

Post-basic Clinical Courses

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Nurses wishing to undertake a post-basic clinical course would do well first of all to assess the comparative merits of the innumerable courses in various specialties being offered in many hospitals, to safeguard themselves from those in which the sole object is to provide 'pairs of hands'

What is the true picture of the clinical courses being offered by many individual hospitals today? Half an hour's reading in the *Nursing Times* will convince any registered or enrolled nurse that many hospitals advertise and offer the most tantalizing of courses to them. During one week in February this year the pages of the *Nursing Times* offered 150 courses to the nursing profession. They varied enormously, so for the purposes of this paper they have been divided into five groups

(1) Statutory courses leading to a qualification with the General Nursing Council, other than SRN ...	15
(2) Statutory courses leading to Part 1 or/and Part 2 of the Central Midwives Board certificates ...	47
(3) Nationally recognized non-statutory courses (such as Orthopaedic Cert., Ophthalmic Cert.) ...	24
(4) Local authority courses leading to health visitor or district nurse qualification ...	22
(5) Non-national clinical courses in individual hospitals ...	42
Total number of courses ...	150

National and Non-national Courses

For the first four groups of courses, national syllabuses and examinations are laid down by the appropriate central organizing body. Although some of the courses may be better than others, at least there is power of inspection of both the working situation and the local training programme or local authority scheme. Also approval can presumably be removed from hospitals and local authorities offering substandard training. Unfortunately, no such control exists for the last group of courses, those run by individual hospitals offering post-basic nursing experience in varying specialties. It is within this group that the widest extremes in the standard of training are encountered.

During the early part of this year the writer was required to collect information regarding post-basic clinical nursing courses being offered to trained nurses. This information was to be the background for a lecture on this subject to both mature and newly trained nurses at a conference. Details of every course in group five were taken from an issue of the *Nursing Times* advertisements and a letter was sent to the matron of each hospital advertising. The reason for requesting the fullest information was stated together with an appeal for appropriate literature to be sent.

Of the hospitals canvassed, 28 (82 per cent) responded quickly, while a minority took up to four weeks to reply. The total weight of literature finally received excluding wrapping paper was just 11 lb. Of all the courses offered,

66 per cent were in the Greater London area, while the remainder covered all parts of Britain.

Assessing the Literature

The only way in which the courses could be analysed was by reading the literature supplied by the hospitals themselves. While it will be readily admitted that this is not always the most satisfactory method of assessment, when the results of the 32 hospitals and the 42 courses they offered were carefully grouped, a clear picture did materialize.

Thirty-three per cent of the hospitals sent brochures explaining their courses. The most outstanding one was from St. Peter's, St. Paul's and St. Philip's Hospitals, London. The National Hospital, Queen's Square, produced a splendid brochure and also included reprints from an American journal explaining the hospital and its post-basic schemes for nurses.

Fourteen per cent of hospitals sent both brochures and leaflets or booklets describing courses available. The United Manchester Hospitals in particular produced a most attractive general brochure together with an additional booklet on post-basic training. Duplicated sheets of varying importance were received from 66 per cent of hospitals while 12 per cent could only describe their courses by letter. Two teaching hospitals were unable to provide any information at all on courses they had previously advertised.

One hospital offered hospitality for the whole day with overnight accommodation to see the working situation and another forwarded a 16 mm. sound film of the work of the hospital. This film was shown to interested nurses and was greatly appreciated.

Analysis of courses offered

Subject	No. of courses	Subject	No. of courses
Theatre	11	Heart/lung diseases	1
Intensive care	4	Kidney unit	1
Plastic surgery/burns	4	Metabolic unit	1
Premature babies	4	Neurosurgical	1
Accident units	3	Occupational health	1
Gynaecological	3	Paraplegic	1
Radiotherapy	2	Rectal diseases	1
Urology	2	Surgical nursing	1
		Tropical diseases	1

Types of Courses

Forty-two courses were offered to the registered and/or enrolled nurse. Seventeen differing specialties were offered, theatre courses being the most numerous (26 per cent). Premature babies together with plastic surgery and burns and intensive care units together totalled a further 28 per cent of the courses available. One hospital seemed to offer as many courses as there were wards!

