

Specialisation in Clinical subjects at Post Graduate Level

By

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A nurse has two important roles to play—first to be a technical expert in clinical nursing, and the second, to be an administrator or teacher, for consultation, planning and promotion of professional activities. In the clinical field, a nurse has to help the physician in carrying out procedures and treatments which are often complex and has to observe and care for patients, make decision as to what to report regarding the condition and help the patient to attain and maintain health. Scientific and technological advances have revolutionised medical practice and every new development in medical sciences creates new responsibilities for nurses. It is more and more recognized that a nurse should have thorough knowledge and skill in the art of nursing for effectiveness and efficiency in her work. Along with the advances in Medicine, the different functions of nursing also are changing rapidly. By the time a student nurse completes her studies, she finds that some of the techniques she learned in the first year are already discontinued or have a different approach. Therefore, her basic preparation alone does not fulfil the requirement of carrying out all her functions as a graduate nurse.

In some instances, during the basic preparation, certain clinical areas are not included either due to non-availability of the area or lack of time. Even some of the experiences given during this period could not be counted for learning experiences—e.g., operation theatre technique, isolation technique, etc. It is stated that some of the abilities of individuals such as communication skill, application of knowledge for solving problems, maturity of thoughts and ideas or linking up correlating and integrating ideas are further developed after a basic

preparation. Today nurses have to keep up with nursing techniques to meet the rapidly changing nursing situations. A nurse who has mastery of her subject and keeps uptodate with her knowledge would not only be able to give good nursing care and give expert assistance to her physician, but could be developed into a teacher, supervisor or administrator in a clinical field. She would provide a good situation where good nursing is carried out and this would serve as a good learning situation for students. She would be able to manage her ward with confidence and get job satisfaction, ultimately resulting in good nursing care to the patients.

Clinical specialisation for nurses at post graduate level was accepted and programmes were carried out in other countries as early as 1943. In all of the programmes, certain basic assumptions were made for planning and execution. The assumptions were: firstly, that there is a body of advanced knowledge, skills and attitudes in clinical nursing which can be attained after a basic course; secondly, that an organized programme of instruction and experience specially designed for graduate nurses would help them to acquire knowledge, appreciation and skill at an advanced level; and, thirdly, that the purpose of an advanced course in clinical specialisation would be continued improvement of nursing service and nursing education. Recently, during a small survey in connection with a post graduate programme, a few Sister Tutors and Ward Sisters of different States in India were interviewed to get their opinion on inclusion of medical-surgical nursing at a post graduate level. They were unanimously in agreement to include such a course. The reasons given by the Ward Sisters to include the course were that it would result

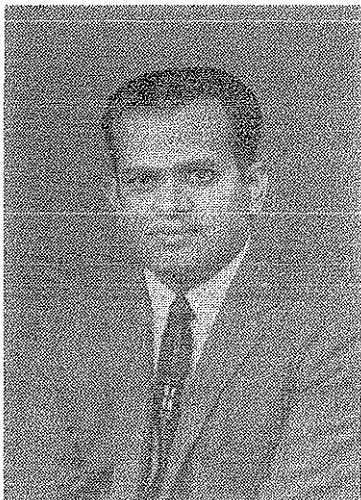
in gaining knowledge, increasing the depth in knowledge, keeping up with present trends and also benefiting in teaching and supervision in their wards.

The post graduate courses for nurses in India mainly aim at preparing nurses in teaching and administrative positions. Finer, in his extensive study on Nursing Service Administration, stated thus: "the primary duty of nurses is the thorough mastery and sufficient practice of the clinical elements of patient care, basic and specialised, before she wants to be an administrator, supervisor or a teacher in nursing". If this statement is accepted, there is a great deal to be done to give the nurses thorough mastery and sufficient practice in the clinical elements of patient care, because, at present, the basic preparation and experiences which follow do not seem to provide enough opportunities to be an expert in clinical nursing.

