Supplementary Instructions for the Training of

NURSES

CURRICULUM

Issued by the Nurses and Midwives Board,
Pursuant to Regulation 7 (3) of the Nurses Registration Regulations 1958
Supplementary Instructions for the Training of Nurses

CURRICULUM

THEORETICAL SYLLABUS

Public Health and Social Services

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health and Social Services</td>
<td>20</td>
</tr>
<tr>
<td>Psychology and Mental Hygiene</td>
<td>20</td>
</tr>
</tbody>
</table>

Nursing Arts

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>120</td>
</tr>
<tr>
<td>Obstetrical Nursing</td>
<td>50</td>
</tr>
<tr>
<td>Paediatric Nursing</td>
<td>20</td>
</tr>
<tr>
<td>Medical and Surgical Nursing and Specialties</td>
<td>150</td>
</tr>
<tr>
<td>and Gynaecological Nursing</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Geriatric Nursing</td>
<td></td>
</tr>
</tbody>
</table>

Nursing Sciences

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology, Biochemistry, Microbiology, Nutrition, Pharmacology</td>
<td>120</td>
</tr>
</tbody>
</table>

Profession of Nursing

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Trends and Professional Responsibilities</td>
<td>20</td>
</tr>
</tbody>
</table>

Ward Administration

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Administration</td>
<td>6</td>
</tr>
</tbody>
</table>

Total, theoretical hours: 536

It is realised that the above hours can be approximate only, as with the integrated method of teaching, i.e., the teaching of medical and surgical diseases in systems, it is almost impossible to be exact.

CLINICAL EXPERIENCE

Minimum Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Nursing</td>
<td>12</td>
</tr>
<tr>
<td>(Preliminary Training School) (25 days in clinical field)</td>
<td></td>
</tr>
<tr>
<td>Obstetric Nursing</td>
<td>18</td>
</tr>
<tr>
<td>(This is to be given in two sections: Six weeks in first year; 12 weeks in third year.)</td>
<td></td>
</tr>
<tr>
<td>Medical Nursing</td>
<td>16</td>
</tr>
<tr>
<td>Surgical Nursing</td>
<td>15</td>
</tr>
<tr>
<td>Eye, Ear, Nose and Throat, Urology, Orthopaedic Nursing</td>
<td>16</td>
</tr>
<tr>
<td>(Where no specialists' departments exist, the nurse shall remain in the general wards.)</td>
<td></td>
</tr>
<tr>
<td>Gynaecological Nursing</td>
<td>6</td>
</tr>
<tr>
<td>Geriatric Nursing</td>
<td>6</td>
</tr>
<tr>
<td>Communicable Disease Nursing, including Tuberculosis</td>
<td>6</td>
</tr>
<tr>
<td>Operating-theatre Nursing</td>
<td>8-12</td>
</tr>
<tr>
<td>Outpatients and/or Casualty Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Public Health and/or District Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Diet Kitchen experience</td>
<td>2</td>
</tr>
<tr>
<td>Paediatric Nursing</td>
<td>12</td>
</tr>
</tbody>
</table>

It is not considered either necessary or desirable that the student nurse gains experience in every ward in the hospital, but rather that she gains good experience in a typical type of ward, i.e., general surgery, general medicine.

The maximum aggregate periods in the following, during the total period of training, shall be:

<table>
<thead>
<tr>
<th>Course</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Tuberculosis ward (in two periods)</td>
<td>16</td>
</tr>
<tr>
<td>(b) On night duty</td>
<td>24</td>
</tr>
<tr>
<td>(c) In block</td>
<td>26</td>
</tr>
</tbody>
</table>

PRACTICAL EXPERIENCE IN OBSTETRICS

<table>
<thead>
<tr>
<th>Class</th>
<th>First Year</th>
<th>Third Year</th>
<th>Class II</th>
<th>Class III</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td></td>
<td>II</td>
<td>III</td>
</tr>
<tr>
<td>Assisting at labour(*)</td>
<td>20</td>
<td>20</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Conduction of labour</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Abdominal palpation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ante-natal patient</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Labour patient</td>
<td></td>
<td></td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Rectal examination</td>
<td></td>
<td></td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Ante-natal patients examined</td>
<td></td>
<td></td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>New patients</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Old patients</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Labour patients prepared(*)</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Obstetrical anaesthetics</td>
<td></td>
<td></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Puerperal patients nursed(*)</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Infants nursed(*)</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Preparation of sterile dressings, appliances, etc., as prescribed in pamphlet H.-Mt. 20</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Class I: Student nurse training under new curriculum.
Class II: Registered nurse training as a maternity nurse.
Class III: Unregistered woman qualifying as a maternity nurse.

Note—(*) Two trainees may be given credit for assistance at the same labour, for the preparation of the same labour patient, for nursing the same lying-in patient, and the same infant. Each trainee when nursing a lying-in woman shall also nurse her infant.

OBSTETRICAL CASE BOOK

Case histories to be written as follows:

- One normal ante-natal patient.
- One labour patient.
- One premature baby.
- One normal mother and baby.

Insert 1
Student nurses will now be required to write one record of the nursing of a normal mother and her baby during the first six weeks' obstetrical experience.

After the recording of each case the book shall be brought to the matron or sister in charge, who shall examine and, if necessary, correct the entries made and help the trainee to keep her records correctly. Each trainee shall produce the book at her examination for inspection by the examiner, who shall take its contents into consideration when allotting her marks.

TIME AVAILABLE FOR TEACHING THE THEORETICAL SYLLABUS

It is required that all nursing schools use either a study day or a block system for teaching.

STUDY-DAY SYSTEM SHOWING MAXIMUM PERIOD ALLOWED

First Year—Fifty-two weeks.
Less 12 weeks for preliminary training school; less four weeks for annual leave; less seven weeks for sundries. Total, 23 weeks.
There are, therefore, 29 weeks left for study days—first year, 12 plus 17 = 29. (It is considered 20 study days should be adequate.)

Second and Third Years—Fifty-two weeks each.
Less four weeks' annual leave; less 10 weeks for sundries. There are, therefore, approximately 38 weeks left for study days in each year.
Second year, 20 plus 17 = 37; third year, 24 plus 14 = 38.

Total Study Days Available
First year ..... 29 (excluding the 12 weeks' preliminary school)
Second year ..... 37
Third year ..... 38

It is considered 30 study days should be adequate in the second year, but that 38 will be required in the third year.

