT ON THE DEVELOPMENT AND CURRENT STATUS OF THE SOCIAL GROUP WORK PROGRAM

The Social Group Worker and the members of the Social Group Work Advisory Committee (representatives of the various services on the Pediatric Ward) have worked together on a number of matters since the initiation of the program in May. Some of these matters have been specific to the establishment of the social group work program; others (i.e. ward decorations, discharge summary forms, proposed handbook for parents who bring children to the hospital) have been areas of general concern where the need for integrated staff planning was recognized. The Committee has identified certain "gaps" in services to children and parents which merit further consideration.

It seems appropriate at this time to report on the development of the social group work program, which may help to define the progress which has been made, evaluate the program in terms of the stated objectives, and suggest questions for future discussions. The following material would lose much of its meaning if summarized, and the details are important to the purpose for which the report is written--to interpret the social group work program.

I. Progress to Date: (in relation to Social Group Worker's major areas of responsibility)

A. Administrative functions:

Secure and organize office space and office equipment

Establish:

Purchasing and requisitioning procedures

Channels of communication with other services

Work out statistical forms for recording Social Group Worker's time and services

Prepare budget for program (in process).

B. Teaching and Supervision:

Conferences held with:

Student nurses - 1 hour each with students assigned to South Wing and East Wing

School of Nursing Instructors to plan and evaluate student conferences and Play Nurse assignments

Staff nurses to interpret and discuss Social Group Worker's program

Individual nurses regarding use of play material - planning activities to specific children

Medical House staff to interpret and discuss Social Group Worker's program

Supervise Play Nurse, 1 hour per week for orientation. Brief daily conferences re planning activities, childrens' responses, etc. (South Wing)

Teaching and supervision (continued)

Consultative service:

To student nurses on ward (both wings(in reference to using appropriate play equipment, problems arising in use of equipment, etc.

Reference materials:

Catalog books and reference material for use by student nurses

Order reprints and reference material for distribution to student nurses

Present interpretative material to Pediatric Staff at History Meeting.

D. Direct Service to Patients:

Activities:

Planned group activities with children on South Wing, 2-5 p.m.

For children unable to move from own room, daily 2-5, when help from nursing staff, play nurse, or student nurses make it possible to extend service to these children.

Suggested and/or planned by Social Group Worker to be carried out by student nurses assigned to toddlers, about once a week

Charts:

Of children on South wing read for pertinent information

Of toddlers read (when possible) to aid Social Group Worker in discussing children with student nurses in conference.

Notes written in charts on pertinent observations of children, when time permits.

Participation in weekly Chart Rounds.

Conferences:

With nurses to share information about children

With doctors to share information about children

With Medical Social Worker to share information about children

With School Teacher to share information about children

Establishment of:

Daily contact with each child on South wing, each a.m. Work with individual children, particularly T&A's and other children unable to attend school.

Storage space for play equipment - South and East Wings. Equipment arranged for efficiency and convenience

Relationship with dietitian assigned to ward, to plan for special events and holidays. Joint planning resulted in special refreshments and tray favors for the 4th of July

Relationship with other departments (carpentry, building and grounds, shipping, pharmacy, laundry, x-ray) to discuss services and supplies available to the Social Group Worker.

Play equipment:

Purchase of supplies and equipment appropriate to age, interest, and physical handicaps of children

Obtained by donation from Richmond Convalescent Unit; supplies and equipment--selected, transported, and stored.

Plans worked out and set in motion for effective care

Play equipment (continued)
and maintenance of play equipment.

II. Evaluation in terms of stated objectives:

A. Administrative functions:

In addition to the administrative functions specifically listed, it is implied that the Social Group Worker will continuously provide leadership in defining, developing, and evaluating the contribution of social group work service on the Pediatric ward. The professional person representing a newly introduced specialized service carries the major responsibility for interpreting this service, for developing sound structure, policies and procedures, for defining the areas where her particular skill can be used most effectively, for continually evaluating and moving forward on the basis of these evaluations. It is difficult to measure this "function" in terms of hours of work but it is important to recognize as one of the Social Group Worker's areas of responsibility which requires time and thought. To date, much of the important "ground work" has been laid, making possible the progress in other areas.