Study Periods

The literature was carefully examined to try to ascertain the conditions under which post-basic students were expected to work. Although the applicant would be a trained nurse, it was felt that she would feel very apprehensive about entering a specialist hospital or department with differing procedures and equipment, yet only 16 per cent of all the hospitals involved in this survey stated that they gave a short introductory course before entry to the hospital wards. Regular study periods were not mentioned at all in the whole period of the course by 66 per cent of hospitals, while only 34 per cent had regular organized lecture/study days.

Duty Schedules

Very few hospitals stated what type of duty was to be undertaken by the new nurse. Fifty-five per cent stated that night duty was to be undertaken while the others did not mention night duty at all. It is not to be assumed from this that night duty is not expected from the post-basic student but rather that the hospital would prefer not to mention this in its literature. Twenty-eight per cent of hospitals gave definite periods of night duty. The longest periods stated were eight weeks in two courses while the shortest periods quoted were four weeks in seven courses. Details of day duty rotas were almost completely ignored by most hospitals (90.5 per cent). The shift system was offered by only 7 per cent while split duty was offered by 2.5 per cent of hospitals.

Qualifications Required

Of all the courses advertised to trained nurses, 61 per cent were confined to the State-registered nurse. Combined courses were arranged for both registered and enrolled nurses (19.5 per cent) while 12 per cent of all courses were specially arranged for the enrolled nurse. Five per cent were for registered sick children's nurses and 2.5 per cent for State-certified midwives.

Duration of Courses

There was found to be a wide variation in the length of course even within the same specialty. Enrolled nurses were usually required to stay twice the length of time of the registered nurse. Schemes covering 12 months were usually

better planned and offered regular controlled study but a few six-month schemes appeared very attractive. Seventy-three per cent of the courses lasted six months while 23 per cent lasted one year. The other courses were either three or four months in duration. Sixteen per cent of the hospitals offered future employment to those who proved to be satisfactory students and one hospital selected candidates to go on to take a ward sister's course at either the Royal College of Nursing or the King's Fund Staff College.

Examinations

Over half of the students admitted to the courses were not required to submit to either an assessment or examination. Nineteen per cent of students were required to be assessed and the same percentage had to sit an examination. Certificates were granted to 78 per cent of all candidates on the courses, 35 per cent of whom were not required to submit to either an assessment or examination.

Assessment and Conclusion

Although it was difficult to assess the value of the courses from the literature alone it appeared that just over 35 per cent of all courses were entirely organized to staff wards and departments of the hospitals concerned. A further 40 per cent of courses were fairly good in content and offered some controlled experience. Twenty-five per cent of all courses appeared to be very well planned with time allowed for study days, lecture, tutorials and organized practical experience.

If a registered or enrolled nurse is willing to look over a wide area of the country she should be able to find a suitable course in almost any clinical situation. Items to look for are planned study days when lectures are given by qualified medical and nursing staff, and properly organized duty that states clearly the day and night duty periods. It should be remembered that not many nurses wish to end up undertaking four months' night duty out of six months on a course because of shortage of staff. It is very advisable to see the working situation and if possible speak to those nurses who have completed the course before committing oneself. Ask why no assessment or examination is undertaken; is it for instance because nobody would undertake the course or rather that the course is essentially a practical one?

This small survey has shown to a limited extent the wide variation and standards offered to the registered and enrolled nurse. Is there not therefore a very strong case for a central body to control and approve such schemes mentioned in this paper, and to lay down standards for each course? Many nurses will agree that it is only in this way that our colleagues can be safeguarded from courses whose sole object is to staff the wards and departments of the hospital.