

REPORTS ON WRITTEN EXAMINATIONS BY CHAIRMEN OF BOARDS OF EXAMINERS.

The Registrar of the General Nursing Council for England and Wales has furnished us with the following information, which we consider to be of intense interest to our readers.

PRELIMINARY EXAMINATION.

Hygiene.

The standard was on the whole good. Marks were lost in many cases through inattention to the wording of the questions. A number of the candidates showed very little ability to express themselves, and spelling and punctuation were poor.

Anatomy and Physiology.

The comments indicate that the answers were on the whole of a better standard than formerly. One examiner is of the opinion that freedom from ambiguity in the questions was partly responsible for the higher standard, for none of the candidates submitted answers different to what was required. In the question on the composition of the blood—many candidates did not understand the meaning of a cubic millimetre, and the abbreviations used for it were in a very large number of cases inaccurate. Diagrams were on the whole good, but *few in number*. It is suggested that diagrams could be more frequently employed in answering questions.

One examiner suggests that nurses' knowledge in anatomy and physiology could be improved by more frequent demonstrations with and the actual handling of models.

Nursing and First Aid.

There is a general agreement that the answers to the questions on nursing were on the whole of a higher standard. On the other hand, the answers to the questions on first aid were generally poor, particularly those dealing with poisoning. It is felt that there is a considerable lack of knowledge among candidates of how to render First Aid.

A number of candidates used *symbols incorrectly*, e.g., % was used in some answers instead of the degree symbol.

FINAL GENERAL EXAMINATION.

General Remarks.

Nearly all the replies indicate that the general standard has improved. This is considered to be largely due to the choice of questions, and the omission of the compulsory questions. The majority of the examiners welcome this change and consider that the extra scope given to the candidates is calculated to bring out their knowledge instead of restricting it.

There is a general complaint about apparent lack of experience, and the answering of the questions from knowledge gained from lectures and text books.

Apart from the question being misunderstood in some cases, too many candidates—in fact, the majority—when answering a question on "nursing treatment" of a condition, write pages on setting out of trolleys, "Fowler's position" (which is imperfectly understood) and general routine measures to the exclusion of the particular point asked for in the question at issue.

One very general complaint is the use of slang, jargon and abbreviations. The latter especially when referring to drugs should be strongly deprecated. The following examples are given:

- "Boarding," a medicine.
- Sinking a tube.
- Making a "sheet," bed.
- "Donkey" for knee pillow.

Many other examples could be quoted. When this habit is applied to drugs, it involves a very serious principle. "Mist. Mag. Sulph. Co." "Mist. Aperiens," may be all very

well in a busy hospital routine, but nurses should know how much of the active drug is the correct dose.

Too many nurses consider that Penicillin and Sulphonamides are the cure for all ills, even for such divergent conditions as a Ruptured Ectopic Gestation and a Housemaid's Knee.

Paper on Medicine.

The main criticisms are on the questions concerning sore throat, pulmonary embolism and variations of the radial pulse.

Sore Throat—Question 4.—It was very unevenly answered. Many omitted to give the common cold as a cause and some did not mention diphtheria.

Pulmonary Embolism.—This question was not answered well. Many examiners comment on the lack of real understanding. It would seem as if the teaching on this condition should be simplified and at the same time be made more explicit.

Variations of the Pulse.—A large number of examiners comment that very few of the candidates knew anything about the common variations of the pulse beat. The general impression seems to be that the nurse is only concerned with the rate, and ignores quality and regularity. One examiner complains that the "actual description as to how to take the pulse was poor—some put the radial artery on the inner side of the wrist and some wrote 'below the bone of the thumb' when they obviously meant above."

One examiner considers that "there is still some extraordinary teaching on the treatment of shock from hæmorrhage; practically all the candidates rightly warmed up the patient and even gave a sane warning on over-heating, and then within the next few lines suggest the application of ice to the chest and ice to suck." Few nurses mentioned the importance of concealing the amount of bleeding from the patient as far as possible.

Paper on Surgery.

1. *The Question on Gangrene.*—Nearly all the examiners report on the poor answers. One comments that "senile" gangrene was taken very literally, and few candidates realised that arterio-sclerosis was the cause. Most of them considered that the patient was too old or ill for any active treatment to be desirable and very few even mentioned amputation. A large number described buttock bedsores as one of the sites for senile gangrene, and some the fingers. The modern treatment for incipient gangrene was not mentioned.

Malignant Tumours.—The answers to this question were disappointing. It was popular and most candidates attempted it. Only very few realised, or *at all events wrote*, that a malignant tumour is dangerous to life and unless eradicated will eventually kill the patient. The essential differences between malignant and innocent tumours were not understood.

Ectopic Gestation.—A very large number of nurses, after describing quite correctly the pathology and mechanics of a ruptured ectopic gestation, realise that an emergency operation is necessary, but the reason for this is ascribed to *general peritonitis* due to the rupture of the tube, and hæmorrhage is only mentioned as a side issue. So prevalent is this idea, that by far the larger number of candidates state that the patient is returned to bed with a tube inserted. But even more extraordinary is the large number who state that when the abdomen is opened, not only is the foetus removed, but the tube is repaired.

Paper on Nursing.

Question 1—Infective hepatitis.—This question was apparently not popular, and when the question was attempted, answers were sketchy and incomplete.

Question 2—Perforated Gastric Ulcer.—Many examiners

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