B. Teaching and Supervision:

The conferences with the student nurses and the opportunities for supervision of the play nurse seem to be effective in terms of the objectives outlined by the committee and those held by the School of Nursing. The students have welcomed opportunities to discuss the behavior of children in their care, to seek to understand the behavior, to be more helpful in meeting the needs presented by the child. The conferences with the students assigned to the East wing make it possible for the Social Group Worker to give service--indirectly--to the toddlers, by helping students plan and carry out activities.

Regular conferences with staff nurses have not been possible, largely because of the shortage of staff and the difficulty of getting staff nurses together at any one time. Conferences with individual nurses have proved productive. The nurses have been interested in learning more about the appropriate use of play materials and discussing the needs of particular children.

C. Direct Service to Patients:

Two facts stand out in an evaluation of direct service to patients, which seem to have a cause and effect relationship:

(1) the Social Group Worker is not working directly with all of the children on the ward,
(2) there is a great deal more involved in qualitative service to patients (as described in our objectives) than the hours spent in face-to-face contact with the children.

There have been some expressions of dissatisfaction because the Social Group Worker does not spend more time with more of the children. Some of this dissatisfaction springs from the healthy frustration of seeing needs which are not being fully met; some of it comes from failure to see the Social Group Worker's other areas of responsibility and to look realistically at the "job load" possible for one person; some of it may result from a lack of understanding of social group work service, the tendency to see it as little more than "dispensing toys" or "supervising a play room."

Social group work service, like all of the other treatment services, derives its effectiveness from the diagnostic skill of the practitioner. As in other treatment services, diagnosis and treatment are mutually interdependent, directed toward the achievement of prescribed objectives. The Social Group Worker uses her diagnostic skill(based on knowledge of the growth and development of individuals and the processes of group life) to gain some understanding of the child's needs and interests, his reactions to illness and the hospital environment, particular adjustmental problems revealed through the language of behavior. Such understanding guides the worker in determining how she can be most helpful in promoting the child's adjustment to hospitalization. What the worker does with a child depends upon her understanding of the particular individual, because any activity is a tool, a means to an end, rather than an end in itself. The same activity may have a different meaning and serve a different purpose for each child, as illustrated by the ways in which various children react to painting:

Marilyn - age 12 - hip surgery - asked the worker for paints; talked of painting she had done at home and in school, took pride in her work; was interested in perfecting skill; gained enjoyment and sense of competence. Worker secured book for her dealing with perspective, etc.

Shaun - age 8 - cranial pathology - liked to paint at home; now unable to use right arm; was very upset by his awkward efforts which failed to measure up to past performance. Worker provided substitute activity where success did not depend upon strength and coordination of right arm.

Karen - age 6 - rectal pathology - threw paint with abandon after doctor came to discuss impending surgery with Karen's mother, in Karen's presence. Previously orderly pictures gave way to wild, random splashing of colors, as she expressed increased anxiety. When worker helped her to talk about what the doctor had said, and about her impending surgery, she regained composure and control.

Peter - age 7 - cardiospasm - would not paint; set such high standards for himself that he would not risk failure. Worker showed him a way of making designs by splashing colors on a paper and folding the paper together. He did this enthusiastically; interested in the new method and under no compulsion to meet objective standards.

Scott - age 8 - cellulitis of foot - very concerned about keeping clean; afraid of being "messy". Did not want parents to find bed soiled from paint when they came to visit. Would only paint after he was covered with smock, plastic bed cover, etc. and given reassurance that paint was washable. Painted small, constrained figures. Worker suggested use of larger brush and he soon began enjoying the greater freedom it encouraged.

The material on painting serves to illustrate that the focus of the Social Group Worker was upon the meaning of the activity to each child, the ways in which he revealed his feelings through the use of the materials, and the specific ways in which the worker could help him with such feelings.

In some instances (Marilyn) the social group worker provided the stimulation, encouragement, guidance, and materials which made possible the expression of particular interests and skills. Such opportunity for self expression resulted in personal satisfaction and a reassurance of personal adequacy, helped to maintain and sustain the child's resources for growth and development through and beyond the hospitalization experience.

