How can we manage without it ?

A new curriculum for district nurse training will be introduced in September. In the first of a two-part series, Anthony Carr, SRN, NDNCert, Queen's Nurse, discusses the management arrangements for the introduction of the new course, which promises a better standard of care for the patient and more effective use of staff.

IN 1960, a new training scheme for the national district nursing certificate came into being. This followed an advisory committee's report which recommended the Queen's Nursing Institute should no longer be the only body training district nurses.

At that time, the institute ran a six month course converting the skills of the nurse trained in hospital for use in the community. The syllabus was considered reasonable although, in common with general nurse training, very little behavioural sciences were taught or various aspects of health education investigated. Also omitted was the formalised development of skills to teach relatives and other carers what to do and why to do it.

The most contentious issue was the recommendation that the institute's training period should be reduced to four months. In retrospect, it was unfortunate the profession accepted such a limited training period for such an important function. When you consider a district nurse practises alone and unsupervised in the community – whether in a patient's or a community home – it is amazing the profession was content at that time to accept only four months' training.

There may have been many reservations, particularly among those controlling the community services, about a voluntary body with a large proportion of lay members dictating the training standards. The picture might also have been coloured by the fact the community services were managed by a medical officer and not a nurse at that time. It was only in the early 1970s that the Mayston committee's findings were instituted, and directors of nursing were appointed to run nursing services.

Fortunately, for the first training period in 1960 the dual qualification could be obtained by a six month training programme and, in fact, this is where I received my district nurse training and qualifications.

Thinking nurses with an interest in the community soon realised the national district nursing certificate training programme was not fulfilling the needs of the community. As changes occurred in the general nurse training syllabus in 1969, 1974 and again in 1977, it must have been obvious that the short conversion course was not satisfactory at all.

The author is area nursing officer for Newcastle Area Health Authority.

Bombarded with paper

The standards of care in the community are now probably not much different to those in the late 1950s. In fact, I would go further and say that with the dropping of the involvement of the Queen's Nursing Institute and of the annual visit of the nursing superintendent, I wonder just what the standards of care are today. In some districts, it seems as if the nursing officer is bombarded with paper, claim forms and all sorts of other exciting things and is either unable, because of declining expertise, or unwilling, because of managing systems, to be in the patient's home to see for herself what standards of care are really being operated. This was highlighted in the late 1960s by Muriel Skeet in her book *Home from Hospital* – a very sad indictment of the quality of service offered by some district nursing services, particularly on a part-time basis. This raises the question of the quality of nursing management – but that is another subject.

It gave me very great personal pleasure to be involved with the two district nurse working party reports, one for the state registered nurse, published in 1976, and the other for the state enrolled nurse, published a few months ago. I am not an educationalist but a manager – I think it is important to stress this point. Although using advice from educationalists and nurses in the field, the reports were co-ordinated by a manager rather than an educationalist. This particularly emphasised that the implications for the service were appreciated by the working party. The first working party discussed their proposals with 116 nurses, including 20 senior nurses and 27 nursing officers.

Personalised approach

Perhaps the greatest fundamental change necessary in any district is the introduction of a personalised approach to nursing. If ever the nursing process was made for any section of nursing, then it was made for district nursing.

In the working party report for the SEN, it was argued that unless the registered nurse operated a system of recording individualised personalised care for each patient, then there was a failure to understand how the other grades – such as the enrolled nurse and nursing auxiliary – could be used with effect and safety.

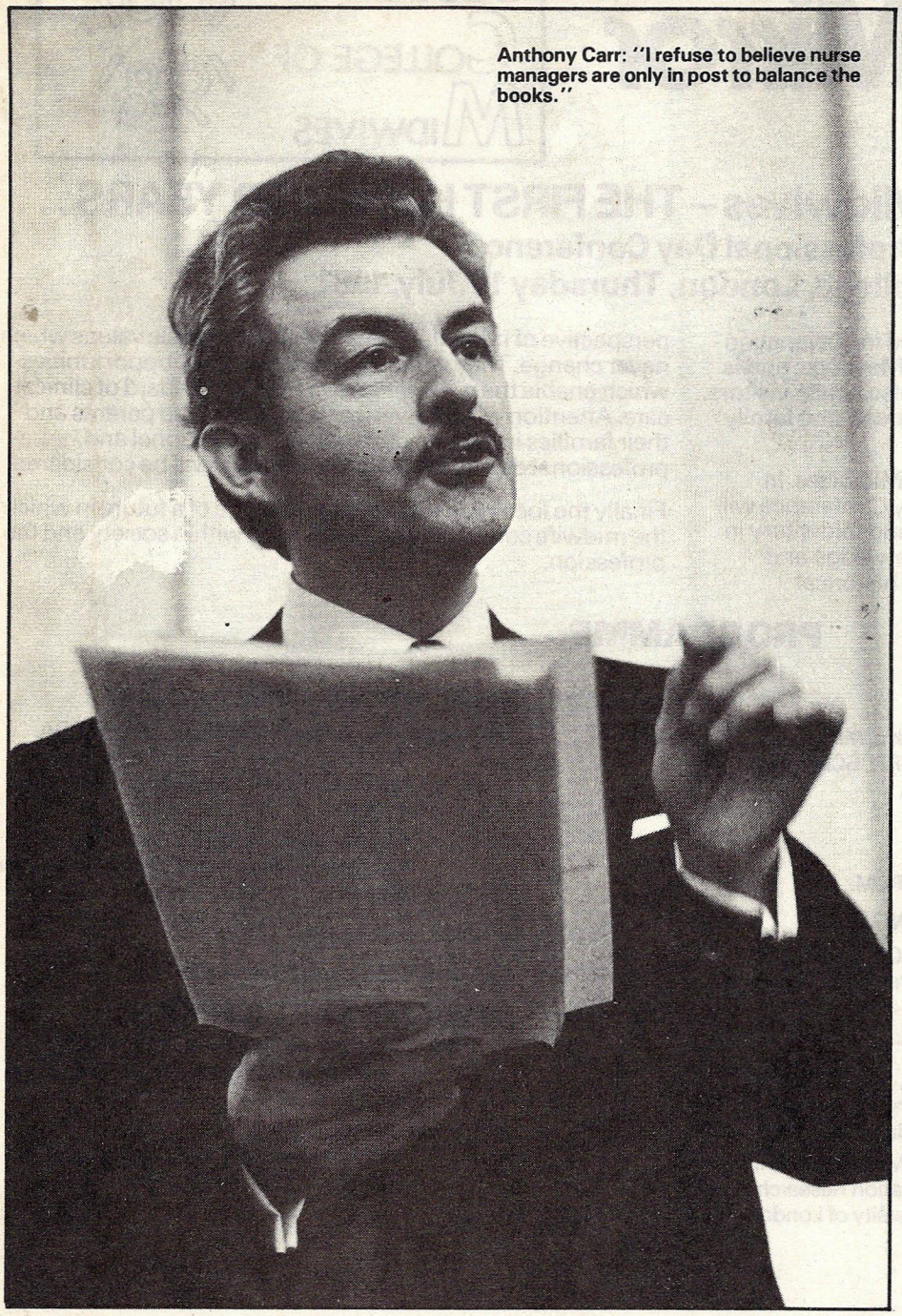
The first thing a district must do is to introduce its staff to the nursing process. Every patient should be assessed for physical, psychological, mental and spiritual needs and a careful care plan drawn up based on these needs. Having drawn up a plan, the levels of care can be clearly defined and given by the appropriate staff – whether it be the district nurse, her colleagues in the team or a combination of both. It is important that the care plan is constantly evaluated.

