

than I had done before. In the nature of things, however, as I was not under training, I did not attend the lectures for student nurses and by the end of the week I had begun to feel that if I did not get explanations of things that were happening I simply could not continue to work. Without a background of scientifically planned lectures, work in a hospital seemed an endless succession of unrelated details, extraordinarily unsatisfying to the mind. I believe that any other educated woman would have felt the same. If nursing is to attract the present student type it must provide a training full enough and scientific enough for an educated girl to find satisfaction in it.

It seems, therefore, that the type of woman needed in modern Indian hospitals will only be obtained if much greater demands are made upon her intelligence, and far fewer upon her private life. Perhaps one other thing is necessary, it must be made clear to the student nurse that when she is qualified she will be considered the equal in every

respect of the woman with European qualifications. That is a *sine qua non* in a University College, and it is certainly so already in the best hospitals. In the hospital I know well, the English Nursing superintendent and the Indian sisters share a wing of the Nurses' Home, live together and mess together. That I think, contributes very largely to the happiness and singleness of aim of the whole staff, and it is what all educated woman would hope to achieve. But it does not seem to be universal in all hospitals, even in mission hospitals. Without that sense of friendliness and equality, I do not think the best women will be attracted to the profession.

I am conscious that I have written critically, and that much of what I have said may be wrong. But at least I write as one who believes nursing to be among the most valuable and absorbing jobs in the world, and as one who passionately wishes to send her best students into it.

### Some Methods of Teaching in Schools of Nursing

by Miss M. Craig, B.Sc., M.A., R.N.

It is not surprising that nursing education has seen many changes in latter years. The pressure of a rapidly increasing volume of medical knowledge, of many new and complicated techniques, the philosophy of preventive medicine, have all made their demands upon it. Perhaps the vastness of the change that has taken place is best seen in the earnestness with which we try to give our students to-day a nursing education, rather than nurses' training. We lay great stress upon the real understanding of the fundamental principles underlying our work. As much effort as ever is put upon the development of skills, but because of the rapidly changing circumstances under which nurses work it is essential that their preparation go beyond a mere training. We endeavour to give an education which develops the head, the hands and the heart, all three.

Discipline and training are associated with exercise, drill and obedience to orders, rules and regulations. Education is a much larger conception than training. Training is a necessary part of education

but if there is too much drill on habits and skills and too little emphasis on thinking, the growth of the individual will be limited and also his powers of adjusting to new demands. The person who is bound by habit may go on functioning automatically, but growth soon ceases and with it the ability to acquire new ideas and new habits.

In a profession like nursing, where life and death and human happiness depend so much on the resourcefulness and understanding of the nurse, something more is needed than a machine-like impersonal efficiency. The best nurses understand what they are doing, are able to use their heads as well as their hands, adapt their methods to suit different patients and situations, keep alive their wide human and social interests, discipline themselves, and retain throughout their professional lives their own individuality. Such nurses are not only able to carry out directions intelligently but they can work on their own initiative and assume responsibility when necessary. In other words, they are educated and not merely

trained. (The Educational Program of the School of Nursing by Isabel M. Stewart, pages 16, 17.)

We strain our every resource to put this education on a professional level. And all this demands that we use the most efficient methods of teaching possible.

#### Criterion of a Good Method.

What is it we look for in a method of teaching? By what criterion do we make our choice?

In the first place, it must be method in harmony with our philosophy of education. It must bring about the results in the student which we wish to bring about. A very wise teacher said to me one day, "You know, teaching and learning are like buying and selling." I looked at her, I fear, in a rather stupid way and asked, "What do you mean?" "Just this," she answered, "A salesman may work hard all week to sell his wares. But if no one buys he comes home Saturday night and reports to his wife, 'No sale'. It is the same with teaching. Unless something has been learnt we have no right to say it has been taught. Yet many nurse instructors claim to have taught things which the class has not learnt, simply because they have expended time and energy trying to teach it." A good method is one which gets the desired results.

Secondly, a good teaching method is one which is suited to the material to be taught. Not all good methods are good for all subjects, and different parts of the same course lend themselves best to different methods of teaching.