In other instances (Shaun and Karen) the Social Group Worker's efforts were focused on helping the children overcome the fears, anxieties, and frustrations related to illness and hospitalization. Program media is selected and used to provide outlets for the expression of feelings in an atmosphere which is permissive, supportive, and reassuring. Relationships which are friendly and activities which are fun help to accentuate the positive and make it possible for the child to tolerate experiences which might otherwise be unbearable. In a new environment which seems foreign and frightening, play is a territory where the child feels at home; he recognizes the landmarks, understands the language, communicates with his contemporaries through the symbols and patterns of play.

Each child brings with him to the hospital the totality of his life experiences. Some children reveal attitudes and behavioral patterns suggestive of deeper disturbances which may become blocks to healthy growth and development. While we can seldom hope to effect basic changes in such patterns which are rooted in the past, we can hope that the hospital experience will be a positive addition to the totality of experiences--one which will strengthen the child's potential rather than intensify his problems. We can also hope that through our diagnostic services we can identify areas in which the child and his parents may need additional help, using the resources of their own community. The Social Group Worker's observations and notes in the chart may help to identify such "areas of stress" which need consideration in discharge planning.

In the hospital, as at home, the child needs satisfying relationships with his contemporaries. On entering the hospital, the child is confronted with many new challenges in the area of social adjustment. He must live with a number of other children, many of whom he would not ordinarily choose to be his friends. He needs, more than ever, the acceptance and support of his peers but his anxieties and insecurities may make it difficult for him to establish new relationships. He is unsure of himself and of what is expected of him in this new social situation. In close confinement with others, minor irritations are exaggerated until they become major problems. The hospitalized child, unlike the healthy child in the com munity, cannot choose to run away when interpersonal conflicts develop. The Social Group Worker attempts to help the child establish and maintain meaningful relationships with other children in his room and on the Ward. From such relationships, he gains personal and social satisfactions.

The effectiveness of the Social Group Worker's service (in terms of service to the child and contributions to total treatment planning) depends primarily upon the kind of relationships the worker is able to form and maintain with children during their period of hospitalization. Since the needs of children for reassurance, support, opportunities for self expression, etc., are not limited to certain hours of the day, effective help can only be offered through relationships which have continuity. Meaningful relationships--through which the Social Group Worker is able to understand some of the child's needs and the child is able to use what the worker has to offer--can only develop if the worker has time to be closely in touch with the child and his experiences while hospitalized.

The following material describes some of the Social Group Worker's activities during a typical day:

MORNING:

The day begins as usual, by going from room to room, becoming acquainted with new admissions, renewing contact with the other children, getting an idea of experiences which some of the children might be facing during the day (surgery, tests, etc.) and planning with the children toward the afternoon activity.

On entering one room, I found a girl of about 12, crying on her bed. I introduced myself and asked when she had come into the hospital, since I had not met her before. She stopped crying and said she had come in the night before and that she was waiting to have her tonsils taken out--"I know I'm too big to be crying about it, but I'm scared anyway." I said that size or age didn't seem to make much difference in whether we were afraid of experiences like this and asked if there was any particular thing of which she was most afraid. She was afraid about "going to sleep." When I asked what her doctor had told her about having her tonsils out, she gave a step by step description of the process, indicating that she had been well informed. She said "I've been ready for hours. I guess it's the waiting that gets me down." I acknowledged that the waiting could be the hardest part and suggested that we might find something to do during this time. She asked for comic books. The girl in the next bed was introduced and they initiated an exchange of comic books, which led to conversation. I told her I would see her again, perhaps after her tonsillectomy. She said she would tell me "what it is like."

In the older girls' room, Marilyn said "Hey, Miss Young, I'm bored!" Ruth, Judy, and Elaine (just readmitted) said the same thing in variation. I quipped that I had never seen so many bored people all in one room and the girls laughed. Marilyn said "You know what I wish? I wish you would sit down. No one ever sits down in here. They walk in and out or they come and stand and talk, but they never sit down, so you always feel like they are hurrying to get somewhere." I said it would be nice to have more time for just sitting and talking, and pulled up a chair. All the girls began

telling me of things they had done over the week-end, and showed me the jewelry they had made.

Marilyn, Ruth, and Elaine expressed interest in the little yarn figures Judy had been making. I asked Judy if she would like to be "teacher" and show all of us how to make them this afternoon in the playroom. We then planned and I went for the necessary materials. The girls began getting ready to go to the school room, when Marilyn laughed and said "just when we get someone to sit down we go off and leave you."