A Typical Study Day
A study day should average a seven-hour day of which five hours should be available for theoretical or practical instruction.
Morning (three sessions of 50 minutes or 60 minutes).
Afternoon (two sessions of 50 minutes or 60 minutes).
104 × 5 = 520 hours available (excluding the 12 weeks' preliminary school).
There should also be available another hour each study day making six working hours out of the seven.

BLOCK SYSTEM
A block system can be worked out in the same way by counting the same number of days in block.

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FIRST YEAR

PRELIMINARY TRAINING SCHOOL: 12 weeks

ALLOCATION OF SCHOOL WORK AND PRACTICAL EXPERIENCE

<table>
<thead>
<tr>
<th>Number of Days in Nursing School</th>
<th>Number of Days in Clinical Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>First week</td>
<td>6</td>
</tr>
<tr>
<td>Second week</td>
<td>6</td>
</tr>
<tr>
<td>Third week</td>
<td>5</td>
</tr>
<tr>
<td>Fourth week</td>
<td>5</td>
</tr>
<tr>
<td>Fifth week</td>
<td>4</td>
</tr>
<tr>
<td>Sixth week</td>
<td>3</td>
</tr>
<tr>
<td>Seventh week</td>
<td>3</td>
</tr>
<tr>
<td>Eighth week</td>
<td>2</td>
</tr>
<tr>
<td>Ninth week</td>
<td>2</td>
</tr>
<tr>
<td>Tenth week</td>
<td>2</td>
</tr>
<tr>
<td>Eleventh week</td>
<td>3</td>
</tr>
<tr>
<td>Twelfth week</td>
<td>5</td>
</tr>
</tbody>
</table>

Clinical fields: wards, ante-natal clinic, visits of observation.
Total number of days spent in the nursing school, 46 = 71 days.
Total number of days spent in wards or clinic, 25 = 71 days.

LECTURE HOURS

Basic Nursing Sciences:
- Anatomy, physiology, and biochemistry ..... 25 hours
- Nutrition ..... 15 hours
- Microbiology ..... 10 hours
- Pharmacology ..... 10 hours

Public Health and Social Services:
- Personal and Community Health ..... 12 hours
- Psychology and mental hygiene ..... 12 hours

Nursing Arts:
- Principles and practice of nursing and first aid ..... 30 hours
- Introduction to obstetric nursing ..... 12 hours
- Meal service to patients ..... 4 hours

Profession of Nursing:
- Nursing trends and professional responsibilities ..... 12 hours

Total hours equal ..... 142

Total hours available in 46 days, using five hours per day, equals 230 hours.
There are, therefore, 88 hours available over and above the 142 already used.
This is not taking into account the other hour or hours per day which a student may work during her study day, i.e., a six- or seven-hour day. This extra time can be utilised for practice.
CLINICAL EXPERIENCE DURING THE PRELIMINARY SCHOOL PERIOD

Twenty-five days in the wards including the ante-natal clinic. It is supposed that at least a six- or seven-hour day will be worked. Therefore, time available equals:

\[
\begin{align*}
25 \times 6 &= 150 \text{ hours.} \\
23 \times 7 &= 175 \text{ hours.} \\
25 \times 8 &= 200 \text{ hours.}
\end{align*}
\]

In large training schools some nurses will have to give service in the general medical and/or surgical wards immediately following the preliminary training school. If this is so, it is important that these nurses have had experience in the obstetric ward and ante-natal clinic during the preliminary school three months.

Also it is desirable that these nurses are placed in a medical or surgical ward where patients are not distressingly ill.

VISITS RECOMMENDED DURING PRELIMINARY SCHOOL PERIOD
(Excluding the weekly experience in the wards)

1. Orientation to the hospital wards and departments.
2. Orientation to the nurses’ home.
3. Public health visit with a public health nurse and/or a hospital district nurse.
5. Sewage disposal unit.
6. Rubbish tip.

Description of Courses

PRELIMINARY TRAINING SCHOOL

Nursing Sciences

ANATOMY AND PHYSIOLOGY: 25 hours
(Including Biochemistry)

The aim of this course should be to give the student nurse an introduction to the study of the human body so that she will be able to understand the part she will play in caring for the patient in health and sickness. Emphasis throughout should be on the normal body and the subject presented as a basis for further study in medicine and surgery at a later date.

The suggested textbook First Studies in Anatomy and Physiology by Cairney and Cairney should be followed and the material given should include no more than is in this book. If taught in this way at this stage, this subject, which has been the cause of so much controversy in the past, will be more readily understood by the student nurse, and will enable her to understand the more detailed anatomy and physiology given later in conjunction with medical and surgical nursing.

Wherever possible, films, charts, models, slides, and dissection of animal organs should be made available as teaching aids. Function should be taught in close relation with structure.

CONTENT OF COURSE

NUTRITION: 15 hours

This subject has in the past been taught much too late in the basic curriculum. It is intended that it should replace the subject known as “Invalid Cookery and Food Service”. It should be taught first in relation to the nurse’s own health and should form the basis of her understanding of normal nutrition. The nurse must have a clear grasp of normal nutritional requirements and of the main foods supplying carbohydrates, fats, proteins, vitamins, and the most important mineral salts. This subject should be closely related to the food service to patients.

Food and health. The reasons why a nurse needs to have a good basic and practical knowledge of nutrition. The foods available in New Zealand. The average New Zealand meal pattern.

How to choose a good diet from the foods available in New Zealand. Factors affecting individual choice of food.

THE FUNCTIONS OF FOODS

Protein—The nature of protein, its function in the body, factors affecting requirements in health and disease. Foods providing protein.

Minerals—Iron, phosphorus and calcium, iodine and fluorine. Under headings—What are they? Why do we need them? Where do we get them? How may they be destroyed?

Vitamins—Fat soluble and water soluble. Under headings—What are they? Why do we need them? Where do we get them? How may they be destroyed?

Carbohydrates and fats. Calories and slimming.

The foods in the New Zealand diet. Why they are needed, quantities (where advised) effect of modern methods of processing on foods. Food fallacies.
Meal planning. With reference to cost, nutritional value, and acceptability.
Feeding of children and adolescents.
Feeding of special adult groups - pregnancy and lactation.
Feeding the elderly- local and national problems.
Summing up of nutrition in New Zealand. Good points and problems.

What the nurse can do to help.

