

In considering the need for a more comprehensive general training, the need for a more comprehensive *practical nursing experience* is one of the chief points that should be stressed.

The Nurses' Registration Act, Section 3, provides, as a condition of the admission of any person to the Register, that that person shall have undergone the *prescribed training* and shall possess the *prescribed experience* in the nursing of the sick. At present, there is a *syllabus of examination*, and a certain number of lectures in preparation for this are demanded, but as yet there are *no demands as to the prescribed experience* required of each candidate, and at the present time a candidate may present herself for the Final Examination without any guarantee of her having had actual experience in the nursing of many conditions, a theoretical knowledge of which is demanded of her.

Surely the theoretical part of her training is only of use as a background to the practice, and without the practical experience is of little use in equipping her for her career.

It would seem that the time has now come when our professional organisation should urge upon the General Nursing Council the necessity of making some definite demands as to a minimum length of time to be spent by the candidate in the various nursing services.

I would suggest a *minimum* period of:—

- Six months' medical nursing.
- Six months' surgical plus two months' theatre experience.
- Three months' children's nursing.
- Three months' Gynæcology.

Three months' Eye, Ear, Nose and Throat experience should be *demanded as an essential part* of the General Nursing Curriculum—a great many hospitals are providing all these services.

It would probably be argued that such a regulation would immediately disqualify a number of Training Schools which have already been recognised by the General Nursing Council. To meet such a difficulty a considerable period of time might be allowed during which the necessary arrangements might be made in order to provide the necessary experience.

It would mean the association or amalgamation of several general and special hospitals, which at the present moment are being run as isolated units. This should surely prove to be a move in the right direction from the point of view of the patient and the general public whom we are here to serve.

In most other countries where there is organised nursing training, there are definite regulations, not only as to the theoretical training, but also as to the amount and variety of practical experience to be provided in the training school curriculum, and it should not be beyond our powers to devise a means of safeguarding the standard of our practical nursing training in this way.

When a change for the better in any field of work is proposed, it is often easier to see the difficulties in making the change than the benefits which will accrue from it. It is for us as professional women to convince ourselves first that any proposed change will be for the better carrying out of what we aim to do, and then to go forward with determination sure that the difficulties will be overcome once they are resolutely attacked.

So much for what we can do at present—but what of the future!

It is the *duty* of our Professional Associations to point the way towards *optimum standards* of professional training.

We can leave the G.N.C. with its *task* of safeguarding the minimum standards.

If we set ourselves to study the *wide range* of knowledge and skill which *may be demanded* of the General Trained Nurse we must realise that there are many aspects of her future work of which the nurse *leaving the average hospital training school is ignorant*. All those services, in fact, which are *not provided by her particular hospital or hospitals*, but in which she will be *expected to adapt herself* after leaving.

If during the training period the probationer could be given some insight into the *world of nursing* outside the hospital walls—we should then have the *prospect of producing a qualified professional woman* of broader outlook and interest—who should prove herself really adaptable far more so than the *average product* of our hospital training schools at present.

Further than this—

I would suggest that *early* in her training the probationer might be given more opportunity of understanding the causes underlying the conditions which she meets among her patients:—

(A) *By organised visits* in the homes of the people with the *Health Visitor* or *District Nurse*.

(B) *Some insight* into the *Almoner's Dept.* and outpatients' department, possibly in connection with her course in Hygiene.

She would then *bring to her nursing of the individual patient a deeper understanding* and have a *finer psychological approach*. She would learn to recognise the hospital service as a link in the chain of general social service—which, of course, it is. She would be better equipped for her future duty as a *missioner of health* and the prevention of disease.—(Fl. Nightingale: "All nurses must be health teachers")—so *not a new idea*.

I would, *therefore*, like to suggest that, among the *aims which we set before us* in the *more comprehensive general training* we include:—

- (1) *Some knowledge* of the *Almoner's Department*.
- (2) *Experience in O.P. Department*, if possible to be linked up with the particular work on which the nurse is engaged:—

Medical Ward—Medical O.P.

Surgical Ward—Surgical O.P.

In this way would learn about:—

- (A) *Underlying causes* of condition;
- (B) *Results of treatment*.
- (3) *Three months' experience* in a *Fever Hospital*.
- (4) *Some experience* in ward for *Borderline Mental cases*.
- (5) *Instruction in Psychology*, and the early detection of mental disease.

It may be said that these ideas are *Utopian*. But, after all, already *being carried out* in many other countries and *extensively in America*.

I think I am right in saying that *some experiments* on these lines are *about to be tested* in this country. I would be *grateful* for further information about this if there is anyone here who can tell us about it.

We must have something beyond our *immediate aims* to work for, and *ideas* are really the *most powerful things* in the world.

I think it was Browning who said:—

"Oh! but a man's *reach* must exceed his *grasp*, or what's a Heaven for?"

DISCUSSION.

MISS R. B. DARROCH, S.R.N., Sister Tutor, Royal Infirmary, Liverpool, opened the discussion as follows:—

We must remember, in making preparations for the Education and Training of Nurses, that we are dealing with masses of people, and if we are to arrive anywhere we must have these masses prepared.

We require more foundation, and in this way I think probably the greatest contribution to the modern nursing

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