

## PRACTICAL OBJECTIVES IN NURSING EDUCATION

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**WHAT the Outline Is For.**—In all branches of education people are beginning to question traditional courses of study and to demand that we get back to the concrete practical things for which the system of education is designed to prepare and that we build up our courses of study on this foundation. Such an inventory seems to be particularly needed in nursing education since there is ample evidence that many people are confused and uncertain about the kinds of duties and responsibilities which the nurse of today is expected to undertake. Until we can arrive at some clear understanding on these fundamentals, we are not prepared to say whether any course of study for nurses is adequate or inadequate, good or bad.

Another reason for a clear and definite statement of our practical objectives is that we all may understand exactly what we are committed to when we undertake the education of student nurses. This would seem to be almost as important for the trustees, officers and medical staff of the hospital which conducts a nursing school, as for the nursing staff which is more directly responsible for the management of the school and for the teaching and supervision of the student nurses. Whatever the main objectives agreed upon, they should be clearly and definitely stated and the work of the school should be periodically checked up to see how far they are being realized. It would seem to be desirable, moreover, that student nurses themselves should know what is expected of them so that they may focus their energies on specific accomplishments and be able to estimate their own progress toward the goal in view.

The outline of objectives which follows is a tentative one and is submitted as a basis for criticism and discussion. It is hoped that members and local branches of the National League of Nursing Education will make a special point of discussing the outline and reporting their suggestions. The Education Committee is also anxious to have the criticism of private nurses, public health nurses, institutional nurses and those in other fields. Medical men and women are invited to express their opinions, as well as trustees and managers of hospitals. It would be helpful also to have the opinion of thoughtful patients and of public-spirited citizens who are interested in nursing education. The only request is that the criticisms be specific, that they relate to definite parts of the outline and that they state the grounds on which changes are suggested. \*

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## PRELIMINARY SPECIFICATIONS AND DEFINITIONS

1. The main object of the nurse's work is to help to bring a fuller, happier and more useful life to all, through the active promotion of health and through prevention of disease and suffering.

2. The nurse's service is both a *personal* and a *community* service. Her duties and responsibilities may be roughly grouped according as they relate to (a) the *patient*, (b) the *hospital and school of nursing*, (c) the *physician and the medical profession*, (d) the *household and friends of the patient*, (e) *community with its social and health agencies*, (f) the *nursing profession*, (g) the *nurse herself*.

3. The content of nursing education must be based on the *actual duties and responsibilities* which the average nurse is expected to carry at the *present time* in the practice of her profession.

4. Duties and responsibilities listed in this outline are intended to be basic—that is *common to the rank and file of student and graduate nurses and not peculiar to any special field or any section of the country*.

5. All students in nursing schools would be expected (a) to learn *how to perform these services*, outlined below, *in such a way as to get the best results*, (b) to know the principles underlying such procedures and to be able to make necessary adjustments to varying conditions and types of patients, (c) to reach a fairly high degree of expertness in all these procedures (with the exception probably of the more unusual ones where practice is difficult to secure), (d) to have enough foundation in knowledge and skill to serve as a basis for future growth and for possible specialization.

6. Nurses would be expected to care for the *widest variety of human beings*, (a) in all conditions of health and disease from the normal to the seriously ill, (b) through all stages of disease, incipient, acute, chronic, or convalescent, (c) suffering from all the more common diseases classified under:

1. Medicine (including communicable, skin and nervous diseases)
  2. Surgery (including gynecology and orthopedics)
  3. Obstetrics
  4. Pediatrics
  5. Special, such as eye, ear, nose and throat
- (d) including both sexes, at all ages from premature infancy to advanced age, (e) including those in all social groups, without regard for race, color, education, social status or economic status, (f) including many abnormal social and psychological types.

7. Nurses must be prepared to work in all kinds of places and under practically all kinds of conditions, (a) in hospitals, hotels, homes, tenements, factories, schools, camps, etc., (b) in city or rural districts (often isolated), (c) in all sections of their own country and sometimes in other countries, (d) under normal or emergency conditions, such as war, epidemics, etc.

## SPECIFIC DUTIES AND RESPONSIBILITIES

A.—*What the nurse does for the patient.*

1. Secures best possible environment—safe, sanitary, comfortable, convenient, attractive, quiet, etc.

2. Keeps surroundings in best possible condition for patient's recovery. This means good housekeeping, including the cleaning (or supervision of cleaning) of floors, walls, furnishings, etc., daily attention to order, comfort, beauty, etc., ventilation, heating and lighting, disposal of wastes, garbage, etc., and destruction of vermin.

3. Secures and cares for necessary supplies, tools and equipment, including linen, clothing, dressings, drugs, instruments, rubber goods, etc.

4. Keeps up constant guard against infection from all sources and uses every precaution in handling patient's linen, utensils, excretions, etc. This includes the preparation and use of many varieties of disinfectants, methods of sterilization by heat, steam, etc., and the mastery of aseptic technic.

5. Protects from other possible dangers and hazards—injury, by self or others, fire, exposure, falls, damp, draughts, drug habits, poison, etc. This includes proper use of safety measures and restraint.