MICROBIOLOGY: 10 hours

The aim of this course should be to give the student nurse an understanding of the nature and properties of the common micro-organisms and to show her the responsibilities of the nursing staff in relation to the prevention of infection of wounds and cross infection in hospital wards. It is intended that at this stage the introduction to this subject should be of an elementary nature and as it will apply to the nurse in regard to her own health and in the nursing care of patients entrusted to her care. It will be dealt with in greater detail in conjunction with medical and surgical nursing in the second and third years.

Introduction. Historical review.
Micro-organisms. What are they? Where are they? Characteristics and broad classifications.
Infection. Droplet, dust borne, and contact. (refer nursing arts).
Medical and surgical asepsis.
Ward hygiene (refer public health).
Antiseptics and disinfectants (refer pharmacology).
Isolation technique (refer nursing arts).

PHARMACOLOGY: 10 hours

This is not a new subject as it has been known previously under the heading of materia medica. It is intended at this stage to introduce to the student the classification and action of drugs, the methods of administration of drugs, and the principles underlying the handling of drugs. It is not intended that this subject should be given in great detail at this stage, but as an introduction so that the nurse may be able to assume the responsibility required of her in the administration of drugs. It will be dealt with in much more detail when studying medical and surgical diseases and disorders. 

Materia Medica and Pharmacology for Nurses by J. S. Peel has been specially written for nurses and is the textbook suggested.

Definition of pharmacology. Brief historical survey.
Weights and measures. Symbols, terms, and abbreviations.
General rules for the handling of all drugs.
*Classification of drugs. Actions. Desired and undesired effects.
Sedatives – nerve and gastric.
Anaesthetics.
Stimulants – nerve and heart.
Cough mixtures – expectorant and sedative.
*a classification of drugs, etc., continued.
Aperients – types of.
Emetics.
Diuretics.
Anthelmintics.

Methods of administration:
By mouth:
Inhalation.**
Inunction.
Rectal injection.**
Hypodermic injections.
Alteration of dosages.
Doses for children, calculation of.

Definition of “Dangerous Drug.” Care in the handling of dangerous drugs.

Notes—Many of these lectures could best be combined with demonstrations.
* A broad outline only should be given.
** May be accounted for as a nursing art.

Sera and vaccines included in microbiology.

Public Health and Social Services

PERSONAL AND COMMUNITY HEALTH: 12 hours

The aim of this course is to relate to the student nurse the special and general measures taken to protect her health as a nurse and those taken to promote health and prevent disease within the community. Opportunity should be afforded the student nurse to learn directly from those responsible for this control and also for her to pay visits of observation with them in the community. Thus, the medical officer of health, nurse inspector, health inspector, and public health nurse should form part of the teaching team and should not only introduce the subjects but be present when discussions on observation visits are presented in the classroom. It is intended that the student nurse will learn of the social and community health is presented in an interesting manner the nurse will quickly realise her function as a health teacher. She will also have a better understanding of the principles underlying personal and environmental hygiene in the wards and departments of the hospital. Such subjects as microbiology and nutrition will be more meaningful and can be closely related to this subject.

Through her visits in the community the student nurse will learn of the differences which exist within the social strata and will be better able to understand her patients when she is called upon to nurse them in a hospital ward. The student nurse may know only of the conditions under which she and her friends live. She should be given opportunity to visit all types of homes in order that she may understand the reasons why certain patients become ill and why it is not always easy to discharge others who appear to have sufficiently recovered. She should also have some knowledge of the social and health agencies in the community who can assist the patient so that she can advise the patient accordingly.

Introduction to public health nursing and public health services in the community.
World Health Organisation; definition of health.
Personal health – how to maintain and promote health.

Purpose of initial and regular health examinations, immunisations, etc.
Dangers of sunbathing.
Community health – agencies in the health field.

Relationship of the public health nurse to the hospital.
Contamination and purification of air. Dust. Ventilation.
Disposal of refuse.
Disposal of sewerage. Visits followed by discussion.
Film on above, followed by discussion.
Food handling. Food poisoning. Contamination of food by above pests.
Film, followed by discussion.
Water and water supplies. Sources of water.
Milk - Pasteurisation - Tuberculin testing of dairy herds. Milk-borne diseases - Contamination and storage of milk.
Methods of heating and lighting – natural and artificial.

SUGGESTED VISITS

1. Hospital district nurse.
2. Visit to a school for health talk to children and school examination with public health nurse.
3. Visit to milk depot.
4. Visit to one of the disposal plants.

It is realised that it may not be possible for all nurses to go out on the field with the above, but it is suggested that as each group will see some part of the over-all plan, that they come back to school and report to the class.

SOCIAL SERVICES

Discussions following visits with the hospital district nurse and the public health nurse should give the student sufficient background to the social services available.

PSYCHOLOGY AND MENTAL HYGIENE: 12 hours

The aim of this course should be to give the student nurse an understanding of the importance of mental hygiene in the promotion of health. It should enable her to understand the patient as a person, whose physical, mental, social, and emotional needs have to be met. It should assist her towards an understanding of human behaviour as a fundamental requirement for successful nursing and should enable her to give a full contribution in the field of prevention and rehabilitation. Through an understanding of herself as a person with emotions, needs, and desires she should gain an insight into the needs of others.

This subject was included previously in the curriculum but was not given specific prominence. It has now been stated as a definite subject. It is not intended that it should be taught by a psychologist. It is considered that the tutor sister should be able to teach this subject as it applies to nurses and nursing service. The textbook Facts about Mental Health and Illness by Stallworthy is ideal for this purpose.

A suggested course of 12 lectures in “Psychology and Mental Hygiene for Preliminary School Nurses”.

(This course of lectures should be illustrated, wherever possible, by examples taken from the nursing field.) Psychology and the Nurse: (a) What is psychology? (b) The healthy mind; (c) How we think.
Development and Adjustments: (a) Childhood; (b) Adolescence; (c) Adulthood; (d) Old age.

