

The Importance of Preparing Graduate Staff to Participate in the Teaching Programme

By

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When one reads the above title it is quite natural to think in terms of Post Graduate preparation, but in my opinion the preparation of Graduate Staff for teaching begins in the Preliminary Training Period in the School of Nursing.

In the orientation programme the preliminary student must be impressed with the fact that *Every Nurse is a Teacher*; just as children learn from their mothers directly or indirectly. So sick people and their relatives learn from Nurses. The Preliminary Training Student on her first visit home after induction into the School begins to tell her parents why hand-washing is so important; if she has to make her own bed and the house affords beds with mattresses, she instructs her mother in the fine art of making square-corners. This, I am sure, we have all experienced.

Since the whole teaching programme in any School of nursing is Student-Nurse-centred, the Student must participate in the planning of the programme, its evaluation and its execution. Every Student Nurse must have practice teaching included in her curriculum, whether it is listed in the Syllabus as such or whether it is called "role-playing" by the Sister Tutors. We should not wait until a Student Nurse has Public Health experience, or until her Midwifery Programme, for her teaching practice to begin. Students must be encouraged from the very beginning to think of themselves as teachers of positive health, teachers of simple nursing skills and teachers of healthful living. The Student Nurse who asks an

ambulatory patient to assist her in making his bed explaining why this method is used, not only helps him to understand why Nurses do things in a certain way, but he too becomes a teacher as he usually is seen explaining this to another patient. How often have we heard a patient say, "Nurse, I don't want this medicine; it does me no good. Why can't you give me the same medicine my brother had when he was here?" So many times we have heard one of two stock answers. "This medicine is good for you", or "You must take it because the Doctor ordered it". The Nurse who makes such an answer does nothing for the patient—she does not re-assure him, comfort him or teach him.

As we see the Preliminary and Student Nurses teaching consciously or unconsciously we are also aware that the Staff Nurses, just by a helping hand or a few words of explanation are also teaching them. A Staff Nurse can never be a good teacher if as a Student she was not encouraged to teach as she went along. The Ward Sister or Charge Nurse, in the absence of a Ward Instructor represents, in most instances, one of the most vital roles in the teaching programme. It is with hesitancy at this point that I talk about the teaching Ward and Departmental Sisters do, since the hospitals with which I am associated in India do not yet have assigned posts in these categories. To me the ward sister's job is one of the most satisfying obtainable in nursing, in that she is able to combine Nursing Service and Nursing Education. The good Ward Sister is a better Ward Sister

if she has had Public Health experience, as she is very aware of the health needs and problems in the community, and loses no opportunity to teach patients and their visitors. Her position has always been recognized as one of the key posts in a hospital. It is unnecessary to enumerate her teaching responsibilities. We know she frequently gets raw hands in the Auxiliary and Service Personnel group, so she is expected to teach the porters, cleaners, kitchen help, warders, attendants, stretcher bearers, etc. their numerous duties. We know that her major responsibility is the supervision of the nursing care in her Department. She is not able to supervise well if she is not willing to assume the role of teacher, for one cannot be a good supervisor unless one is a good teacher. The Head Nurse or Sister is expected to teach certain techniques to Medical Students and to the Internes. There are many Attending Doctors and even Professors who ask the Sister for advice on the best method of teaching patients in their private practice. In matters relating to diet, home nursing procedures, etc. Dr. Robert Watson, former Regional Director for the Far East, of the Rockefeller Foundation, has expressed his gratitude to the first Head Nurse he met as a new interne. He has said, "My first Head Nurse taught me more Surgery than I ever learned in Medical College."

No Student Nurse will realise her responsibility as a teacher unless all graduate nurses with whom she is associated serve as examples. When the School Staff and Hospital Staff are under separate heads it is frequently difficult for the Nursing Service to receive the benefits of the teaching experience of the Sister Tutors, and for the School to be kept up-to-date on the thousands of opportunities which Hospital Staff have and use, but which many people do not realise come under the heading of teaching.