6. Safeguards patient's possessions and protects his interests and welfare—includes care of clothing and valuables, economy in expenditures, etc.

7. Provides for and assists in transportation and handling—includes lifting, moving, carrying, etc., (may mean fairly extensive travel or emergency transportation in accidents).

8. Attends to physical needs and keeps patient clean and comfortable—includes bed-making, bathing, care of mouth, hair, etc., dressing and undressing, excretions, change of position, prevention of bed-sores, simple rubbing, etc., (special skill required in care of such types as delirious or unconscious patients, premature babies, helpless chronics, etc.).

9. Helps to build energy and resistance by providing as far as possible for rest, sleep, proper food, proper exercise, recreation, entertainment, variety, etc.

10. Helps to conserve patient's strength by relieving pain, by imparting confidence and sense of security and by guarding against physical or nervous tension or over-exertion, shocks or excitement, friction, worry, suspense, etc.

11. Affords therapeutic suggestion, companionship, sympathy, encouragement, moral support, mental stimulus, etc., and, if necessary, discipline and control. (This includes habit training for certain types of cases).

12. Keeps watch on patient's condition, secures services or advice of physician when necessary and keeps friends informed.

13. Prepares for and administers therapeutic treatments prescribed.

- (a) Local hot and cold applications, counter-irritants, etc.
- (b) Baths and packs—hot, cold, medicated, light baths, etc.
- (c) Enemata and irrigations—enteroclysis, proctoclysis, nutritive enema, etc.
- (d) Lavage, gavage, nasal feeding.
- (e) Eye, ear, nose and throat irrigations, inhalations, etc.
- (f) Vaginal douche, catheterization, instillation, bladder irrigation, etc.
- (g) Preparation of patient for surgical operation and after care.
- (h) Application of surgical dressings, handling of drainage, irrigations, etc.
- (i) Application of bandages and binders, all types. Attention to surgical apparatus, frames and extensions.
- (j) Preparation and administration of normal diet, infant formulae, special diets for all types of disease. (This includes the evaluation of nutritive elements in foods, preparation of balanced menus, calculation of caloric feedings, etc.)
- (k) Medication—all types, by mouth, hypodermic, inhalation, etc. This includes administration of an anaesthetic in emergencies.
- (l) Common exercises and occupations—elements of massage and corrective gymnastics.

14. Prepares for therapeutic and diagnostic measures administered by physician and assists in

- (a) Major and minor surgical operations and surgical dressings (all types).
- (b) Aspiration, exploration, lumbar puncture, intrauterine douche.
- (c) Hypodermoclysis, intravenous, infusion, transfusion, etc.
- (d) Administration of vaccines, sera, antitoxin, salvarsan, etc.
- (e) Cystoscopic examination, x-ray, radium, etc.

15. Meets medical and surgical emergencies which arise in absence of physician—burns, fractures, sprains, hemorrhage, shock, convulsions, epilepsy, poison, asphyxia, emergency child-birth, etc.

16. Cares for and supports dying patient—attends to necessary details after death.

17. Plans and manages daily schedule of care for single patient or group of patients. This may involve some direction and supervision of assistants, co-operation with hospital or household departments and meeting of domestic and other emergencies.

18. Teaches and helps patients who do not know how to care for themselves and their families, to protect themselves from disease and to improve their physical and mental health.

(Special attention paid to child hygiene, pre-natal care, prevention of tuberculosis, etc.)

*B.—What the nurse does for the physician.*

1. Prepares for examination of the patient and if necessary assists—placing patient in position for examination, handing instruments, taking notes, etc.

2. Observes symptoms and keeps clear and detailed records of temperature, pulse, respiration, excretions, sleep, appetite, mental condition, etc. (This covers many kinds of charts, records, and reports.)

3. Keeps physician informed of patient's condition and notifies him at once about unusual or disturbing symptoms which seem to require his attention.

4. Secures proper specimens of sputum, urine, etc., on which physician depends for diagnosis and treatment. Makes some of the more common urine tests.

5. Carries out orders for treatments and observes results. Notifies physician of undesirable results and where orders are conditional, modifies treatments, diet, medication, etc., according to patient's condition.

6. Co-operates actively in securing results physician is working for and in emergencies acts in accordance with physician's practice as far as it is possible to know it.

7. Assists by suggestions based on her own observation of patient and her previous experience. (This depends somewhat on the attitude of the physician.)

8. Co-operates in carrying out scientific experiments, arranging details, watching and recording results, etc.

9. Helps to maintain good relations between patients and physicians and between members of the medical and nursing profession. Helps to create and maintain public confidence in scientific medicine and to discourage every form of quackery.

*C.—What she does for the hospital and school of nursing.*

(Applies to any nurse working in a hospital whether its graduate or not.)

1. Makes herself familiar with the institution, its organization, departments, activities, etc., and makes all necessary contacts readily.

2. Adjusts herself to all reasonable requirements of the hospital and school, fits into their organization and activities and learns their customs and traditions.