

## RECIPROCAL TRAINING.\*

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Trained Nurses exist in order that they may render skilled and efficient aid (1) in the prevention of disease and (2) in its cure or amelioration. The question of how they may best be educated for the performance of these responsible duties is therefore one of supreme importance.

We shall all be agreed that to perform her work efficiently a nurse needs the trained intelligence and cultured mind of the well-educated woman. Only upon such a foundation is it possible to build the superstructure of a sound professional education.

We have heard from the previous speaker of the importance of preliminary training in the scheme of nursing education, and it falls to my share to place before you some of the reasons for the adoption of schemes of reciprocal training.

In order to completely qualify herself, a nurse must have a thorough knowledge not only of the great main divisions of her professional work, medical and surgical nursing, but of all the special branches of nursing. In her comparatively short professional life—25 years is, we know, a fair average—she cannot spend an unlimited time as a pupil. She must begin to earn if she is to save enough to maintain herself in independence when her working days are over. It is not, therefore, possible that she should have an intimate knowledge of all the specialities.

The profession of medicine, which is highly organised, while our own is disorganised, affords us a useful example. All its members are expected to acquire proficiency in medicine, surgery, and obstetrics, but that sound foundation once laid, they find that they can best serve the public interest, and their own, by devoting themselves to one speciality, since life is not long enough to attain great dexterity in all.

There is every indication that nursing will, in the future, proceed along the same lines, and, when a minimum standard of nursing education is defined, it is probable that several alternate curricula will be sanctioned as qualifying for registration.

Thus a three years' curriculum might alternatively comprise :

1. One year surgical, one year medical, and

one year of obstetric and gynaecological nursing.

2. One year surgical, and two years medical nursing, including the infectious fevers.

3. One year surgical, one year medical, and one year devoted to the nursing of nerve and mental cases.

Experience in the nursing of eye and ear cases, and in the out-patient department, are all very valuable, and an insight into them may usually be acquired in the course of the three years' training.

In considering the alternative curricula suggested, it is at once evident that few hospitals can provide the complete clinical material for any one of these.

Thirty years ago our general hospitals afforded training ground in the nursing of most diseases. In addition to medical and surgical cases those of contagious disease were nursed in the general wards, and infectious diseases in separate wards or pavilions. Thus cases of diphtheria, enteric fever, and measles were all admitted to general wards, and it may be within the memory of some present that typhus fever was admitted to general wards at a comparatively recent date, as was also scarlet fever. Sometimes, scarlet fever was received into separate wards. Even so, the infection was liable to spread, and did spread, to patients in other wards.

Of recent years a much more rigid classification of cases has, quite rightly, been introduced into the general hospitals, and the infectious cases eliminated. This is sound policy in the interests of the patients, for it is manifestly wrong to expose a patient already suffering from serious illness, and therefore specially susceptible to infection, to the risk of contracting another disease, but it leaves serious gaps in the clinical material necessary for the training of pupils in general hospitals. Moreover, in the case of a nurse taking up private nursing, after gaining her certificate, her field of work is extremely limited if she cannot undertake the care of infectious diseases, for much of the work of private nurses is derived from this source.

It follows, therefore, that if cases other than those of general medical and surgical diseases are now outside the sphere of the general hospitals, that nurses must acquire knowledge of the nursing of other diseases in the special hospitals.

Every patient in a hospital or infirmary provides valuable clinical material which should be utilised to the best advantage, for the sake of the community generally, but it is very undesirable that special hospitals should train and certificate their nurses without reference to the

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