When we discuss the preparation of *Graduate staff* for teaching, I wonder if we should not be discussing the preparation of *Nurse* for teaching, as in my opinion the Nurse's role as teacher begins with the probationer as she gives her first explanation to a patient or his family. We know that Nurses are depended upon to teach in various Units other than in the Wards—in the Theatre, OPD, X-ray, etc. The teaching done by Public Health Nurses needs no review as it is so universally acknowledged that that is one of the primary reasons for their existence. Frequently, little is said about the institutional nurse's role in teaching so I am spending time on this. Some thoughts have been jotted down:

The Preparation of the Nurse as a Teacher:

1. The need for P.T. Students to have practice teaching in the Classroom.
2. Practice teaching and role-playing should be continued throughout the Students' entire educational programme, increasing in scope at the end of the Second Year.
3. Conferences should be held by Ward and Departmental Sisters for the benefit of Third Year Students as a part of the educational programme so that former can offer constructive help to the students in improving their teaching techniques.
4. Key persons in the hospital graduate nursing staff should attend classes in Principles and Methods of Teaching, role-playing, the learning processes, so that they know how far the students have advanced, and how the School is teaching them to teach.
5. We should know how much

- exchange of staff there is between the School and the Nursing Service.
6. Are all Departmental Sisters responsible for the teaching in their fields, such as : does the Medical Supervisor do the teaching of Medical Nursing ; does the Theatre Supervisor teach Theatre Techniques, or is this done by the Nursing Arts Instructor, etc. ?
 7. If a Departmental Sister is part of the Nursing Service Programme, does she have the opportunity to transfer to the School to teach either Social Sciences or Nursing Arts, and does perhaps the Social Science Teacher ever take over the job of the OPD Supervisor ?
 8. How frequently are Post Graduate and Refresher Courses available to Nurses ?
 9. What are the criteria used in the selection of Nurses for Post Graduate training in teaching ?
 10. How much exchange is there between departments ? :
 - (a) Does a Medical Supervisor ever have the opportunity for a year or so to become the Psychiatric Supervisor, or the Departmental Supervisor in a Communicable Disease Section ?
 - (b) Do the Surgical Supervisor and Theatre Supervisor exchange assignments for even a six months period so that they learn new approaches to teaching in the various phases of Surgery ?
 11. What opportunities and facilities are given the P.G. Student on the completion of the Post Graduate Training ? How soon and how much of her new knowledge is put into practice?
 12. When P. T. candidates are selected, if preference were given to young women with teacher training, would the Nursing Profession be more aware of the teaching responsibilities of all nurses ?
 13. If teacher training begins in the P.T. period and continues throughout the whole Student-programme, how much time can be devoted to this ? Is it possible in our present programme, and if so, when could our Nursing Schools begin to fit it into their programme ?
 14. How many Schools encourage or allow Student Nurses to sit in on Curriculum planning ? How many Schools encourage Students to contribute ideas for improving the curriculum, teaching methods, etc. so that when the Student presents suggestions in this she does not enumerate a list of complaints but is able to relate to her teachers.
 15. How often are Students asked to give their own evaluation of the educational programme and of their teachers ?
 16. If the nurse is convinced of her role as teacher from an early period and is encouraged to use all teaching opportunities throughout her professional career, would there be such great need for Post Graduate training, in teaching, or would Refresher Courses be more satisfactory ?
 17. In the selection of P.T. candidates can we, in some States where the age limit is 21, increase this to 25 or even 30 so as to encourage young women with Teacher Training and even experienced Teachers to enter the Nursing Profession ? In many countries in which I have served as a

Nurse I have noticed that the Ward Sister or Sister Tutor who was a Teacher prior to entering the Nursing School, continued her teaching interest throughout her entire Nursing career. We in Travancore-Cochin in our recent P.T. Student selection did not receive applications from young women with Teacher Training but since the age limit was increased to 23 at the selection of Midwifery Candidates, we saw a number of applicants who had Teacher Training and experience. This is something that we might consider everywhere in India if it is not already being done.

