

WARD TEACHING PROGRAMME

Introduction

It is a great pleasure for me to write an article on this subject, which I have introduced to the hospital after taking the post graduate course.

I am very thankful to the teachers who gave us proper teaching on this subject and even the practical application of it. We Sister Tutors are made quite aware of the fact that this is one of the brighter aspect of our modern professional nursing.

I have written this article with the help of my notes and the programme is arranged because of the co-operation and welcome from Marton, Ward-Sisters, Staff-Nurses and Student Nurses. They all have appreciated the value of it and I am sure it will progress very well in this institution.

I have arranged this programme into headings and is given a schedule like form.

Ward-Teaching

The aims of Ward Teaching are as follows :—

1. To improve the student's ability to solve nursing problems by detailed study and analysis of nursing situations.
2. To realise the need for understanding each patient as an individual in order to appreciate his problems and outlook.
3. To be aware of the significance of the preventive aspects of nursing and to increase her interest in, and sense of, responsibility for health teaching.
4. To be able to recognise opportunities for health teaching in the hospital, as well as in the clinic and in the home.
5. To become familiar with the work of other agencies also interested in her patient's problems.

6. To learn to collect information about the patient with tact and skill.

7. To record nursing observation in an organised systematic way.

8. To be able to work out a nursing plan to fit the needs of the individual patient on the basis of his special problems.

9. To become familiar with professional literature which has special bearing on nursing situations.

These studies must be made on the wards where students can watch their patient's reactions and record them promptly ; supervision must be done by some one who knows intimately both student and patient. The ward sister is responsible for these studies.

The success of this project depends upon the instructions and the guidance the student receives. With this help as a foundation, the student begins to make case studies in each department where she receives clinical experience.

Supervision :—The supervision of these nursing care studies offers excellent opportunities for both individual and group conferences. Thus all may benefit by the investigations of each other, and may be prevented from making errors in future studies.

Out-Lines

Headings.

1. Case presentations.
2. Signs, symptoms and treatment.
3. Nursing care.
4. Health teaching.

I. CASE PRESENTATION

(a) Patient :—

Name,
Ward No., Bed No.

Address, Residence.

Date of admission.

Time of admission.

Date of discharge.

1. Age.
2. Single—Married—Widow—Divorced.
3. Nationality.
4. Religion.
5. Number of members in the family group and the patient's position in it.
6. Education of the patient and his family in general.

7. Occupation—Does it effect physical condition in any way? Will patient's physical condition in the future prevent or limit him from continuing in his accustomed occupation? If patient is a housewife, note whether her daily duties will be affected by her physical condition.

8. Family responsibilities and apparent problems due to illness.

9. Home environment, standard of living, health and mental attitudes.

(b) *Introduction* :—The introductory paragraph should include a general descriptive statement of the patient as well as including the student's reason for selecting the patient for special study.

(c) *Social back ground and present status by* :—

1. Observation of the patient, his relatives and friends.
2. She should listen to what the patient has to say, rather than rely on the detailed written history.
3. Only factors which seem to have some bearings on the present condition or prognosis should be included.
4. The students are warned against obtained information in such a way that it is embarrassing to the patient or his family.
5. When in doubt, consult the Ward Sister.
6. She is also advised to collect what information is available from the patient's

record such as his age, civil status and so forth, so that she may avoid asking him unnecessary questions.

II. SIGNS, SYMPTOMS, TREATMENT.

1. Past medical and health history, previous hospital or clinical admission. Stated simply and in own words.

2. Present illness including onset, duration, complications and treatment before admission.

Symptoms :—under score those which have been observed by student and note changes during this period of intensive study.

1. Physical examination and Laboratory findings :—present briefly and explain significance of deviation from the normal in all items included.

2. Note changes in the diagnosis resulting from examinations, and prognosis.

Treatment :—therapeutic treatment according to the type of disease i.e. surgical or medical, infections etc.

This is the most important section of the study and is based mainly on the student's own observation made over the period that she has been studying the patient. The nurse's responsibility in preparation for, and assisting with all medical treatments should be described.

(i) Medications, treatments should be presented as well as results expected and those obtained.

(ii) Treatments performed by the doctor with which the nurse assisted. The reason for each treatment and the reactions of the patient should be described.

III. NURSING CARE.

This is of the utmost importance in consideration with the individual nursing care.

The nurse should include :—

- (a) The immediate nursing care.
- (b) The routine nursing care.
- (c) The special nursing care.

But stress should be laid on :—

1. Diet.
2. Any problems relating to the patients adjustment to the hospital environment should be given as well as their attempted solution.
3. Nursing care given for the relief of symptoms and the results obtained.
4. Describe any problems which arose in carrying out nursing procedures.
5. Present the nurses' daily observation and note reasons for any sudden changes.
6. Note any aspects of the patient's personality which helped or hindered the nursing situation.

IV. HEALTH TEACHING.

Should be in the form of conversation with the patient and the family members.

If possible, the problems should be noted down first and then the student should find the solution for the said problems which arise during the course of illness at the hospital, and after the discharge of the patient. In this section the student should describe any ways that she attempted to teach health and the prevention of disease to the patient or his family group. She may include any observations which she has made about his attitude to, and interest in, health and the prevention of disease. Any sanitary or hygienic measures which may contribute to the prevention or spread of his disease should be presented.

1. Describe the needs observed for instructions in matters of health and personal hygiene.
2. If the disease or physical condition necessitated special instructions for the patient's daily routine, describe these in detail.
3. Explain the preparation of the patient for discharge and include any special directions, diet, rest, activity etc.
4. What future medical treatment or observation has been prescribed? Will

the patient be able physically and intelligently to carry out these instructions?

5. Describe any changes recommended in the patient's home, occupation or general mode of life.
6. Describe the patient's reaction to, and interest in, all health teaching. Describe results obtained from health teaching, and present any evidence you have that the patient is likely to follow the instructions given when he returns home.

Sources :—(1) Patient. (2) Relatives and friends. (3) Professional workers inside or outside the hospital or clinic. (4) Patient's record. (5) Social Service Exchange. (6) Books, Magazines, Text Books, Journals containing nursing care study.

V. CONFERENCES.

(A) 1. Individual with the Sister Tutor and the student nurse on her subject, twice before her performance.

2. With the Ward Sister :—

- (i) Surgical Ward Sister for the surgical ward teaching programme.
- (ii) Medical Ward Sister for the medical ward teaching programme.

(B). Group Conferences.

At the end of every two months to evaluate the programme.

VI. TIME AND DATE.

Surgical Ward : 1st three days of the week.

Medical Ward : The remaining 3 days of the week.

Time. 15 minutes in each ward.

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NOTE. Members interested in the G.T. Hospital Schedule, please write to the General Secretary, T.N.A.I., 28 Alipore Road, Delhi-8.

Editor.