Intelligence:
(a) Heredity; (b) Individual differences; (c) Aptitude.
Study Habits:
(a) Attitude to study; (b) Methods of study; (c) Time and place for study.
Drives and Desires:
(a) Motivation; (b) Learning.
Feelings and Emotions:
(a) Characteristics and expression of feelings and emotions; (b) Moods; (c) Training in emotional control and adjustment.
Thinking, Attention, and Perception.
Relations with Other People (No. 1) Social Adjustment:
(a) Getting along with oneself; (b) Getting along with others; (c) Personality.
Relations with Other People (No. 2) Vocational Adjustment:
(a) In the hospital; (b) Other nursing fields.
Behaviour Patterns:
(a) What are behaviour patterns? (b) Attitudes to illness; (c) Attitudes to changes in environment.
Heredity and its Influences:
(a) Racial differences; (b) Social patterns; (c) Religions.
Psychology and the Part it Plays in:
(a) The hospital; (b) The public health field and the home; (c) Obstetrics.

SUGGESTED TEXTBOOKS

The Facts of Mental Health and Illness. Stallworthy.
Practical Psychology. Bernhardt.

JOURNAL ARTICLES

(a) A series of four on “Temperament, Character, and Personality” by Mrs N. MacKenzie, the Nursing Times, 21 April to 26 May 1943.
(b) A series of two articles on “Psychology and Ward Administration” by Mrs N. MacKenzie, the Nursing Times, 17 November and 15 December 1945.
(c) A series of five articles on “The Value of Educational Psychology to the Nursing School” by Mrs N. MacKenzie, the Nursing Times, 11 May to 8 June 1946.
(d) A series of articles on “Psychology Applied to Nursing” by Doreen Widdowson, the Nursing Times, September 1954 to January 1955.

Profession of Nursing

NURSING TRENDS AND PROFESSIONAL RESPONSIBILITIES: 12 hours

The aim of this course is to orientate the nurse into the nursing service and to give her an introduction to nursing history. In the past we have tended to spend more time than is necessary in early history. Whilst this is important and some mention must be made of it so that the nurse realises that events in the past have contributed to the present, the emphasis should be more on nursing in the present and in the future. Through the study of nursing trends the nurse should develop her responsibilities as a professional person and the part she has to play in the advancement of nursing in the future.
Ethics will not be studied as a separate subject, but as approved principles embodied in the theory and practice of nursing.

General orientation to nursing. An outline of the hospital administration. The place of the hospital in the community.

The functions of a hospital. Outline of special types of hospitals, i.e., general, private, obstetric, and Karitane.

Ethics of nursing. Rules pertaining to hospital life and procedure.

The appreciation of nurses as a team. Introduction to other services. The nursing of the patients as a whole, within and without the hospital.

The qualities of a good nurse. Attitudes and adjustments required.

The origin of nursing. Pre-Christian to modern times.

The influence of politics, religion, and social services.

Development of nursing in hospital.

Trends and progress in New Zealand. New Zealand nursing personalities.

The Registered Nurses’ Association. The Student Nurses’ Association.

The International Council of Nurses.

The evolution of ethical ideals and standards, social, spiritual, and professional. The code of ethics as adopted by the International Council of Nurses at the 1953 congress.

The World Health Organisation.

(It is suggested that much of the above could be learned through the assignment method of teaching and that the course could culminate in a role-playing demonstration. Role playing could well be used at any time during the course.)

Nursing Arts

NURSING

The aim of this course is to teach the nurse those skills necessary to ensure the maximum of comfort to the patient. In the past we have tended to refer to these procedures under the term “elementary nursing” and the impression gained has been that these nursing procedures, because they were taught at the beginning of the course, were only to be performed by junior nurses or by aids. The essentials of good nursing practice are those procedures which contribute to the patient’s comfort, his daily bed bath, the giving of a bedpan, the service of meals, and so on. No nurse should consider herself too senior to perform these services, as these are the things which mean so much to the patient. It is no wonder that the patient of today looks upon the person who performs these personal services as the one who matters to him most. If we are to delegate these important nursing duties to untrained people to perform we are taking from nursing of the future one of its most essential services. Untrained people can assist with these services but we must continue to teach them as being basic to good nursing care, which should be performed by nurses at all stages of their careers. The nursing arts to be taught during preliminary school will therefore include:

(a) Principles and practice of nursing and first aid; (b) Introduction to obstetrical nursing; and (c) Meal service to patients.

PRELIMINARY TRAINING SCHOOL: 30 hours

PRINCIPLES AND PRACTICE OF NURSING AND FIRST AID

The functions of the hospital and its place in the community play an important part in relation to patient care, and it is necessary that the student be given a good understanding of these functions if she is to develop into a responsible nurse. If sound foundations of good basic-nursing care are laid in these early days, the nurse will approach her work with confidence and accept responsibility to a developing degree. It is considered that her introduction to the ward should be a gradual one and that she should gradually be weaned from the school into the wards. By the time the sixth week is reached she should be spending as much time in the wards as she is in the school. The teaching in the school, therefore, should be very closely related to the service that the nurse will render in the wards, and should aim at correlating what she is learning in the development of nursing skills with what she is seeing and doing in the wards. Therefore, the teaching of this subject must include ward demonstrations.

Introduction—The meaning of nursing and its place in the community. The hospital.

The patient’s admission—The responsibilities of a junior nurse, including observations and the care of clothes and valuables.


Positions used in nursing—The lifting and turning of patients.


Observations and recordings—The general observation of patients. The patient’s chart. Taking and recording the normal temperature, pulse, and respirations.

Enema—The preparation and administration of a simple cleansing enema.

The convalescent patient—Getting a patient up in a chair. Assisting the early ambulant patient to the toilet. Observations and precautions necessary.

The patient’s discharge—The preparation for and actual discharge procedure.

Pre- and post-operative care—The responsibilities of a junior nurse.

Surgical technique—The setting of a simple dressing tray.

Isolation technique (refer microbiology)—The nursing of a patient to prevent the spread of infection. The procedures and techniques in dealing with equipment used by an infectious patient and the disposal of excreta. The distribution of sputum mugs and the disposal of sputum.

Bandaging—The types of bandages and the principles of bandaging.

First aid—The principles of first-aid treatment of fractures, burns, and scalds, haemorrhage, fainting, bites, stings, and foreign bodies.

Care of the dying and care of the body after death.


It is strongly recommended that the majority of these lectures be ward demonstrations.
This is an important nursing service which has not been given sufficient prominence in the past. It is a very practical one as far as the student nurse herself is concerned and can be made one of the most interesting. It is given in detail in the syllabus and should be taught in conjunction with total patient care. It can be used as one of the methods in training the nurse to be observant of the need for good hygiene not only in the service of food itself but in the environment of the ward and the patient himself. One of the first duties she probably will be called upon to perform is the feeding of helpless patients, and the nurse requires to know the principles underlying this procedure and its relationship to total patient care.