18. Are we training our Students to be Nurse-Teachers in Schools? If not, are we at least training them during their Public Health Nursing experience to teach School Teachers how to do Health Inspections on their pupils?
19. How valuable is a Post Graduate course if the Student has limited opportunity in practice teaching.
 - (a) What are the opportunities in actual experience?
 - (b) Does she do her practice teaching among her classmates or does she take over some of the teaching responsibilities in a School or hospital during her P.G. Course?
 - (c) If she takes a Post Graduate Course in Theatre Technique, how much of this is devoted to the teaching of Students and is she a skilled technician on her return, or is she a teacher who has learned some new methods in theatre operation and management?

20. In selecting P. T. candidates, how many of us enquire into the candidate's interests and hobbies, so that she can share her knowledge with others by serving as their teacher: sewing, spinning, weaving, typewriting, sports, gardening, etc.

Although one nurse's ability to teach another nurse sewing or weaving might at first thought seem to be unrelated to a nursing school's programme, how do we know that the student teacher and the student learner might not together initiate the first step in their hospital towards the development of an Occupational Therapy Department; or as Public Health Nurses they might not assist in starting or improving Cottage Industries in their District by the simple craft instruction they give to a hospital or home bound patient?

When we think of a Nurse's education we cannot think only of her professional education as given her by the School Faculty. The International Council of Nurses have said "the aim of a Nursing School is to select well-qualified applicants and to help them realise as fully as possible their potentialities as individuals and as Nurses to the end that they may give their best services to society, and at the same time achieve the greatest happiness and satisfaction in their own lives".

I believe that the Nursing School must call upon the Student Body to assist them in the development of the nurses as individuals. Sports and other forms of recreation, crafts, etc. can be taught by a few students when there is no member of the Faculty provided for this. We find, in Travancore, that some of our new P.T. students were able to teach cycling to students getting ready for their Public Health Nursing experience, others have taught badminton; some nurses who know how to swim have already expressed their interest in teaching the rest of the students.

Do we ever accept the volunteer or part-time services of a person outside of Nursing who can serve us as a teacher? Among students where English and Mathematics are faulty, do we provide special tutors who can also teach our Sister Tutors how to carry on in these subjects?

Is there even one lady in our community who is willing to teach sewing so that Students, Staff and Supervisors in Maternity and Public Health can teach the making of infants' and children's clothes in Mothers' Classes? Are there ladies in the community who can teach the making of toys and small articles which Nurses themselves can make to sell at Fancy Sales when they are raising monies for various purposes? This can also serve as occupational therapy for patients. It seems to me that we should encourage the members of our community to contribute their various skills in teaching and if we impress upon each student as we go along the teaching method used in each case, she will become very aware of herself as a teacher and take pride in it.

Do our students or staff nurses teach First Aid or Home Nursing Classes for the members of the Red Cross, YWCA and other Civic Organisations? How many of us have Intermediate-passed students with good scientific backgrounds in our Nursing Schools, and do we give them the opportunity to assist the demonstrator or lecturer in Classes in Chemistry and Physics? Do we give students the opportunity in their Third Year to assist the Nursing Arts Instructor not only in the Classroom but to teach certain techniques on the Wards? Do we assign the more advanced students in the Theatres to teach their juniors and do they take pride in this, or does it all have to be done by graduate staff?

When the Republic of Mexico some years ago recognized the need to make its citizens literate, its

slogan was "Every Man a Teacher". When a person learned to read and write he was bound to teach at least one other person and so whole villages became literate. In the Pioneer Health Centre at Peckham, London, the founders of the Centre did not employ teachers but suggested that each member take over the responsibility of teaching some skill to at least one other member; so there developed a group of people—men, women and children—whose lives became very much richer because of the interest of just the average citizen in passing on his knowledge to another. A visit to that Centre was a fascinating experience. There were some 40 Classes being taught by members to members—not one employed teacher in the place and yet it was as much a School as it was a Health Centre.