Thirdly, "a good method of teaching keeps the objectives" and aims of the course clearly before the pupils. Learning is a conscious, active and purposive process. If we wish the student to to reach a certain goal, we must be sure she sees it clearly. A few years ago aims, if they were stated at all, were exclusive guide-posts for the teacher. Only she knew where the class was going. In Napoleonic fashion, the teacher led her group into what was for them the 'great unknown'." (Ruth Sleeper, R.N. Teaching Methods New and Old, Amer. Jour. of Nursing, May 1937, Pg. 523). To-day we realize the importance of the student understanding

the aim if she is to take the necessary part in learning.

Fourthly, a good method is economical. It uses teacher and student time and effort to the best possible advantage.

**Methods.** Let us consider now some of the methods which have become popular in recent years in an effort to meet the demands of these criteria. I am discussing only those I find most practical for India:

1. **Problem Discussions.** Instead of prosaic recitation with its rapid fire of question and answer, the problem discussions have come into vogue. It is a well-known psychological fact that mental energy is released when the mind is confronted with a problem. To release this extra energy in creative thinking done by the class in an effort to use the facts studied in the assignment to solve some problem faced in a life-like nursing situation, is the aim of the teacher. That such thinking and discussion is of more value to the student than parrot-like repetition of memorized portions of the text is obvious. When satisfactorily done in the final cumulation of ideas by the group discussion, most of the students are carried beyond their own individual efforts by the combined power of the group thought. It seems much easier for young India to memorize than to think, but facts are little use to a nurse if she cannot apply them, and I have found this method to bear rich fruit in helping to make the application of theory to intelligent nursing procedure.

2. **Reporting.** We have found our class work greatly enriched by the use of reporting. Any textbook, no matter how good it is, is limited by size. Our knowledge of nursing would be anemic indeed if we were confined to one book only. The richness and zest which comes from wide reading can well be brought to a class by reports on various aspects of the subject in hand by different members of the class. At first teacher guidance is necessary to make the reports of value. She must help in the selection of reading assignments and the emphasis to be given various aspects

of the report. At first she may find it wise to have conferences with students giving reports before class time is spent upon them. As the class learns the use of reference books and periodical literature they can be allowed more and more freedom.

3. **The Symposium.** I hesitate to mention the symposium because I fear it will seem to you too time-consuming and impractical for you to use. And yet it is typical of one of the strongest trends in nursing education to-day—the trend toward integration. If any subject we teach is to be of the greatest value to the student it must be seen in relation to other subjects and fitted into life situations. A symposium is the presentation of the various aspects of a subject by a group of experts. It takes careful planning and co-ordination. Suppose the class has reached the place in medical nursing where they are to study diabetes. The doctor may open the subject with a lecture on the occurrence, etiology, clinical picture, treatment, complications, and prognosis of the disease. The next class will be dietotherapy and diabetic diets will be studied. This will be followed by a materia medica class where insulin is studied. Then comes a nursing class where all knowledge so far gained is integrated and the signs, symptoms, complications, and treatment, including diet, are discussed. With this as a background the class now works out the nursing care in diabetes. This is perhaps the climax of the symposium. Let stress be to the nursing care. We are nurses and we are teaching nurses. Let us always give the greatest importance to this phase of all our teaching. The next class hour may be given to reports by members of the class on typical cases of diabetes for whom they are caring. This can serve as a good review and a means of bringing all the theory to bear on real nursing situations. If more than one member of the class are nursing a diabetic they may divide up the report, each taking certain aspects.

4. **Lecture Demonstration.** This is perhaps the favourite method in nursing

arts and has been for years. Few schools of nursing would care to get along without a "Lady Chase" for demonstration and practice. The service she renders teacher, student and patient is beyond my power to estimate. The lecture demonstration is a combination of talking and showing which insures that the students sees what you want her to see and understands what she sees. There is almost no limit to the use a clever teacher can make of this method. All kinds of visual aids are available to-day—slides, models, charts. The advertisements we see are tantalizing and our flat pocketbooks aggravating. But it is not always the most expensive demonstration that is the best. To my mind the cleverest demonstration I have ever heard rose out of a felt need which worried a young teacher. She noticed that no matter how hard she tried, she never succeeded in impressing her class with the necessity of expelling the air from the enema tip. She explained, she quizzed, she scolded, but on the wards she saw nurses neglect this detail. When the next class came along she got a laboratory animal, removed the intestine, suspended it in warm normal saline. The class watched the gentle parastolic movement. She injected warm glucose solution; she injected soap suds solution. They watched with interest. She injected a syringe full of air. The intestine rebelled by going into a violent convulsive spasm. Her point was made. She watched carefully to see if any of the class forgot to expel the air from an enema tip on the words. Not one did, nor do I think they ever will as long as they nurse.

