

OBJECTIVE 2 At the end of the course the nurse will possess the ability to apply skills and knowledge acquired and impart them effectively to patients, relatives, other carers, staff and the general public.

#### SKILLS

Application of teaching methods to other staff, patients, their relatives and special groups and organisations.

#### KNOWLEDGE

Introduction to methods of learning and teaching:

1. skills analysis,
2. demonstration techniques,
3. instructional techniques,
4. assessment of own performance (self analysis),
5. assessing patient/relative, staff performance,
6. evaluation of reactions to health education,
7. familiarity with present-day nurse training.

#### ATTITUDES

Understand the importance of teaching and imparting skills and knowledge to others and is willing to accept this responsibility. Is aware of the problems involved in teaching individuals with varying background and ability.

Is prepared to take part in health education programmes.

Appreciates the cultural, emotional and physical differences in those being taught and is willing to develop an individual approach as necessary.

Is prepared to learn and relearn.

OBJECTIVE 3 At the end of the course the nurse will be skilled in communications, establishing and maintaining good relationships and be able to co-ordinate appropriate services for the patient, his family and others involved with delivery of care.

#### SKILLS

The nurse in her contacts with the patient, other carers including the primary health care team, will use the following skills.

##### 1. Verbal and written communications

The basic principles of written and verbal communication.

An outline of the sociological concepts of social structure and change in social stratification and culture.

##### 2. Interpersonal relationships.

- a. The dynamics of individual and group relationships,
- b. the psychological and social needs of patients and families,
- c. the role of function of the primary health care team,
- d. the process of consultation with general practitioners and others on programmes of patient care,
- e. the management structure of the NHS,
- f. an outline of central and local government.

Awareness of communication as an important part of total nursing care.

Acceptance of her responsibility as clinical nursing expert within the primary care team. Awareness of the need to improve the quality of patient care within the constraints of the service. Appreciation of the importance of channels of communication with nurse management.

##### 3. Co-ordination of services.

- a. The role and function of hospital and other health service personnel, and the use of these resources to achieve social and physical rehabilitation. The role of other carers,
- b. the administrative structure of social services departments and the political and financial constraints imposed on them,

Appreciation of, and respect for, the skilled contribution of others concerned with patient care.

#### KNOWLEDGE

#### ATTITUDES

## SKILLS

## KNOWLEDGE

## ATTITUDES

- c. the services provided by local authority social services personnel and voluntary agencies,
- d. the Area and District policies on professional practice.



OBJECTIVE 4 At the end of the course the nurse will have an understanding of management and organisation principles within the ~~multi~~-disciplinary team and will have developed a positive approach to future developments to meet health care needs.

#### SKILLS

1. To carry out care effectively the nurse will be able to and be aware of the need for planning short, medium and long term programmes of nursing care for both individual patients and groups of patients in conjunction with others.
2. The organisation of staff in the plan of patient care to provide comprehensive care and support.
3. Maintain high motivation with all persons involved in the patient care programme including the patient.

#### KNOWLEDGE

An understanding of the principles of management at an equivalent of first level, suitably adapted to the needs of community care.

Criteria for assessment of total needs of individuals and groups of patients.

Organisation of patient care.  
Organisation of the community nursing services:

- a. their place within the National Health Service,
- b. staff and their roles,
- c. operational policies.

Policies, structure and contribution of:

- a. other health, social and voluntary services,
- b. central and local government.

Group dynamics

#### ATTITUDES

Is willing to accept managerial responsibility.

Appreciates the importance of teamwork and is willing to participate in all its activities.

## SKILLS

## KNOWLEDGE

## ATTITUDES

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| 4. Full participation in the communication process.                                       | Factors which contribute to good communication.<br><br>The effects of breakdown in report writing.       |  |
| 5. Establish and maintain effective relationships and effect liaison with other personnel | Record Keeping.<br><br>Health statistics   | Appreciates the need for and is willing to promote good relationships.         |
| 6. Evaluate care provided and adjust programme accordingly.                               | Evaluation procedures.   | Is aware of the need for continual reassessment of care provided.              |
| 7. Information retrieval and using resources.   | Uses of research.  | Is aware of the value of research and its contribution to better patient care. |
| 8. Appreciation of methods of critical investigation.                                     | Ethical, legal, professional implications of research.<br><br>Developments in new procedures techniques. | Respects human dignity.  |

APPENDIX 3

ORGANISATIONS AND INDIVIDUALS SUBMITTING EVIDENCE TO THE WORKING PARTY



## ORGANISATIONS AND INDIVIDUALS SUBMITTING EVIDENCE TO THE WORKING PARTY

## NURSE TRAINING BODIES

Central Midwives Board  
Central Midwives Board for Scotland  
Committee for Clinical Nursing Studies - Scotland  
Council for the Education and Training of Health Visitors  
General Nursing Council for England and Wales  
General Nursing Council for Scotland  
Joint Board of Clinical Nursing Studies  
Northern Ireland Council for Nurses and Midwives

## PROFESSIONAL ORGANISATIONS

Association of Integrated and Degree Courses for Nurses  
Association of Nurse Administrators  
Association of Nurse Administrators - Welsh Branch  
Community Health Nurse Tutors Group - Royal College of Nursing  
Community Health Nurse Tutor Students - Royal College of Nursing  
Faculty of Community Medicine  
General Medical Services Committee of the British Medical Association  
Health Visitors Association  
Queen's Nursing Institute  
Royal College of General Practitioners  
Royal College of Midwives  
Royal College of Midwives - Scottish Board  
Royal College of Nursing  
Royal College of Nursing - Scottish Board  
Royal College of Nursing - Welsh Branch  
Scottish District Nursing Association  
Scottish Health Visitors Association  
Scottish Public Health Administrators and Tutors Group  
Standing Conference of Health Visitors Training Centres.

## OTHER ORGANISATIONS

Health Education Council

## GOVERNMENT DEPARTMENTS

Department of Health and Social Security  
Scottish Home and Health Department  
Department of Health and Social Services - Northern Ireland  
Welsh Office

## INDIVIDUALS

Area Nursing Officers - Wales  
Chief Area Nursing Officer - Lothian Health Board  
Miss M E G Dancer, District Nurse Tutor, Hampshire Area Health Authority

# INDIVIDUALS (Contd)

Mrs E Devereux, former Chairman, RCN - District Nursing Section  
Dr D H Jones, General Practitioner, Port Talbot  
Mr P Kelly, Health Education Organiser, Birmingham Area Health Authority  
Miss O Keywood, retired Director of Nursing Services, Worcester  
Miss E M Reed, RCN Birmingham Centre  
Miss P E E Waddicor, Area Nurse, Management Services and Information,  
Stockport Area Health Authority  
Mrs E J Young, District Nurse Tutor, Essex Area Health Authority