1. The hygiene and management of the ward kitchen.
2. The preparation of the nurse, the ward, and the patient.
3. Methods of food service, including preparation of trays.
4. The importance of special diets.
5. Feeding helpless patients.
6. The observation of patients during a meal.
7. The termination of a meal.

**OBSTETRIC NURSING**

The aim of introducing this course early in the curriculum is to introduce the student nurse to the care of the well mother and her new-born baby before she is asked to care for the sick child or adult in the hospital ward. If the curriculum is to emphasise health from the outset then it must commence with the care of healthy people.

Here again the nurse will learn through visits to the ante-natal clinic the same principles of personal and environmental health that have applied to herself and so relate them to the care of the pregnant mother. How different the approach to nursing will be if the student's first experience is gained with the happy contented mother and her baby! What a thrill she will get when she sees a baby born! How much better will she understand the sick child if she first learns to care for the well baby! At present the first patients she is called upon to nurse are often very ill or dying patients in a medical, surgical, or children's ward. The nurse's first experience in nursing should preferably take place in that portion of the hospital where there is a hopeful attitude of recovery rather than one tinged with death, sickness, and hopelessness. Teaching should proceed from the normal to the abnormal and from health to sickness.

The theoretical content of this subject in the preliminary training school should deal, therefore, only with the normal functions of conception, pregnancy and lactation, and the nursing arts associated with the care of the pregnant and nursing mother and her well baby. The latter will serve as an introduction to paediatric nursing.

**PRELIMINARY TRAINING SCHOOL:** 12 hours

**INTRODUCTION TO OBSTETRIC NURSING**

1. Anatomy and physiology of male and female generative organs.
2. Menstruation, ovulation, fertilisation, and cell formation.
3. The mammary gland.
4. Diagnosis, signs and symptoms of pregnancy.
5. The importance of ante-natal care.
7. Nursing arts:
   a. Principles of asepsis.
   b. The patient's toilet, including perineal toilet and care of breasts.
   c. Preparation of cots.
   d. Napkin changing and disposal of soiled napkins.
   e. Bathing of a baby and care of the umbilical cord.
   f. Handling and feeding of a baby, both breast and artificial.
   g. Care of bottles and teats.
   h. Test weighing.

**REMAINDER OF FIRST YEAR AND SECOND YEAR**

**PUBLIC HEALTH AND SOCIAL SERVICES**

As applicable to nursing arts.

**NURSING ARTS**

Nursing—As applicable to medical, surgical, obstetric, and paediatric nursing.

Obstetric nursing.
Paediatric nursing.
Medical and surgical nursing.

**NURSING SCIENCES**

As applicable to above nursing arts.

**REMAINDER OF FIRST YEAR**

It is desirable that six weeks' obstetric and six weeks' paediatric experience be given to the nurse following her preliminary school period. It will probably be necessary to divide a large class into groups and some will have to give service in the medical and surgical wards, but obstetric and paediatric experience should be given as soon as is possible, as these subjects will be included in the First Professional Examination undertaken between nine and 12 months after commencement of training.

During the six weeks' paediatric experience it is desirable that visits be paid to an infant welfare clinic and to a kindergarten.

Theoretical instruction should be continued as soon as possible after the preliminary school period in order to sustain interest. The obstetric lectures commenced during the preliminary period are continued as shown below and the paediatric lectures are now commenced. Medical and surgical nursing lectures are also commenced through the series “Introduction to Medical and Surgical Nursing” and these, together with obstetrics and paediatrics, are continued until almost the end of the year.

**OBSTETRIC NURSING**

Instruction shall be given, if possible, concurrently with obstetric experience. Anatomy of the pelvis and development of the foetal bones. The foetal skull.

Anatomy and physiology of the female generative organs.
Endocrine control of the female generative organs, menstruation, ovulation, fertilisation, and cell formation.
The placenta and placental function.
Revision of diagnosis and signs and symptoms of pregnancy.
Signs and symptoms of the commencement of labour.
Admission of a patient and her care during the first day.
Management of the normal puerperium and the establishment of lactation.
Observation and care of the new-born baby.

**PAEDIATRIC NURSING**

Paediatric nursing covers a wide field and should be closely related to obstetrics and obstetric nursing, public health, and to medical and surgical conditions and nursing.

An introduction to paediatric nursing has already been given in conjunction with obstetric nursing and psychology in the preliminary training school. This is now followed by the study of the mental and physical development of the normal child under the following headings. (The pathological conditions affecting children are studied in conjunction with the various systems in medical and surgical nursing.)

**The Essentials Required for Infants' Normal Development:**

Include also the description of the normal child, its growth and development, and the conditions and care—especially love and security—necessary for normal, healthy growth.

**Milestones from Birth to Five Years:**

What the normal baby is able to do at various stages of development through infancy and childhood, and the conditions and family relationships which foster normal healthy growth.

**Development of the Pre-school Child and the Importance and Meaning of Play:**

This also covers the child's behaviour, what parents can expect of a child, the meaning of behaviour, and the prevention and management of behaviour problems.

**Breast, Artificial and Supplementary Feeding:**

Nutritional needs, management of feeding, weaning and the child's food requirements at different stages of growth.

**Demonstration**—Making a milk mixture.

**Vomiting and Bowel Motions in Infancy:**

Prevention and management of feeding problems.

**Admission of the Child to Hospital and Observation of the Child in Hospital:**

Include effects on children of illness and separation from parents through admission to hospital. The relationship of the nurse with the sick child and his parents. Special mention of children's nursing, including preparation for admission, visiting in children's wards, observation and interpretation of children's behaviour, management and adaptation of procedures and techniques for children.

**Protection of Children from Accidents in the Home and Hospital.**

**Prevention of Disease, Promotion of Health, and Prevention of Cross Infection in Hospital:**

Value of immunisation and dental care.

**The Handicapped Child and Facilities Available for his Care:**

Crippled Children's Society, intellectually handicapped special schools, schools for the deaf or blind, cerebral-palsy schools. Stress the need for understanding, and the care required for these children to develop fully their potentials for personal happiness and social usefulness.

**Diseases and Disorders of Infancy:**

I.E., pink disease, thrush, stomatitis.

(Note—Care of the premature baby is given during obstetric nursing. Breast feeding also included in obstetric nursing.)