5. **Ward Teaching.** In the early days of nursing history there is little doubt ours was an apprentice trade. The new nurse-to-be went to the bedside and learnt what she learnt in the school of experience and as an apprentice to the older nurses on the job. There is no doubt some of the results were excellent nurses. But times changed and classes were begun and increased until ward teaching was almost dropped in some schools. In recent years the pendulum has been swinging back again and a good ward teaching program has been consi-

dered an essential part of every school. Its purpose is :

- (1) To supplement, integrate and vitalize classroom instruction.
- (2) To help the student make correct applications of scientific principles basic to particular nursing activities.
- (3) To enable the student to gain real understanding of individual differences. (Sister M.L. Kegal: A Ward Teaching Program. Am. Jour. of Nursing, July 1938)

There may be many parts to a good ward teaching program: morning circles, clinics or rounds, conferences, nursing care studies and demonstrations. Much of the program should be planned. Some of it may be impromptu, taking advantage of teaching opportunities which come unexpectedly.

The morning circle requires definite

preparation. The subject taken should be one of vital importance to the ward work. It is usually presented by the floor supervisor or the sister. The time taken should not be more than ten or fifteen minutes.

The bedside clinic is an old friend of us all. The main difference in the new fashioned method is that every patient is treated not as a wholly medical or wholly surgical case but as having both medical and surgical aspects. In the classroom to-day the combined medical and surgical course is producing good results. The same organization of material has been carried over to the ward clinic. The medical and surgical aspects of the case being studied are presented by doctors and the nursing care is presented by a nurse. As the clinic breaks up it is not unusual to hear some nurse say, "Well, I'll never forget that now." Let us hope they will not.

### In Days Like These Be Careful !

The war has turned the world into a strange place. Many people have been rooted up and sent miles away from their homes and all the old familiar routine ways of life have for the time been changed. In many places the world is crowded with men and few women. In other places there are many more women than men. All this is abnormal, yet it is the demand the war has put upon the world. But it does lead to problems. Many young people are lonely, and crave the fellowship of the other sex. Many friendships spring up that would not exist under normal conditions. Like all other groups of young people, student nurses and young graduates are apt to be drawn into relationships which may later be the cause of great suffering to themselves and others. The attention of Matrons, Home sisters, and of young nurses themselves is called to the following warning issued by a Catholic Bishop. No one should understand better than a nurse the physiological and psychological dangers of playing with sex.

"The authorities of the American Expeditionary Force have issued a joint warning to Ulster girls, 'Don't marry U.S. Soldiers.' The warning was read in all churches in Northern Ireland and chaplains passed it on to the soldiers. Girls are to

be warned that marriage with American soldiers does not confer U.S. citizenship and they will not receive any separation allowance.

"The same question has arisen in Australia. 'We don't want our soldiers to undertake the responsibility of family life at this time', declares the chief of Chaplains of the U.S. Army (Major J.E. Kinney) Besides, wartime marriages detract from the efficiency of the soldier. At present an American soldier can guarantee his Australian wife nothing. He does not even know where he is going from day to day. The view point of the U.S. Army on the marriage question is:—The main job of the soldier is to try to win the war. In discouraging the marriage of U. S. Soldiers to Australian girls the Army is trying to protect immature young people.

"These warnings may be repeated to our girls in India. Let them realize, and it is a grave duty of their parents to instruct them in this regard, that the British, American, and Australian soldiers have not come to India to marry, but to fight: that they run the greatest risk of binding themselves for ever to those whose antecedents are not known from sources other than the soldiers themselves, and that most men are able to put on lamb-skin in order to attract a girl. If our