Jeanette appeared to be asleep in her room, but as I was leaving she called out and said she had something to show me (a cute card which she had received in the mail). I told her that Judy was going to show the older girls how to make yarn dolls this afternoon in the playroom. Jeannette seemed very interested and said she wanted to make one too. I said I would see her in the playroom that afternoon if she felt well enough to come, if not I could show her how to make the doll in her own room. She replied, "I'll be there; it will give me something to look forward to."

I introduced myself to Shaun, a new patient, who seemed to be in a state of shock, with his right arm hanging limp. (I wish I had had time to read his chart before meeting him) He watched me closely, seemed to want to communicate but was unable to give more than nodding answers to any of my attempts at conversation. I talked about the toys by the side of his bed, said we had more plastic soldiers, horses, etc. in the playroom and asked if he would like to play with them. His expression brightened and he nodded, saying "cars, too?" I brought playthings for him, arranged his bedside table so he could play with them, and told him I would be back later in the day.

In the boys' room, Scott greeted me by immediately demanding something to play with. Ismael commented "That guy is always yelling for something." Scott said "Hey, there's a new guy in here." and introduced me to a new patient, Mike. Scott again began asking for things from the playroom, naming a number of things in rapid order in a rather frantic way. In the middle of naming these things he stopped short and said "Hey, what happens if you fall out of the wheelchair; it tips over with you. Do you have to go back to bed?" (I had heard the nurse say that Scott might be getting up in the wheelchair, which helped me understand the significance of this remark.) I replied that wheelchairs were built to be safe and not to tip over if people used them correctly and asked if he was going to be in a wheelchair soon. His doctor had talked about it, he said, but he wasn't sure he liked the idea. I explained that Scott would not get into a wheelchair unless the doctor was sure Scott was well enough to manage one. This seemed to be reassuring and Scott again returned to asking for things from the playroom.

Karen was found peeping in the door of the treatment room, which was open just a crack. She asked me what went on in there. I said this was a room where the doctors could examine a child away from his own room. She looked very apprehensive and asked "what's it like inside?" I opened the door so she could see into the rooms and asked what it looked like to her. She replied that "it looks kinda like my doctor's office at home." When a few more questions about certain items in the room were answered, she seemed relieved and went skipping off down the hall.

The student nurse assigned to help with the play activities this week arrived. I talked with her about some of the children who seemed to need special attention and suggested things she might do with them, based on the interests they had expressed in my contacts with them. The remainder of the morning was spent in the following activities:

I. Reading charts: The information in the chart gives clues about the child's previous life experiences which influence his reactions to illness and hospitalization. The Social Group Worker must have information concerning the child's physical condition and plans for medical care, in order to plan and adapt activities consistent with the goals of treatment.

II. Conferring with head nurses about particular patients - checking medical orders to see which children can be moved to playroom. Discussing room arrangement, whether two of the children on bed-rest, now in separate rooms, might be moved into the same room to benefit from each other's company.

III. Sharing information with nurse, doctor, schoolteacher, medical social worker, etc. relative to particular children. For example: Social Group Worker discussed Karen's school performance with school teacher to help in evaluating whether the child's very short attention span might be related to limited intellectual capacity.

IV. Conference with student nurses: Discussion about children with whom the student nurses had been working during the past week. Miss A. found it difficult to keep Steve (age 8, nephritis) occupied and quiet on his bed. The Social Group Worker asked what kinds of activities had been presented to the boy. As Miss A described experiences in using play materials with Steve, the problems identified were (1) Steve's short attention span; (2) Steve's overdependence on adults to stimulate, guide, and direct his activities; (3) Steve's conflicts with other children, resulting from his "me first" attitude and short temper, making it difficult for him to establish satisfactory relationships with others.

The Social Group Worker initiated discussion of some of the factors which might help in understanding Steve's behavior: (1) His place in the family--the "baby" with brothers and sisters considerably older; (2) a mother who appeared to be quite overindulgent. In spite of limited family income, the mother consistently brought expensive toys in large quantity, seeming to "push" them at the child faster than he could use them. (3) Long duration of illness during which time he has been the center of attention at home; (4) Boy's lack of understanding of his illness as indicated by his questions, misinformation, anxiety regarding each test and procedure; (5) Limited contact with other children due to illness and confinement.