In planning teaching we must think of various methods and what we shall include in the preparation of all nurses for teaching. In preparing a nurse to be a teacher, are we giving her just subject matter to transfer to the student, or do we help her to understand that the learner *must not* play a passive role? There was a time that nurses were said to do things *to* patients, then they were said to do things *for* patients, now we are told "Nurses do things *with* patients". If it is true that we "do things with patients" then we must see ourselves in the role of teachers. When we notice any change in behaviour of a patient we believe that he has learned something from the hospital environment. We do not always know who his teacher was but in most cases it was the nurse who "did things with him".

Do nurses think of teaching as a routine job, or do they think of it as a splendid intellectual adventure? Do they entirely depend upon methods or techniques recommended by various training institutions and textbooks on teaching, or do they invest or create new methods of

teaching to meet the changing demands of a given learning situation? Nurses must have *imagination*—can they anticipate the mental processes of their students and patients? Can they think quickly in answering patients' questions and use the question method themselves to stimulate the thinking of the person they are teaching?

When a nurse is a teacher she is concerned with four processes. She must assess the need of the person whom she is teaching as well as her own needs as a teacher. She must arrange the situation so as to be conducive to learning; she must guide the learning activities and she must evaluate the results. In considering the preparation of nurses for teaching I am not talking in terms of Physical, Biological and Social Sciences only, as taught in the School by the Sister Tutors. In helping the student or any nurse who is thinking in terms of teaching, whether it be in a School or elsewhere, one must help her to understand certain teaching methods. These are familiar to the person who is already a recognized teacher but a student nurse must understand teaching methods as she is subject to them all; if she is aware of various methods she can better plan her own teaching programme, no matter how simple it be. Any nurse then will immediately recognize that she has been taught by the following methods:

1. Assignment.
2. Problem-solving projects, plans of Nursing Care, the Team, Nursing Care Studies, Individual Conferences, Home Care Studies, Family Studies, Clinics, etc.
3. She is very familiar with the lecture methods but might not recognize the socialized teaching methods: panel discussions, symposia, group discussions, etc.

4. Students now-a-days are familiar with audio-visual aides as most Nursing Schools have them in some form although the student might not know the term.

5. Most Nursing Schools also have some form of field experience although many times students do not realize that this is one of the methods of teaching.

5. In many cases excursions are held solely to teach observation to students.

We so often neglect to mention teaching by example. For some people this is the most meaningful form—it usually is painless to the learner! I am like my friend Dr. Watson—I learned more about Surgery from my first Head Nurse than in all the hours of classes, conference etc. the School provided me—she also taught me Ward Administration, Hospital Housekeeping, Professional Ethics, Medical Social Work and other things, but I am sure she would not have thought of herself as a teacher. I learned more about Human Relations from a Spanish Surgeon than at the University or the two Schools of Social Science I attended—through his example in his daily contacts with people; he was one of my best teachers but would be amazed were I to meet him today and refer to him as teacher.

All of this leads me to ask, should we be thinking entirely in terms of Post Graduate preparation for teaching or should we be concentrating a part of our energy on training every student to be a teacher?

In considering post graduate teacher training, our selection should be properly timed and the greatest care be given to selecting the right candidate. By timing I mean the student's readiness to benefit by study, the institution's acceptance of the

need of preparation for her return, the availability of the special teacher training courses that are geared to help her in the situation to which she will return, the availability of practice fields so that the teacher-trainee will have ample opportunity to put into practice the various teaching methods before she returns to her School or Institution, so that with confidence she can plan her work and execute it.