**SUGGESTED TEXTBOOKS**

*Paediatric Nursing* (Second edition). Benz, Gladys S.

*Child Care and the Growth of Love*. Bowlby, John.

*Modern Mothercraft*. Deem, Helen, and Fitzgibbon, Nora.

*The Child from Five to Ten*. Geselle, Arnold, and Ily, Frances.

*The First Five Years of Life*. Geselle, Arnold.

*The Nursery Years*. Isaacs, Susan.


*Sick Children*. Paterson, Donald.

**FIELD VISITS**

Associated with the course in paediatrics should include:

Visit to a well-baby clinic. Visit to kindergarten. Visit to a pre-school clinic.

Visit to a school with a public health nurse to see a health inspection and perhaps to give a health talk to the children.

Wherever possible, visits to centres or clinics which deal with the physically or mentally handicapped child should be included.

These visits should form part of study days and it will not be possible in all schools for every nurse to visit every centre.

**INTRODUCTION TO MEDICAL AND SURGICAL NURSING**

(Total number of hours for medical and surgical nursing)

**Microbiology.**

(a) Classification of micro-organisms.

(b) The relation of bacteria to disease and portals of entry into the body.

(c) Principles of resistance of the body, including immunity.

(d) Destruction of bacteria.

(e) Cross infection and its prevention.

**Inflammation, ulceration, and gangrene.**

**Wounds and wound infections.**

**Haemorrhage and shock.**
Communicable diseases not easily identifiable with any particular system, and should be done, i.e., meningitis and anterior poliomyelitis with the nervous system and typhoid fever with the alimentary system. However, there are communicable diseases not identifiable with a particular system. It is suggested that these be taught as a group towards the end of the first year.

Organised. More detail will naturally be required in anatomy and physiology in this year and this is where the textbook will be found to be of use. The reason why this has been done to make the work of tutors and others more interesting.

Detailed example of how a system can be taught and learned, the purpose being to integrate all aspects in order to correlate with practical experience and to nurse the patient as a whole.

**Medical and surgical conditions of urinary system and male generative organs**

Anatomy and physiology biochemistry—A detailed study of the genito-urinary system.


Care of patients suffering from the above conditions also to include:

- Catheterisation and types of catheters.
- Bladder irrigations.
- Tidal drainage of bladder.
- Fluid balance.
- Care of the incontinent patient.

Nutrition—Diet of patients suffering from conditions of genito-urinary system.

Pharmacology—Drugs affecting the genito-urinary system and their administration.


Socio-economic—Assistance for the patient who may become a chronic invalid, i.e., father of a family who has chronic nephritis.

Psychology and mental hygiene—The understanding of the psychological implications of a patient suffering from chronic kidney disease, permanent cystostomy, enuresis, incontinence.

Rehabilitation (visits):

1. A follow-up visit in the home with a patient nursed in hospital with, say, chronic nephritis.
2. Visit to laboratory.
3. Visit to X-ray department for pyelogram and cystogram.
5. Visit to operating theatre during surgical procedures.

**Second Year**

General medicine and surgery which will have been commenced during the latter term of the first year should be continued throughout this year. Appended below is the method by which it is anticipated teaching can be organised. More detail will naturally be required in anatomy and physiology in this year and this is where the textbook *Anatomy and Physiology for Nurses* by Gowland and Cairney will be found to be of use. The reason why this method of teaching medical and surgical diseases and disorders is suggested is because by commencing with the system in detail the normal is given first. As the diseases and disorders are discussed it follows logically that microbiology, pharmacology, nutrition and diet therapy, nursing arts, public health, psychology and mental hygiene, socio-economic factors affecting health and illness, will all dovetail in.

A guide to the teaching of the systems

1. Anatomy and physiology.
2. Medical and surgical conditions and disorders:
   (a) Microbiology.
   (b) Pharmacology.
   (c) Nutrition and diet therapy.
   (d) Nursing arts.
   (e) Public health aspects and health education.
   (f) Psychology and mental hygiene.
   (g) Socio-economic aspects.
   (h) Rehabilitation.

3. Obstetrics.
4. Paediatrics.
5. Geriatrics.

The following system is set out in detail. The others are given in bare outline only, the detail of which must be planned by the teaching staff of the individual hospital. This has been done to make the work of tutors and others more interesting.

Detailed example of how a system can be taught and learned, the purpose being to integrate all aspects in order to correlate with practical experience and to nurse the patient as a whole.
ALIMENTARY SYSTEM

1. Anatomy and physiology.
2. Medical and surgical conditions and disorders. Mouth and salivary glands, pharynx, stomach and duodenum, liver, gall bladder, bile ducts, large intestine, small intestine, mesentery, peritoneum, rectum, anus.
   (a) Microbiology—Relative to system.
   (b) Pharmacology—Relative to system; poisons and antidotes.
   (c) Nutrition and diet therapy—Relative to system.
   (d) Nursing arts—Care of patients suffering from diseases and disorders, oral hygiene, diagnostic tests, artificial feeding, gastric suction, gastric lavage, colostomy, paracentesis, enema.
   (e) Public health and health education—Emphasis on control of food poisoning, hydaticis, typhoid, dysentery. Preventive measures.
   (f) Psychology—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Relative to system.
3. Obstetrics.
4. Paediatrics—Malformations and deficiency diseases.
5. Geriatrics—Special emphasis on deficiency diseases.

SKELETAL AND MUSCULAR SYSTEM

1. Anatomy and physiology.
2. Medical and surgical diseases and conditions—Bones: sprains, strains, dislocations, fractures and amputations, bone grafts, bone infections, glands, pharynx, stomach and duodenum, liver, gall bladder, bile ducts, large intestine, small intestine, mesentery, peritoneum, rectum, anus.
   (a) Microbiology—As relating to above conditions.
   (b) Pharmacology—As relating to above conditions.
   (c) Nutrition and diet therapy—As relating to above conditions.
   (d) Nursing arts—Application of splints, traction apparatus, special appliances; application and removal of plaster, application of heat, early ambulation. Care of patients suffering from above diseases and disorders.
   (e) Public health and health education—As relating to above conditions, prevention.
   (f) Psychology and mental hygiene—Effects of prolonged incapacitation.
   (g) Socio-economic—Adjustments necessary.
   (h) Rehabilitation—As applied to above conditions.
5. Geriatrics—As pertaining to above.

