

BASIC TRAINING OF THE NURSE A CASE FOR CHANGE

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For as long as one can remember there has existed either in the minds of individual nurses or groups of nurses — like nurse managers and nurse tutors — some conflict relating to nursing education of the students. The conflict is between providing a satisfactory educational programme to lead the nurse to obtaining a basic qualification while at the same time providing a service to the patient.

For some, the solution is to remove the student from the control of the service providers completely and provide that ideal situation where the student receives just the right type of experience relating to a carefully controlled curriculum.

This approach tends to suppose that a patient is ready to receive such ministrations from the student at the time convenient for the student that is if a fairly controlled programme is in operation. It may also assume that becoming proficient in performing tasks is important to achieve educational objectives. Another view is that the student learns most in the daily normal

activities of the ward. Work, it is assumed, is allocated according to experience and competence and it is in the ward team situation that the student learns the practical skills of nursing and finding out how to cope with the real pressures of a ward situation.

The danger in any health authority to these two types of approach at the same time is that they are opposed to each other in many respects and in consequence there does develop less rather than more of an understanding between those who have become involved.

Rather fundamental proposals are bound to come forward in the next twelve months or so to alter many of the present arrangements existing between departments of nursing education and service management. Perhaps those looking at change should consider carefully the work that has already been undertaken at post basic level by the Council for the Education and Training of Health Visitors and the Panel of Assessors for District Nurse Training. Both curriculums have a



period of college based activity with built in supervised practice. The supervisors are practising nurses who have had their case loads suitably adjusted.

Perhaps this is a concept that should be explored in the ward situation. In a highly pressurised situation like a ward, it may not be the answer for the school of nursing to provide clinical teachers but the ward itself.

The real danger of change is that if it is basically unacceptable to ward staff, they could make sure that any new changes would not work. If this happens one is into the

penalty awarding game of "if you do not do so and so I will withdraw a source of labour from you".

The ideal instructor is the nurse who while working in the clinical situation can at the same time have an adjusted work load so that time can be given relating theory to practice. Remembering the pressure on ward sisters there could be a real need for ward sisters of training wards to have on their staff a service based clinical teacher. The grading and status of the ward sister could be adjusted accordingly.

One major concession that could be made by health authority nurse managers relates to the paragraph found in the UKCC's Working Group No 3 paper on Education and Training. It states... "once initial learning has occurred the student will need to become more adept in accepting service pressures as part of her preparation for reality".

Is it not worth investigating the possibility of establishing a basic first year which enables the student to be in a real sense independent of ser-

vice pressures and supernumerary. This period of time would be used for laying down a firm professional foundation both theoretically and practically. Links and relationships between college tutors and service clinical teach-

ers could be firmly established in the clinical situation.

The case for change is real. The way that change is organised and implemented is of critical importance both to the patient and the profession. Change that brings with it either apathy or adverse long term reaction from practitioners and their managers is bound to lead to poor achievement in the student. The debate meantime needs to be constructive and result in a new commitment from all those nurses involved to produce the best possible qualified nurse for the 1990s.



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