With this background, the Social Group Worker initiated discussion focused on ways of helping Steve in his adjustment to hospitalization. The students suggested that it would be important to (1) accept Steve's need for close adult attention but also help him accept some realistic limitations; (2) take every opportunity to help Steve gain satisfaction and approval from doing things for and by himself; (3) use opportunities to answer Steve's questions about his illness and to explain procedures so that anxieties in these areas might be reduced; (4) encourage use of activities such as painting, clay, construction toys which would encourage self-expression at the boy's own speed--in his own way; (5) be aware of Steve's low frustration threshold and be on hand to give support and help when needed to avoid a crisis ending in failure; (6) select games with a minimum potential for conflict and encourage Steve to play with one boy whom he likes, as a step toward being able to participate in group activities.

AFTERNOON ACTIVITY:

Preparation: Gathering materials for project of older girls and planning for activities with other children in terms of knowledge of ages of children on the ward, particular needs and interests, physical limitations, etc. (e.g. thinking of activities in which Shaun could participate, which did not require use of his right arm);

Name	Age	Diagnosis	Medical Orders
Marilyn	12	Surgery	Wheelchair
Ruth	10	Charcot-Marie Tooth	Wheelchair
Judy	11	Postural deformities	Bed
Jeannette	14	Malignant growth	Bed
Karen	6	Rectal pathology	Ambulatory
Carol	7	Turner's syndrome	Ambulatory
Ismael	12	Nephritis	Bed
Scott	8	Cellulitis of foot	Bed
Stephen	7	Cardiospasm	Ambulatory
Shaun	8	Cranial pathology	Ambulatory
Pat	8	Cranioplasty	Wheelchair
Douglas	6	Hypospadias repair	Wheelchair
Michael	10	Nephrosis	Ambulatory
Ronnie	12	Lymphosarcoma	Wheelchair

At 2 o'clock I invited the children not otherwise occupied to come to the playroom and arranged to move those who had to come by bed or wheelchair. An area for Marilyn, Ruth, Judy, and Jeannette was arranged at one end of the room, with all of the materials they would need on a nearby table. I talked with the mothers of Judy and Jeannette, about the girls' chosen activity, and asked if they would like to help the girls on the yarn project. There was a lot of give and take as the girls helped each other. Marilyn was particularly sensitive to helping Jeannette with some of the more difficult steps in the activity.

When Ronnie came in and expressed interest in the project, Judy helped him get started. The girls began talking about other hospitals where they had been patients. Ruth commented that one of the things she liked at U.C. was the chance to go to the schoolroom and the playroom during the day. She described her room at another hospital as a "prison" because she could not leave it during her stay there.

An area at the other end of the room was arranged for Ismael and Scott in their beds, with Stephen, Pat, Douglas, and Karen gathered around a table pushed close to the beds. I found Shaun in his room with his mother and invited her to come to the playroom. The mother was obviously eager to have Shaun join the other children and with encouragement from her, Shaun came to the playroom. I introduced each of the children and asked if someone else would like to see how many names he or she could remember. Scott, Karen, and Stephen each took a turn at naming the participants and received help from the other children. Scott suggested asking ages and each child gave his age, Shaun needed help from his mother on this. Pat suggested asking where people lived and each child gave his place of residence. Again, Shaun needed help. I showed them an Animal Lotto game, explained a little about it, and let each one choose a card. Karen said she didn't want to play because she had already played that game. I asked if she would like to help me teach it to the others. This idea appealed to her and she began showing Douglas how to play. Instead of having all the cards in the middle of the table, I gave each player a small stack of his own. This meant that the boys in bed could take part in the drawing, and Shaun could have a stack within easy reach. On the first two rounds, Shaun asked his mother to draw for him. On the third round, he drew a card using his left hand and having done it successfully, continued to draw for himself.