RESPIRATORY SYSTEM

1. Anatomy and physiology.
2. Medical and surgical diseases and disorders—Nose, pharynx, larynx, trachea, bronchi lungs, pleura (diaphragm, refer to muscular system).
   (a) Microbiology—Relative to system.
   (b) Pharmacology—Relative to system.
   (c) Nutrition and diet therapy—Relative to system.
   (d) Nursing arts—Inhalations, oxygen therapy (refer first year), artificial respiration and respirators; gargles, sprays, paints, drops; diagnostic tests, collection of specimens, artificial pneumothorax; open and closed drainage; application of heat, paracentesis.
   (e) Public health and health education—Relative to system. Special emphasis on tuberculosis and hydatid disease; diptheria control.
   (f) Psychology and mental hygiene—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Relative to system.
3. Obstetrics—Special emphasis on tuberculosis and prevention of infection.
4. Paediatrics—Relative to above.
5. Geriatrics—Relative to system; prevention of spread of infection.

SKIN AND SPECIAL SENSES

1. Anatomy and physiology.
2. Medical and surgical diseases and conditions—Ear, eye, skin (including burns, shock, and skin grafts) allergy, parasites.
   (a) Microbiology—Relative to system.
   (b) Pharmacology—Relative to system.
   (c) Nutrition and diet therapy—Relative to system.
   (d) Nursing arts—Care of patients suffering from above diseases and disorders. Irrigations, instillations, heat, and other local applications; therapeutic baths; sensitivity and diagnostic tests, paracentesis.
   (e) Public health and health education—Relative to system.
   (f) Psychology and mental hygiene—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Relative to system.
3. Obstetrics—Special emphasis on ophthalmia, neonatorum, pemphigus.
4. Paediatrics—As above.
5. Geriatrics—Special emphasis on loss of special senses.

NERVOUS SYSTEM

1. Anatomy and physiology.
2. Medical and surgical diseases and conditions—Brain and brain coverings, spinal cord and coverings, cranial and spinal nerves, sympathetic nervous system, functional nervous disorders. Eye and ear (refer special senses).
   (a) Microbiology—Special emphasis on anterior poliomyelitis, meningitis, syphilis.
   (b) Pharmacology—Relative to above system.
   (c) Nutrition and diet therapy—Relative to above system.
   (d) Nursing arts—Care of patients suffering from above diseases and disorders. Diagnostic tests, application of heat, intrathecal therapy.
   (e) Public health and health education—Relative to system.
   (f) Psychology and mental hygiene—Special emphasis on anterior poliomyelitis, meningitis, syphilis.
   (g) Socio-economic—Relative to above.
   (h) Rehabilitation—Special emphasis on poliomyelitis, paraplegia, meningitis.
3. Obstetrics—Relative to above system.
5. Geriatrics—Relative to system.

**BLOOD VASCULAR SYSTEM**

1. Anatomy and physiology.
2. Medical and surgical diseases and disorders—Blood and blood vessels, haemopoetic tissue, heart, lymph, glands, and vessels.
   (a) Microbiology—Relative to above.
   (b) Pharmacology—Relative to above.
   (c) Nutrition and diet therapy—Relative to above.
   (d) Nursing arts—Care of patients suffering from above diseases and disorders. Venesection, intravenous therapy, collection of specimens, paracentesis, blood pressure.
   (e) Public health and health education—Relative to system.
   (f) Psychology and mental hygiene—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Relative to system.
3. Obstetrics—Special care in ante-natal period, labour and puerperium.
5. Geriatrics—Relative to system.

**ENDOCRINE SYSTEM**

1. Anatomy and physiology.
2. Medical and surgical diseases and disorders—Pituitary gland, thyroid, parathyroid, thymus, pancreas. Ovaries (refer reproductive system). Testes (refer reproductive system).
   (a) Microbiology—Relative to system.
   (b) Pharmacology—Relative to system.
   (c) Nutrition and diet therapy—Special emphasis on diabetes.
   (d) Nursing arts—Care of patients suffering from above diseases and disorders. Diagnostic tests.
   (e) Public Health and health education—Relative to system.
   (f) Psychology and mental hygiene—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Special emphasis with regard to diabetic patient.
3. Obstetrics—Special reference to abortion and ectopic gestation.
5. Geriatrics—Relative to system.

**REPRODUCTIVE SYSTEM**

1. Anatomy and physiology—Refer to obstetric nursing.
2. Medical and surgical conditions and disorders—Female: Fallopian tubes, ovaries, external genitals, vagina, breasts. Male: Reproductive system (refer genito-urinary system).
   (a) Microbiology—Relative to system.
   (b) Pharmacology—Relative to system.
   (c) Nutrition and diet therapy—Relative to system.
   (d) Nursing arts—Care of patients suffering from above diseases and disorders. Perineal toilet, heat and local applications, diagnostic tests, radium therapy.
   (e) Public health and health education—Special emphasis on control of venereal diseases.
   (f) Psychology and mental hygiene—Relative to system.
   (g) Socio-economic—Relative to system.
   (h) Rehabilitation—Relative to system.
3. Obstetrics—Special reference to abortion and ectopic gestation.
5. Geriatrics—Relative to system.

**OPERATING-THEATRE LECTURES**

Hygiene of theatre—Hygiene of theatre personnel; care of patient under anaesthetic; care of patient in theatre; positions used during operations, preparation of nurse; hands, use of gloves, gown and mask; duties regarding counting of swabs, instruments.

Preparation and sterilisation of theatre material—dresses; sutures; rubber; gum elastic; wax; powder; ointments; bowls; special and ordinary instruments; use of autoclaves and sterilisers.

Duties in relation to anaesthesia—General, local, spinal, intravenous, and rectal; ice anaesthesia; preparation of patient and trays or tables; management during operating; management of patient during and after administration of anaesthesia.

**GERIATRIC NURSING**

Normal ageing processes.
Problems of the aged: (a) in health; (b) in sickness.
Special features of geriatric nursing.
Geriatric ward: importance of good environment; decorations; equipment. Safety precautions: protection from accidents and infection.
Importance of good nutrition.
Medical and surgical conditions associated with the aged. Causes, prevention, and treatment.
Rehabilitation; education of patients and relatives.
Role of district nurse and medical social worker, old aged associations, clubs, etc.

**THIRD YEAR**

**PUBLIC HEALTH AND SOCIAL SERVICES**

Public health and district nursing.

**NURSING ARTS**

Nursing: As applicable to obstetrical and gynaecological nursing and medical and surgical specialties.

