

have so few. We need to keep in much closer touch with each other, and it is rather sad to find that the very articles we need so badly are often sent to English and American papers.

We should also like to follow the example of the *American Journal of Nursing* and print articles upon different diseases in groups of two, one by a doctor or surgeon giving the medical or surgical treatment, followed by one by a nurse giving the nursing procedures.

At the end of 1940 there was a drop in the number of advertisers. This gave me much anxiety, as hitherto the number had been speedily rising and I had begun to hope the JOURNAL would soon so far pay for itself, that we could afford to print illustrations, which would be a great improvement. I am glad to say, however, that again, because of the War, new advertisers are coming forward, and for the month of February fourteen and a quarter pages have been taken.

D. HARTLEY

PRELIMINARY TRAINING SCHOOLS

By MISS TOLLITT, Matron, Lady Hardinge Hospital, Delhi

This evening we want to talk about Preliminary Training Schools. Please do not think that I am upon this platform to give you a lecture. Far from it. I want you all to join in the discussion, so that we can pool our experiences and ideas. So perhaps the result will be that it is *you* who will give me a lecture.

Let us start getting down to fundamentals. At present, all Preliminary Training Schools are attached to hospitals. Now a hospital is a place in which the sick are treated and nursed; that is the only function of a hospital—the cure and care of the sick.

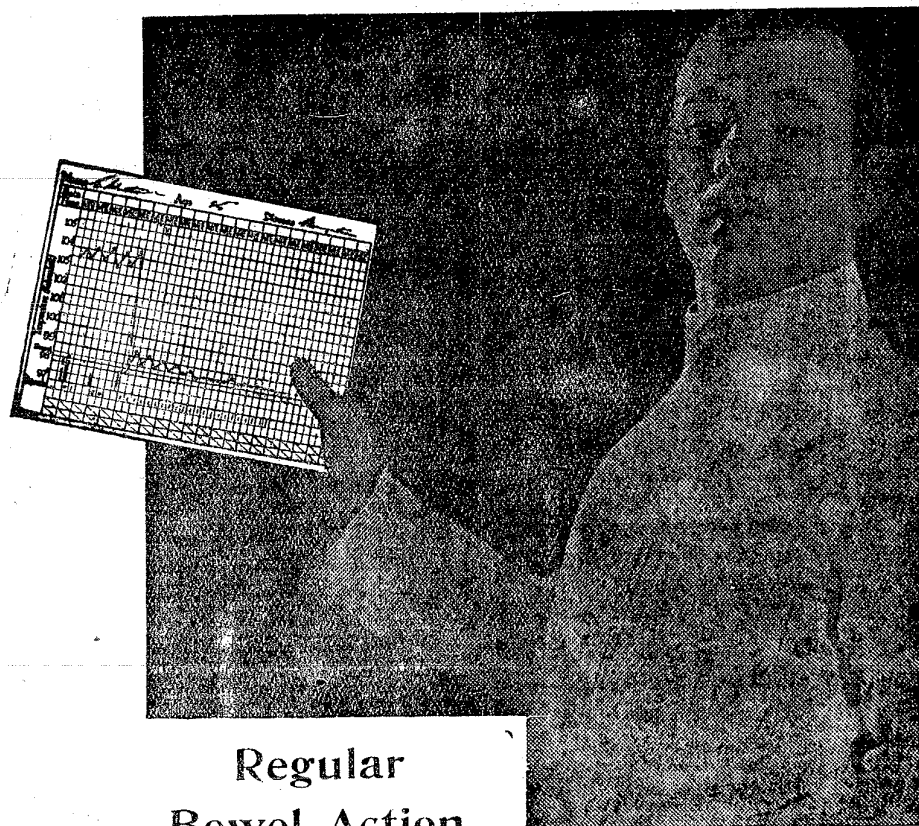
But some of our large hospitals have nursing and medical schools attached to them, and this necessitates a large amount of administration and much teaching, all going on side by side with the cure and care of the sick.

I think that the main question that faces us this evening is: *Are Preliminary Training Schools necessary?* Some hospitals have them, some have not. *Are they necessary or not?*

We, as members of the Trained Nurses' Association of India, have to give a lead on these big nursing questions, as what we say and decide in these conferences, and what may get printed for others to read, definitely carries weight. The Trained Nurses' Association of India is the mouthpiece of the nurses of India. Then what are we going to decide about Preliminary Training Schools?

I have heard it said that Preliminary Training Schools are a waste of money and unnecessary, or, at any rate, the money they cost could be used to better advantage. Are we going to let such a statement pass unchallenged? Are the Preliminary Training Schools worth all the money, thought and organization spent upon them, or can we do just as well without them?

There is no half-way house to hedge around: our answer has definitely to be Yes or No. I would like to hear the views of



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many of you here tonight, for there is no doubt that a Preliminary Training School costs money, for equipment, premises and a Sister Tutor. Is all this worth while?

