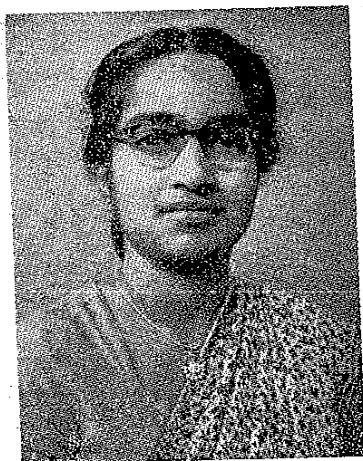


Some Observations on Basic Programmes Abroad

By

A. Cherian, R.N.R.M.

On completion of my studies in Nursing Education at the School for Graduate Nurses McGill University, Montreal, Canada, I took three more months for observation purposes. With permission from the Government of India, and the T.N.A.I. negotiations with National Nurses' Associations in U.S.A., England and Sweden, an observation programme of nursing schools in those countries was arranged at my own expense. I would like to give you a short summary of my visits, in connection with the trends in basic nursing education in those countries.



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In Canada I had the privilege of close observation during my two year study period. Here a two year programme with one year of internship appeared to be the trend. The programme I observed seemed to be an excellent one. Although separately administered departments, there is very close co-operation between the nursing service and nursing

education. The students give a great deal of good nursing care to the patients within the first two years. The supervised nursing care given during this period is used as a learning situation for the students. There is a trend for building fewer classrooms as more and more, the classroom learning is being transferred to ward situations; thus the correlation of theory and practice is adequately provided for.

The clinical instructors are responsible for the classroom and ward teaching. Team nursing and selection of wards for student experience is contributing greatly toward learning. Close co-operation of service and education is maintained by weekly, bi-weekly or monthly meetings among the staff. In the first two years, students are taken into consideration for education although they contribute toward patient care in the wards. In the third year the students have more experience in the specialities. Although the final examinations are taken at the end of two years, a one year internship must be served before the students graduate as fully trained nurses.

In U.S.A. more and more University programmes are being established. At present, a Junior College programme is being experimented in several junior colleges. Here the students have the privileges of a regular college student such as living at home. There is a very close follow-up of theory and practice for the two years at the end of which these nurses are prepared for good bedside nursing. If they want to go on for senior positions, they must take post-graduate courses. On the whole nurses here showed keen interest in studies even after they were comfortably settled in good positions. Several of them take up evening courses or attend summer

classes. There seemed to be more and more "practical nurses" coming up to take care of patients.

There were changes noticed in England too. Plans were being considered for a University programme. One experimental school has already started as the United School of Nursing where the students from four hospitals attend in blocks for their study periods. The lack of good follow-up is felt in this programme but efforts to increase the number of clinical instructors is being made.

Sweden has a very different programme. Nursing education is State controlled. The Medical Board with nurse representation is the controlling body. The State School of Nursing carries out any new programme as an experiment, and, if found satisfactory, then the various schools of nursing are asked to follow the recommended pattern. Thus uniformity of the programme is well maintained. So far no university programme has been started. In general, the school programme differs from others in which there is specialisation in the third year. For example, if a student is interested in surgery she specialises in this in the third year. If one is not interested in midwifery she need not go through a period of misery taking a subject she is not interested in. There are no State examinations, but each

school conducts examinations for their own students. The nursing here seemed to be on a very high standard and I wondered whether it had anything to do with the State control of nursing.

In all the countries mentioned there was a great urgency shown in the learning part of the student nurse programme. Has this any contribution towards the higher standard of nursing in those countries? When we as a nation are trying to raise the standard of nursing, will it help us if we also started improving the education area of our student nurse programme? It is true that we cannot manage our overcrowded hospitals without considering students for service, but could we not make better use of our vast resources on the wards for greater student learning? Throughout my visits in these countries, I kept comparing our situation with theirs, and I felt proud of everything we are planning in India, especially with the Indian Nursing Council and the TNAI and felt confident that, with the same perseverance and hard work by which those nurses abroad achieved their objectives, we, too, could raise our standard of nursing in India. I want to acknowledge here that had I not been a member of TNAI I would not have had such a good programme arranged for me even if I had had plenty of money!

A Report on the Conference Theme

Responsibility of the Nurse in bringing Health to the Community

By

Mrs. U. Gupta

The Background

With the progress of democracy in our country the pattern of our Conference has changed. From one of silent participation the delegates each year now play an active role when they

meet, discuss problems and decide on policies which are sent on to Governments as recommendations. Thus from year to year the prestige of the TNAI rises as does its membership. That the popularity of the Conference has in-