

we now find her doing operating room work, or obstetrical, or gynecological, or caring for patients ill with contagious diseases. In some hospitals she now cares for private patients, or children, or she may be called upon for much special work. In others she may be called upon to work in the diet kitchen, the dispensary, or pharmacy. Other hospitals require her to keep the hospital records and attend to "major orders." One hospital gives her charge of medicines, charts, and diets; another gives her two terms of night duty, with special work and the care of serious cases; one hospital expects her to care for the critical cases and private patients. One school sends her to special hospitals, or calls upon her to act as head nurse; and one assigns no definite ward duties for the second year, but expects her to assist where needed.

Thus, it may be seen that the variety almost equals the number of schools considered; but in one respect all coincide—namely, that with the months and years must be given added responsibility.

This is specially shown in the schools having a three years' course, for we find that only four of them have the work so formulated as to have other ward duties assigned than those which imply greater responsibility.

Of the four schools mentioned, one says that during the third year the nurses are assistants to head nurses; have the care of surgical carriage and dressing, medicine closet and linen room. They also substitute for head nurses during the absence of the latter; do operating room work, and have one term of night duty with an assistant.

In one school the third year nurses do obstetrical nursing or special work. In one, obstetrical nursing and operating room work, and in one, general clinical work, special work, and work in diet-kitchen, with a term as night supervisor.

All other schools having a three years' training either have not fully developed their plans, or simply give their nurses charge of wards during the last year.

While the testimony, from the twenty-five schools that have been thus considered, reveals the fact that they agree in some important details, yet, uniformity in ward work may be said to be "conspicuous by its absence."

Realizing the importance of this great need, and being desirous of placing nursing in a more definite position, the leaders of the profession in Great Britain began to consider and discuss its possibilities some years ago. Accordingly, at the first Conference of the Matrons' Council, held in London, November 1, 1894, a paper which is "A Plea for Uniformity of Education in Nursing" was presented by the Matron of the Royal Infirmary, Glasgow.

A brief synopsis of the plan unfolded in this paper, which was subsequently published in the TRAINED NURSE, is as follows:

It had been the custom in the Glasgow Royal Infirmary to give a series of lectures for the probationers which were to be attended simultaneously with the acquiring of the practical part of their work. This for many reasons was not satisfactory, but it led to the consideration of another scheme, viz., the taking of a special course of three months' instruction, including elementary anatomy, physiology and hygiene, followed by a course of clinical instruction before being admitted into the wards for the learning of the practical part of a nurse's work. Class certificates were given at the end of each course of lectures, stating the percentage of marks received by each pupil on examination in the different subjects.

A plan for a final examination before granting diplomas had not been fully developed, but it was hoped that an independent committee could be formed, who conjointly with the matron and medical staff should conduct the examinations.

They were greatly aided and encouraged in this undertaking at the outset by one of the professors in surgery in the University of Glasgow, who in an address to the nursing staff urged that "nursing be raised to a distinct profession, with its entrance examination, its minimum requirements, theoretical and practical, its teachers, its examiners and its diplomas. Fears were expressed by some that this system of training might produce pseudo-scientific nurses, but they proved to be groundless. The limited time allowed only elementary teaching, though it was thorough.

Anatomy as it was taught enabled the nurse to handle the human body with intelligence but no more. Physiology made her acquainted with the functions of the different organs that she might be able to detect any deviation from the normal. Hygiene, that she might know what was meant by healthy surroundings and how to secure them in the best manner.

The greatest advantage gained was found to be in the uniformity of instruction given; it was known just what to expect from each probationer as she entered upon her course in practice; and altogether it was found so satisfactory to the nurses already in training as well as to the management, that many of the former went backward in their course and were excused from duty long enough to take the same instruction.

The time may not have arrived for training schools in this country to take such a long step in advance towards securing uniformity in practice and theory as to adopt the plan of the Glasgow Royal Infirmary in giving a preliminary course of instruction. Boards of trustees would no doubt demur at the additional expense, and it might take a good while to educate them to an appreciation of its advantages, for advantages it certainly has.

*(To be continued).*

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