If it is worth while, who benefits from it? Do the sick patients (for whom the hospital exists) benefit from Preliminary Training Schools? This should be our first consideration.

If you were the sick patient in hospital, would you like to have your bed made by a nurse who had only put on her uniform the day before and who had never touched draw sheet and mackintosh before? or would you prefer to be handled by a nurse who had already had a systematic training for several weeks under the eye of a competent trained teacher, and who had already practised making every kind of hospital bed? Even though it may be her very first day in the wards, which nurse is going to make you the more comfortable?

The answer is so obvious that it does not need to be stressed. With all the goodwill in the world, and even with great kindness of heart, and a definite vocational instinct, the raw probationer cannot possibly be expected to be as expert as the nurse with her Preliminary School Training behind her. Therefore the patient definitely benefits, not only in bedmaking, but in the hundred-and-one odd duties that a young nurse has to perform.

But what about the young nurse herself? Is a Preliminary Training School of any benefit to her? or is it merely a piece of routine that she has got to endure before she can be admitted to the serious work of nursing the sick, and so fulfil her desire?

Ask any young nurse what she thinks of her Preliminary Training School, and if it was worth while, and the answer will come back in a hearty affirmative. Undoubtedly the nurses realise the value of a Preliminary Training School, even if those responsible for the finance of the hospital do not.

I can speak from personal experience, as I started my training, many years ago, in a large well-known provincial hospital but without a Preliminary Training School.

I believe it was a Friday evening that I arrived at the Nurses Home, and, with no word of instruction, by seven the next morning I was part of the staff of No. 12 ward, and with definite duties to perform, each a very necessary part of that ward's daily routine. I, who had never even seen a bedpan before, or a food trolley, or a stretcher, suddenly found I was responsible for all these duties, and many others, to be finished by 10 a.m. before the doctors came for their morning rounds. The result, of course, was chaos and muddle. The doctors arrived when the patients were still sipping their milk, the sterilizer was neither clean nor boiling, and I doubt if there was a single correct specimen awaiting their inspection. The Sister and staff nurse had done their best to help me, but they had their own duties to perform, and almost no time to teach a new nurse the correct methods of performing her duties. It was impossible for them. Consequently everyone in the ward suffered every time a new nurse came; including the

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patient who had to be "practised upon". *But without a Preliminary Training School, there is no alternative.*

Luckily, a severe attack of influenza released me from that hospital, and later I tried again, in a hospital where a well-run Preliminary Training School already existed. This time, our first week in the wards was a joy to us, as a fulfilment of all our Preliminary Training School studies, not a nightmare, as previously, in my case. From the day we entered the hospital wards, we were of some real use and would carry out simple orders correctly. We had also been trained in the ethics and etiquette of that hospital, so did not make the terrible blunders common to a raw probationer.

Think again from a purely financial point of view. Each probationer who comes and starts her training, and then leaves the hospital, has cost the hospital far more than she could possibly give in return. Probationer nurses are not the 'cheap labour' so often talked about, but expensive items, and there is a leakage of many nurses during the first year of their hospital training. Now, in a Preliminary Training School the unpromising candidates can be quickly weeded out, with very little expense to the hospital, and before they have become a burden to themselves and to the Ward Sisters. That is a businesslike view of it.

There is another side, too, purely from the nurse's point of view. Probationers are now taken into hospitals far younger than ten years ago. To be thrust into a hospital ward, amongst ill and dying patients, to have to sort out stained linen, and to see sights unknown to her before, is a very great strain upon a girl's psychological make up, and many a good embryo nurse is lost to the profession in this way. They leave because they cannot stand so much all at once.

But to be 'let down gently' and to be shown things by a sympathetic Sister Tutor who will explain the need for all the various unpleasant duties required of a nurse, gives the young nurse quite a different outlook, and instead of being frightened away from the sick, she is enabled to face these difficult tasks. Parents who know that a hospital possesses a Preliminary Training School where their girls are carefully handled or gradually taught their and given a chance to test their vocation, are willing to send their girls for training; whereas, where no Preliminary Training School exists and the young girls are thrust unarmed into the rush of a busy hospital, having had no previous training or care, how often these same parents will refuse even to allow their girls to try out a nurse's training! This applies particularly to India. There is no lack of suitable well-educated candidates from the better classes; my own office drawers bulge with applications; but only because they know that where there is a Preliminary Training School their girls will be sympathetically handled and safely cared for in their home life. The young educated womanhood of India is awake and alive to the urgent call for trained nurses, but will come forward for training only if, and where, a systematic training school for nurses exists. This is where Preliminary Training Schools can play so large a part in improving the standard of nursing in India.