I have noted some points which I consider important in the selection of a candidate for Post Graduate training in teaching :

1. The Nurse must have demonstrated to the satisfaction of more than one person her interest in and enthusiasm for teaching for at least a year whether it be as a student or graduate.
2. Her capabilities for advance assignments.
3. Her leadership ability.
4. Her ability to meet the public and to get along with people in all strata of society.
5. Before we select the nurse we must have a total review of her past performance.
6. We must be sure of her expectations to remain in teaching for at least two years and be sure that on her return she is not placed in a situation where she has neither the facilities to teach nor the co-operation of the people around her.
7. We must ascertain from the nurse certain valid reasons for her wanting to have training in teaching. Many nurses when questioned as to why they want to undergo a certain type of post graduate training have one answer "I think I would like it". Nothing can shake them from this answer. Just because a nurse thinks

she would like to be a teacher, we know does not mean that she has the capabilities to become a good teacher.

8. We should ask the Nurse to state in her own words what signs of professional growth she believes she has demonstrated such as what scientific journals she reads, the contributions she has made to her school and/or institution in new ideas, her membership in Nursing Organizations, attendance and participation in Nurses' Meetings, the little projects she has instituted without being prodded, the contributions she has made to nursing in her area or in her State, the Civic Organizations to which she belongs and in which she is an active participating member ; how she interprets nursing to the public etc.

In situations where bondage up to 10 years is required for a one year training period, do we have the moral right to subject a nurse to this no matter how great our needs—how will this "servitude" affect her personality, outlook, future opportunities and her contributions to education? Does any one really serve effectively who is figuratively chained to the soil like a serf in feudal times? We in India think of our greatest teachers as men who moved about as they taught—from Buddha to Gandhiji. This is something about which we must be concerned when we discuss Post-Graduate preparation. We know what we are providing for the Nurse in good Teacher Training, but do we realise what we are taking away from her?

You will recall some points mentioned in this paper have brought out the acceptance of the close contact the Nurse has with the community—her awareness that the sluices of knowledge must be opened wide and

that we must see that the channels of learning spread in all directions beyond her own fields of endeavour. Knowledge belongs to every one and each one of us who has ever been taught anything that is useful to another member of society, has a moral obligation to pass that message on.

In preparing this paper I had three thoughts in mind. The importance of stressing the Students' need to be aware of her teaching responsibility from the time she starts her probationary period, so that when she graduates she will be so indoctrinated with the "Every Nurse a Teacher"

idea that she will not only use every teaching opportunity which presents itself, but always be looking for new opportunities to teach. I felt a brief review of teaching methods would be helpful for all of us. I have noted the ideas, questions and thoughts that have come to me in the past two years in relation to Post-Graduate training for any purpose but especially for the teaching programme. I am sure that none of this material is new to you. The preparation of this paper has been of enormous value to me personally since it has given me an opportunity to organize my thinking about the Nurse as a Teacher.

News from the States

Bihar :

New Office Bearers

Vice-President : Sister Crescentia
Membership Chairman :
Mr. Bernard Singh

Note to Members

A meeting was recently held to discuss Conference arrangements. To raise funds it was decided to hold a Flag Day on July 15 but members in other parts of Bihar may sell the flags during the week as best suited to them.

Design of Flag : Nurse holding the lamp.

The flag may be sold for 2 annas or used to collect larger donation. 20,000 Flags have been printed and members are requested to write to the Branch Secretary : Miss S. Joseph, P. M. C. Hospital, Patna, for supplies.

To make the Conference a success, your help and co-operation is needed.

M. CHACKO,
President, Bihar State Branch.

Andhra :

Change of Presidents

Owing to the transfer of Miss S. Kunjumman to Madras, it was necessary to call for nominations for the President.

Elected : Mrs. Naomi Bhadrappa of King George Hospital, Vizagapatam.

Notice to Travancore-Cochin Members

Owing to misinformation regarding nomination of office bearers for the Travancore-Cochin State Branch, members may make further nominations for the various offices.

Please refer to April Journal, Page 162 for list.

Please note. TNAI Members living in any part of Travancore-Cochin are eligible for nomination. Officers need not be residents of Trivandrum.

Nominations must be sent to the Returning Officer not later than July 20.

Returning Officer : Miss C.F. Boyko
Public Health Nurse. WHO
House, Pattom, Trivandrum.