Carol was called from the room for a blood test and returned, holding her finger, and looking quite unhappy. She accepted my invitation to sit on my lap and watch the game. Scott talked of the first time he had had a blood test and said with great bravado that he hadn't been a bit afraid. Stephen replied slyly-- "oh yeah?" Pat conceded he had been afraid but that it wasn't as bad as he expected. Scott admitted that he was a "little afraid--but I didn't cry." I said that most people were afraid, especially if they didn't know what to expect. Shaun described with a few words and motions, how they had pricked his finger to extract blood. He said "it just hurt a minute." (Shaun's mother later told me that she had tried, unsuccessfully, to help him to talk about some of the tests he was having. This was the first time he had mentioned any of them.)

One of the nurses came in with Michael, a new patient, who gave the impression of being quite self-sufficient and explained tersely "I've been here before and I know exactly what I want from the cupboard." Unfortunately, the game he described was no longer around, but I invited him to join the others. He declined, and chose a game from the cupboard which he could play by himself.

Karen jumped from one game to another, never satisfied with anything which was given to her for more than a few minutes. She rejected any suggestions, although she later chose the same item for herself. Without making any suggestion, I put the doll house and dollhouse furniture out. She began playing, continued for quite a long time, and involved Carol in this by putting Carol in the role of a child in the family. Karn was the mother, perpetually dominating and ordering Carol about.

Pat said he was going home soon. Scott asked "who said so?" Pat replied that his doctor had told him. Scott said "A lot of times they just say that to make you feel good." Pat said firmly "Not my doctor."

With the approach of visiting hours, I suggested it was time to begin putting things away. Pat and Douglas gathered up the things on the table and Stephen helped me carry them to the cupboard, Scott, Stephen, and Pat suggested some games they would like to play the next day.

Conclusion:

The foregoing material describes some of the feelings expressed by children on the ward: fear, anxiety, anger, discouragement, boredom, "aloneness." Our concern about such feelings is a concern for the emotional well-being of the child, since we recognize that the child's emotional adjustment can influence the use he is able to make of medical treatment.

The Social Group Worker's role in helping to promote the child's adjustment to hospitalization has been described. The focus has been upon the kind of relationship the Social Group Worker forms with the child and helps the child form with others--the resultant values of such relationships.

It is obvious that the quality of service described cannot be provided by one Social Group Worker for all the children on the ward. For the present, the Social Group Worker's direct service is limited to the older children. This is not to imply that the toddlers have been "forgotten". Appropriate play materials have been secured for them. Activities are being carried out with this age group by staff nurses and student nurses, with consultation and teaching provided by the Social Group Worker.

The Social Group Worker's contribution will be effective only insofar as it is recognized and accepted as an integral part of the total treatment program. Since it is a relatively new specialized service, it is to be expected that additional questions will be raised and further interpretation necessary. It is hoped that such questions will be directed to the Social Group Worker, or members of the Social Group Work Advisory Committee, presenting opportunities for clarification, interpretation, and more effective integration of this service with others.

8/56
C. Young

MEMO TO DR. DEAMER

Re: First meeting of the Advisory Committee - Ward Play and Adaptation Program.

I think you will want to know of the matters discussed at these meetings of the committee, and I plan to send you a summary of our discussions as the least time-consuming method of keeping you informed. Some of these discussions involve matters of policy on which you may either want to comment or make the final decision. I will mark these with a star which will indicate that we desire your opinion and/or final decision, though of course we will appreciate your opinion on any matters we discuss.

The first meeting, attended by Miss Young, Mrs. Patrishin, Miss Smith, Mrs. Metz, Miss Lym, Miss Corey, and Dr. Cofman, covered the following items:

1. Miss Young first presented a brief outline of what she proposed for the program in terms of the objectives of the program, and this was discussed and recommendations made.

2. There was a discussion following this of a change in the name of the program to better suit Miss Young's function and the program's objectives.

3. An office was chosen for Miss Young, subject to your approval.

Item 1

The committee and Miss Young agreed on the following general points concerning the program:

1. Objectives

(a) The main objective of the program will be one of teaching pediatric (and it is hoped) surgical attending and house staff, nursing staff, and student nurses how to help a child adjust to and make constructive use of his hospitalization, illness, and follow-up care.

This will be done by:

(b) Direct work with the children in illustrative teaching and incorporating the staff, especially the student nurses, in its implementation.

(c) Records in the patients' charts - general follow-up reports to the staff of the program's progress.

(d) Participation of Miss Young and the Advisory Committee in staff conferences and meetings.