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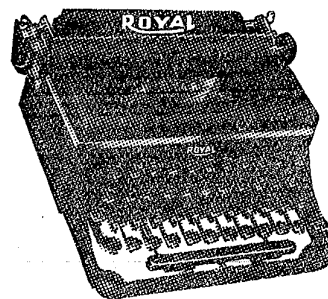
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Now what can we do to help those smaller hospitals which agree that it is the wisest course to put their prospective candidates through a Preliminary Training School and yet have no suitable accommodation for the necessary classrooms and no trained Sister Tutor to teach them? It is no good preaching unless we can practise too. Those of you who come from the large hospitals, where Preliminary Training Schools are already in existence, do you think we could possibly help these smaller hospitals?

This is an urgent matter to consider and debate upon. Suppose we offer to enlarge our present Preliminary Training School, and take in prospective candidates for other hospitals, as well as our own, and train them all together, do you think it would be a help or a hindrance? There will be much to consider: extra accommodation, more equipment, a standardised curriculum, and the financial side of the question.

But it could be done, I am sure of it, and it ought to be done, too, by all the leading hospitals, to help the smaller ones. The curriculum of any nursing school must inevitably be based on the syllabus of the examining board of that district, so each district could have its own Preliminary Training School or Schools attached to the large hospitals, and the candidates for all the surrounding hospitals could be trained in batches and then sent out to their own recruiting hospitals to try out their practical work. The examination should be the same for all: the preliminary teaching can be the same for all, and standardised syllabuses in use by all.

If it is necessary to supply the world, every country and corner of the world, with a sufficient number of capable trained nurses, then it is also necessary to train them well from the very foundation of their training, which is the Preliminary Training School, the rock bottom of the very essential profession of nurses.

Now, we have no time to waste; are we in favour of Preliminary Training Schools, or not?—Hands up! If so, we must admit that there are many hospitals in existence where no Preliminary Training Schools exist. Shall we fight for them? Are we all willing to put ourselves into a unit, and help them? Are there any hospitals without Preliminary Training Schools who have representatives here in this room tonight who would be willing to send their prospective candidates into a Preliminary Training School belonging to a bigger hospital?

It will have to be a case of give and take, e.g., if I take candidates into my own Preliminary Training School, then the hospital sending them must arrange to pay a fee for board and lodging, while I undertake in return that the candidates shall be trained sufficiently well to pass their Preliminary State Examinations later on.

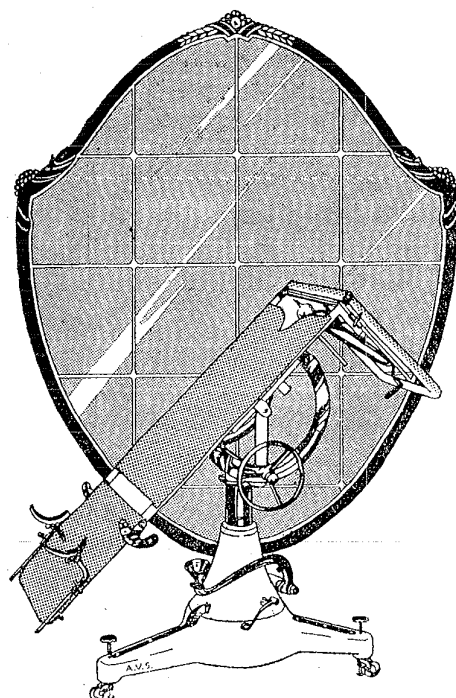
How long ought each class of Preliminary Training School students to train? For two or three months? The candidates must all have a similar educational background, as obviously the one with a School Leaving Certificate or Matriculation Certificate will be able to grasp new material without difficulty and confusion, whereas a Junior Cambridge candidate will need more detailed teaching.

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We shall have to draw up a minimum number of lectures required in each subject, but practical experience has already taught me that all teachers give many more than the minimum asked for. All subjects will be taught. Revision Classes would be given to the candidates by their own hospitals before the examinations, but all the groundwork would be done in the *Preliminary Training School*.

EMPLOYMENT BUREAU

Members are asked to kindly remember that JOURNALS are only published monthly and that all subject matter must be sent to the printers one month in advance. Therefore if the best use is to be made of the Bureau, it is better to write to the Business Manager, Keswick, Coonoor, rather than to rely upon advertisements. The charges made for non-members are a booking fee of Rs.3 and Rs.2, when either a suitable candidate, or a post has been found, but members are only asked to pay Rs.1-8-0 and Re.1 respectively. Special forms may be had from the Office.

Male Nurses. There are several well-trained and experienced Male Nurses on our books, who urgently need good posts. Members are asked to help them. Several have lost their posts through the closing of the Danish Missions.

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Post Required. Nurse Midwife, Bombay Presidency, requires Staff Nurse's post in Training School or Nursing Home. Apply Business Manager, Keswick, Coonoor.

Required. Indian Trained Nurse, (Tamil), married, for Mission Dispensary, Kolli Hills. Apply Superintendent, Vazhavanthi, Namakkal.

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