A beginning has been made for clinical specialisation especially in the field of public health nursing. A course each in paediatrics and psychiatry also is started. One short term course in operation room technique is being carried out. Considering the importance of clinical specialisation to meet the need of our country, this beginning is very small. There is need for a thorough study in this area. Possibilities of having two types of courses, one a short term course to serve as a supplementary for basic preparation, e.g., operation room technique, isolation technique, cardiology, neurology, etc., and another an advanced course for clinical specialisation such as paediatrics, midwifery, public health, psychiatry etc. and to prepare nurses for teaching, supervision and administration in the same field. These programmes have to be care-

PERSONAL NOTES AND NEWS

● Mr. O.B. Chowdiah, Nursing Tutor, K.M.C. Hospital, Hubli, has been deputed for higher studies in Nursing Education in Canada where he will be taking his B.Sc. degree in Nursing Education at the University of Ottawa. Mr. Chowdiah is a graduate of the Madras General Hospital and took his Ward Administration and Sister Tutor Diploma course at the College of Nursing, New Delhi.



Mr. O. B. Chowdiah

● Mrs. L.H. Fraser of Cama and Albless Hospital, Bombay has left

for Surrey, England for further studies.

● Mrs. L.H. Holsinger has left for U.S.A. on completion of her assignment as Nursing Adviser, World Health Organisation, South East Asia Regional Office, New Delhi.

● Miss Edna Jones, John Bishop Memorial Hospital, Kashmir has left for England on furlough.

● Miss H. Gjerde of Muhul-pahari, Bihar, has left for U.S.A. on furlough.

● Miss M. Gordon, Clara Swain Hospital, Bareilly, has left for USA on furlough.

From Abroad

● Miss Kartar Kaur Sound has joined the Rural Health Training Centre, Najafgarh, Delhi, on completion of her degree programme in USA.

● Miss D.S. Elisha has returned to Niloufer Health School, Hyderabad, A.P. on completion of her studies in USA.

● Miss Virginia L. Fleu returned to Lalitpur after furlough.

● Miss D. Mount after a period of furlough in England has returned to Christian Hospital, Berhampur, Orissa.

lisation might be an answer to keep nurses in the field where they like to stay. Today even if a nurse wishes to stay in her choice of clinical speciality, she has no opportunities for improvement. Then she leaves the field and looks for teaching and supervision not realising that there are plenty of teaching and supervisory opportunities in the clinical field. In a post graduate level, many problems connected with clinical nursing also can be considered. Very little has been done so far in terms of research in nursing, and when clinical specialisation is taken up at post graduate level, the research methods also would be included. Today, nurses are finding it difficult to go ahead due to lack of facts. Fact finding methods in clinical nursing would be a great contribution towards improvement and progress. In one of the ICN publications it is stated that "the unique function of the nurse is to assist the individual, sick or well, in the performance of these activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise her function to help the individual gain independence as rapidly as possible". Today, nursing seems to be changing from the above definition and nurses are busy performing many other functions which take them away from the patient. Although everything that a nurse does is ultimately for the patient, one cannot ignore the fact that the real sense of nursing, i.e. doing things for the patient is very limited. Would clinical specialisation bring back a nurse to her patient? It is worth considering to organise such courses with the assumption that nurses would appreciate the value of nursing when studied in depth and give nursing care by application of basic principles. This might give them the urgency to pay priority attention to bed-side nursing. Clinical specialisation at post graduate level might be an answer to many of the problems and dissatisfaction about nurses and nursing.

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fully planned and organized so that it would meet the needs of nurses who are already in the field and are eager to learn more and wish to stay in a specialty in order to improve themselves and the clinical situation. In this course, there should be adequate facilities for practical work and also for self-study by students. Students may

be given patients to be taken care of by application of knowledge in an integrated manner and observe how this helps in improved nursing care and encourage them for self-evaluation. In advanced course, students may be given opportunities for solving problems.

Programmes of clinical specialisation