Discussion of the points under objectives.

(a) Since this program revolves around the coordination and cooperation of all the staff concerned in the care of the hospitalized child, namely: pediatricians, surgeons, house staff, nursing service and nursing school, school teacher, social service, and Pediatric Mental Health Unit, it was stressed that Miss Young is a "representative" of all these groups and, as such, this program presents a great opportunity for teaching and for greater coordination of the services * these groups provide to the hospitalized child. *In this connection, it was agreed that the house staff should be represented on the Advisory Committee, and it was suggested that the Chief Resident would * be the logical representative. *It was also agreed that as soon as a more definite outline of the program is devised, a representative from the Department of Surgery be invited to attend a meeting and, if possible, he be available to the committee for further help and advice as the program progesses.

(b) Direct work with children in illustrative teaching.

This will be flexible with changing needs of the ward, but will involve mainly:

1. Helping the children on admission to get acquainted with the ward and with others.

2. Providing interesting activity, alone and in groups, to help the child with his loneliness, fears, and anxieties, especially before and after procedures and after visiting hours.

3. Providing a medium (informal play setting, supervised by trained personnel) for the child to express his feelings and anxieties, which can then be brought to the attention of the appropriate staff for help in alleviating.

The tentative plan for carrying this out is as follows:

Miss Young would work directly with two groups in theSouth Wing - the boys and the girls. She would at first try to see each group daily after visiting hours, from 2:15 - 3:30 and 3:30 - 4:45, if we find this coordinates with our bedside teaching and with nursing procedures.

We propose that Miss Young be used as a teaching consult- and for the student nurses who would directly help the child on admission and before and after procedures; and to the student nurses caring for the toddlers.

The question arose re referral of children to this program. It was agreed that this program should be available to all the child- * ren in the ward, subject to the doctors' decision. *Miss Young desires some statement in the admission orders regarding the amount of activity allowable, and the details of this I would like to discuss with you directly - especially as it concerns surgical cases.

(c) Records.

It was proposed that four types of records would be kept to serve mainly as a teaching function:

1. Each child in the program would have a sheet appended for Miss Young's progress notes re the child's participation.

2. When the child shows or expresses a need which should be called to the attention of the medical staff, Miss Young will write a short note in the body of the chart, with her suggestions or questions.

3. A weekly illustrative "situational recording" of a group activity session to show what goes on in group activity, and to illustrate the role of the Social Group Worker. This would be included in the summary of the Advisory Committee's meetings and would be sent to the appropriate staff
* for orientation and educational purposes. *We propose at first that this be sent to all senior pediatric staff, the pediatric house staff, the pediatric nursing staff, and to surgical staff involved in the care of children.

4. Statistical records of number of children served, value to child, etc., for use in gaining further financial backing for the program, especially after the first two-year period.

(d) *Participation of Miss Young in staff conferences and
* meetings. This, too, I would like to discuss with you directly.

* *Item 2. Changing the program's name.

We tried to devise a name which would indicate the function of the person directing the program, as well as the objective of the program. We all agreed that "play" does not show our objective - nor does it indicate correctly Miss Young's function. Already she is being called "the play lady", and it was felt important to revise the program's title as soon as possible. Miss Young is a Social Group Worker and social group work is becoming a recognized function.

We therefore propose the name of "Social Groupwork Program to Promote the Child's Adjustment to Hospitalization."

This is as cumbersome as the first name, but less misleading and will require interpretation (to the staff) of what social group work is. This we feel should be done in any case, and the name may stimulate more interest in this "educational" interpretation.

* *Item 3.

It was agreed by the committee that subject to your approval, Miss Young's office would be the interviewing room off the hall. In exchange for this area for Miss Young, the nursing staff agreed to have available another area for the house staff for interviewing - one of the head nurses offices (Miss Mayer until Miss Henry retires), and/or any unoccupied rooms.

In this connection, it was felt important soon to have a short meeting with the ward house staff, to acquaint them with the program, clarify the need for a statement in the orders re the child's activity, and to explain about the change in interviewing rooms.

It was decided that for a period the committee would meet weekly on Mondays from 12 to 1, in Room 688, Moffitt, and should then continue to meet every two weeks.

Helen Gofman, M.D.