It is the qualified district nurse who sees the plans are fulfilling the patient's needs and who makes the adjustments that may be necessary.

Conflict

There will have to be a wholesale change in staff attitudes for this to happen – September 1981, when the new curriculum will be introduced, is only three months away. Make no mistake, confrontation and misunderstanding will be widespread because the Panel of Assessors, through their inspectors, will insist on the teaching of an individualised approach to patient care. New students will immediately come into conflict with mature, experienced district nurses who have not accepted this principle or, even worse, not been introduced to it. If managers are not careful, students will be trying to teach trained district nurses how to introduce the nursing process with possible adverse consequences. However, if the district thinks ahead and makes a simple approach to this complex subject with appropriate in-service training and visits to places which have introduced the process, then patient care could be considerably improved.

The whole aim of the new course is to adequately prepare the student district nurse to undertake the care of patients. It is unfortunate the whole course has been unbalanced by the last government's insistence – on advice from area health authorities – that only six



Anthony Carr: "I refuse to believe nurse managers are only in post to balance the books."

months should be allowed for the district nurse training.

The whole reason for the six months of theory and practice is that for the three months after the course, the community nursing officer will directly supervise the student under a normal caseload. This allows the nursing officer to impress on the student, if necessary, the standards of care required by that district.

The working party particularly hoped this would give a real opportunity for the nursing officer to go back into the community with defined responsibility for the standards of care. It also hoped this would spill over and that the nursing officer, now more competent having supervised students, would insist on supervising the trained nurses in the same way.

Radical reappraisal

It is essential to consider whether the district nursing services need a radical reappraisal of in-service training, professional development and updating at this time. Practical work teachers will need more help to appreciate the new curriculum. Certainly nursing officers will need to be introduced to the new curriculum and its aims and objectives. Those district nurses who will eventually work with students and the newly trained nurses will need to be conversant with the new philosophy.

Personally, I hope many areas will insist on a nine month contract. The Panel of Assessors will not be able to issue the final results for about eight weeks after the written examinations and the minister of health, when approving the course, strongly urged all area health authorities to seriously consider putting the students under supervision during those two months.

Managers should look at the new contract very carefully and have it drawn up in terms of fulfilling the aims and objectives of the course – in doing so they will be fulfilling the authority's own aims and objectives for caring for patients in the community.

The management should maintain an interest in the provision of an adequate number of practical work teachers. The caseloads for the latter should enable them to have a full and varied workload which the students could share. The Panel of Assessors talks in terms of a reduced workload, but managers may like to think of it as a balanced workload – there will be two nurses undertaking the work, the practical work teacher and the new student district nurse. As the student becomes more proficient, then more responsibility can be delegated to her.

In strict terms, it could be argued that there will be no work commitment to the area health authority. In practice, time will be spent caring for patients that otherwise would not have happened if the student had not been recruited in the first place. The Panel's wish of not more than two students to each practical work teacher is very reasonable because, with the supervision necessary, it will be important not to overload the practical work teacher. Some managers have decided to have one practical work teacher to one student.

Realistic effort

If there is a realistic effort to introduce an individualised programme of patient care, then it could be reasonably argued that the new district nurse will be more able to care, in the whole sense of the word, for the patient in the community – not just in treatment but the whole patient, mentally, emotionally, psychologically and spiritually. Further, it could be expected that the district nurse would have an insight into the family which the present district nurse would be unable to make because of her lack of knowledge and experience. Under such a system the patient would be better assessed, evaluated and allocated to staff with the right training. The results should be that nursing auxiliaries and SENs are used more effectively than they are at present and the SEN, in particular, would cease to be a pseudo-district nurse.

I refuse to believe nurse managers are in post only to balance the books. They are there because, by training and experience, they care for people and endeavour to enhance their profession and patients □