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Editorial.

Some Thoughts on Nursing Education.

WHEN we sit back and quietly survey the training of a nurse in England, we are at first amazed at the diversity achieved within the framework set by the General Nursing Council. We ask, not unnaturally, just what we are aiming at in our training. Is it to help cure the sick, to prevent people from becoming sick, or a combination of both? Should a nurse undertake some of the doctor's duties? Just where do the doctor's responsibilities end and the nurse's begin? We have thought a good deal about it, but as Omar Khayyám says: "Evermore came out by the same door as I went in." Yet it is obviously vitally important that trainers know for what purpose the trainee is to be trained. Several bodies of nurses are trying to find a solution to this problem, and the Nuffield Trust set in motion an exhaustive and scientific inquiry into this very question only a year ago. The final result of this inquiry is eagerly awaited by us all.

Meanwhile, experimentation continues in many parts of the country. All possible permutations and combinations of the Block System of training are to be found in our hospitals, from the study day to days, weeks or months spent in the school at a time, and at all kinds of intervals. The bedside practice is achieved by team work, by case assignment and again by a combination of both. Preliminary school periods vary from eight to 13 weeks, and contact with the patient during this period from one or two visits to one day a week. When curricula are compared the variations are equally diverse, from the almost meagre minimum laid down by the Council to an elaborate programme and formidable array of theoretical lectures that would appear suitable for a Sister Tutors' Course. But, then, who can say which is right until the vexing question of what constitutes the work of a nurse is settled?

We have variations in the schools themselves. Some nurses are starting their careers in palatial mansions in the heart of the country, far removed from sight and sound of accidents or illness, or what brings these about. Others are closely linked with their hospital, still. After leaving the school some nurses are flitting from hospital to hospital in search of the elusive "Special Diseases." Then there are springing up with mushroom rapidity group schools where nurses from several hospitals start together. After intimate contact with each other for two or three months they separate to their several hospitals. What heartbreaks there are when kindred spirits have injudiciously linked with the wrong group. One school exists where the students do return periodically to study again together. Think of the chattering exchange of experiences there is, the contrasts and criticisms. Woe

betide a hospital of the group if it falls short of the others in any way!

These experiments are interesting, the results as yet unpredictable. Somewhere among all this welter of ideas may be the perfect training. What would be the criterion? Examinations? They are admittedly no more than a rule-of-thumb method of weeding out the worst, not of indicating the best. Time will prove which form of training is the most successful when future generations of staff nurses and sisters take their posts. How much of the knowledge which made our ward sister second to none in the world was gained in the classroom, and how much at the bedside? The first-class team work of her ward depends upon her powers as a leader just as much as on her technical skill. Her tolerance acquired through knowledge of humanity, of the diversity of God's creatures, which she gained through close contact with large numbers of them, is knowledge she could not have learnt from a text-book. Books cannot teach her how to handle an irascible doctor or a fractious patient, an adolescent nurse or a disgruntled maid. But a happy team, giving the best service to the patient, does depend on these powers of hers. Training within industry has been introduced into some hospitals in an attempt, in a way, to put old heads on young shoulders.

Now an American nursing school is experimenting with a two-year training. Given a receptive pupil it should be quite possible to train her in the technical aspects of her work in that time. But surely nurses should be more than technicians. Or is it now old-fashioned to think so, or do we come out yet again by the same door as we went in?

D. W.

Atomic Research and Medicine.

THE uses of radio-active elements, produced at Britain's atomic research centres, for the study of glandular conditions were shown by the Ministry of Supply at the London Hospitals, Nursing and Complete Health Services Exhibition, held recently in London.

The Ministry's display, which has already been seen by some 14,000 doctors, nurses and other visitors to the Belfast and Edinburgh exhibitions, illustrates the application of radio-active iodine to the diagnosis of thyroid complaints.

Visitors were shown how radio-iodine, which is chemically indistinguishable from ordinary iodine, is given in solution as a drink to patients. The location of the radio-active element can be detected by means of suitable instruments. Since it becomes mixed with ordinary, non-radio-active iodine, the fate of the latter and its path through the body can be deduced by observers.

This "tracing" technique can also be used with other radio-active elements, such as radio-phosphorous, -carbon, -sulphur and -iron.

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