

Minnesota School and Colony

MEMORANDUM

To: Dr. Engeberg, Superintendent DATE
From: Patient Supervisor C. Raymond Bowers October 13, 1953
Re: Patient Program , Survey conducted in March, 1953

I am herewith submitting my reactions to the Patient Program Survey conducted by Mr. Albert Meuli, Analyst; and Mr. Fred Chapman, Patient Program Supervisor No. 2. It appears that this survey was thorough, complete and fairly administered. The Minnesota School and Colony received a 3 rating. This, I believe was a good showing based upon the entire program.

It is my belief and recommendation that we should endeavor to hold the points that we're strong and to improve those that were weak. My suggestions per item are as follows: 1. Basic Plans, Policies and Goals. This item, the school dropped below the average on item D2 and 3. I believe the basic goals can be raised by careful planning, training and supervision of our staff. Our basic goals have now been set forth in the hospital paper of September in the article under Recreation "This we Believe". 2. Co-ordination and co-operation with disciplines. This item is being improved. Our Handicraft Department is now assisting on the Social recreation and the program is being taken in to the Wards to provide good, constructive and worthy use of leisure time for the patients. Activity and Handicraft workers are working hand in hand in developing a unit program. The doctors and nurses are assisting in this program. Athletic participation, Physical therapy are now in use. A plan for assigned reading is being worked out. At the present time individuals are doing some volunteer reading to improve their groups and their unit's work. 3. Supervision. The Supervision is being studied as to method's of procedure and seeking out behavior patterns to pursue in establishing this procedure. 4. In Service Training. There seems to be a big drop in this point of demonstrations held for the Patient Activity Staff. At the present time we are building on those points study of emotional age has been studied and activities and demonstrations have been presented to the staff to help them choose suitable activities for certain age groups of children they are working with. 6. Statistical records. This branch will need much attention. It is within the department's plans to establish records but at the present time very little is being done. 7. Volunteers plans and procedures are being set up for a volunteer program that should improve our standing in this item. 8. Program information. Bulletin boards in the units are being used to present schedules to the Unit Supervisors, Patients and Aids. In turn, more students are reporting to the activities. We are continuing to use announcements in the picture shows, announcements by the Activity workers on the work while doing other duties, and by work of mouth with the patients as we go from one building to the other. 9. Program Evaluation. Checks are being made to test the present program. Few events are being added to increase its value. Community singing, Physical therapy, Patient orchestras, athletics in the form of touch football have been added as well as an increased step-up in social recreation.

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It is felt that these will increase the value of the program. The Handicraft people are introducing clubs, scouts, and the music people plan to offer dramatics in the near future. 11. Program balance regarding Wards and Patients. Comments of item 9 cover this particular item of No. 11. 12. Patient needs. Patient Council which was the greatest cut has now been established on" two units and plans are being made for the method to be used on all Wards on this item. 16. Professional training. Our employee's are selected by Civil Service. We are trying to supliment their training and guidance to aid in developing a program that would benefit the institution and the State as well as a credit to oneself.