Gynaecological nursing.
Medical and surgical specialties:
Orthopaedic nursing.
Urological nursing.
Eye, ear, nose and throat nursing.
NURSING SCIENCES

As applicable to above nursing arts.

PROFESSION OF NURSING

Nursing trends and professional responsibilities.

WARD ADMINISTRATION

Six lectures on ward administration.

OBSERVATIONAL NURSING

1. Anatomy and physiology—Revision. Embedding of ovum, development of foetus; foetal circulation; mechanism of labour; foetal skull; pelvic girdle.
2. Medical and surgical conditions—Disorders of pregnancy, labour, and puerperium; ante- and post-partum haemorrhage; treatment for shock; toxoaemias of pregnancy; delay in labour; abnormal presentations; obstetrical operations; abnormal labour; rh factor and anaemias of pregnancy, disorders of lactation. Pyelitis, cystitis, nephritis, uraemia disorders of digestive and endocrine systems.
(a) Microbiology—Special emphasis on prevention of infections (ward and nursery).
(b) Pharmacology—Relative to system; special reference to analgesics and anaesthetics.
(c) Nutrition and diet therapy—Value of good nutrition in pregnancy and lactation.
(d) Nursing arts—Pregnancy tests; blood investigation; management of first, second, and third stages of labour; preparation for labour and puerperium; management of sedation and analgesics; nursing care of patient during puerperium; management of breast and artificial feeding.
(e) Public health and health education—Ante-natal care; trends in statistics (maternal and infant); special emphasis regarding abortion, tuberculosis, venereal diseases.
(f) Psychology and mental hygiene—Special emphasis on attitude to pregnancy, labour, and breast feeding.
(g) Socio-economic—Social security legislation.
(h) Rehabilitation—Relative to system.

3. Obstetrics—Relative to system.
4. Paediatrics—Relative to system.
5. Geriatrics—See special subject of geriatric nursing.

Note—Gynaecological nursing should be coordinated with the teaching of the female reproductive system.

MEDICAL AND SURGICAL SPECIALTIES

ORTHOPAEDIC NURSING

1. Anatomy and physiology.
2. Diseases and disorders of genital tract—Abortion, ectopic gestation and caesarean section; carcinoma of genital tract; diseases of vulva and vagina; displacements and fistulae, myoma of uterus and metropathia haemorrhagica; cervicitis; salpingitis and endometritis; ovarian cysts and tumours; disorders of menstruation and sterility.
(a) Microbiology—Relative to system.
(b) Pharmacology—Relative to system.
(c) Nutrition—Relative to system.
(d) Nursing arts—Pre- and post-operative care; vaginal douches; gynaecological examinations.
(e) Public health and health education—Relative to system.
(f) Psychology and mental hygiene—Special reference to carcinoma.
(g) Socio-economic—Relative to system.
(h) Rehabilitation—Relative to system.
3. Obstetrics—Relative to system.
4. Paediatrics—Relative to system.
5. Geriatrics—See special subject of geriatric nursing.

Note—Specialist orthopaedic nursing should be coordinated with the teaching of the skeletal system.

EAR, EYE, NOSE, AND THROAT

1. Anatomy and physiology—Revision with emphasis on specialities.
2. Medical and surgical diseases and disorders—Eye: Inflammation, errors of refraction, astigmatism, presbyopia, strabismus or squint, conjunctivitis, foreign body in eye, injury to eyeball, corneal ulceration and opacity, detachment of retina, glaucoma, cataract.
Ear, nose and throat: Middle ear disease, mastoiditis, deafness, conditions affecting tonsils and adenoids. Nasal obstruction, sinusitis.

(a) Microbiology—Relative to system.
(b) Pharmacology—Relative to system.
(c) Nursing arts—Pre- and post-operative treatments.
(d) Nutrition and diet therapy—Nature of diet.
(e) Public health and health education—Relative to system.
(f) Psychology and mental hygiene—Relative to system.
(g) Socio-economic—Relative to system.
(h) Rehabilitation—Breathing exercises, speech training, sight-saving classes, hard-of-hearing classes.

3. Obstetrics—As applicable.

4. Paediatrics—Special emphasis on speech training, breathing exercises, sight-saving classes, hard-of-hearing classes.

5. Geriatrics—Same as above with particular attention to value of glasses and hearing aids.

PUBLIC HEALTH AND SOCIAL SERVICES

PUBLIC HEALTH AND DISTRICT NURSING

Revision of duties and responsibilities of public health and district nurse. Care of equipment on the district. Value of health education. Teaching of relatives to care for patient in nurses' absence. Social and health agencies in the community which can be of value to the patient. Meals on wheels.

PROFESSION OF NURSING

NURSING TRENDS AND PROFESSIONAL RESPONSIBILITIES

The early developments on nursing education in New Zealand in the main hospitals. The introduction of State registration, examination, inspection; the extension of nurses into other fields of practice than hospital. The history of the Nurses and Midwives Board and revision of the New Zealand Registered Nurses' Association. Development of social medicine in New Zealand.

WARD ADMINISTRATION

Responsibilities of person in charge of ward— to the patient and then relating to the doctors and to the hospital. Care and use of ward equipment. Records and reports. Rostering of duties. Teaching of student nurses.

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<td>Preliminary: Anatomy, physiology, and biochemistry, introduction to microbiology, introduction to pharmacology, public health and community health, introduction to nutrition, introduction to social services, introduction to pharmacology and mental hygiene, introduction to anthropology and race relations, introduction to occupational therapy.</td>
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<td>Nursing Arts: Principles and practice of nursing and first aid.</td>
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continued on page 27
Explanatory Notes to the Supplementary Instructions for the Training of Nurses

PRELIMINARY TRAINING SCHOOL AND REMAINDER OF FIRST YEAR

The purpose of this introduction is to provide tutors, lecturers, and student nurses with some explanatory notes on the subjects to be included in the curriculum for basic nurse training; it will also give to those responsible for teaching student nurses some indication of the detail and organisation of teaching in the particular subjects to be studied during the three-year course.

The supplementary instructions are not given in entirety or in great detail. This has been done intentionally to enable those who are responsible for teaching the subjects to have some opportunity to plan the theoretical instruction and practical experience to suit the needs of the individual nursing school. As the preliminary training has been extended to cover 12 weeks, this section has been given in detail both as regards theoretical instruction and clinical experience. New subjects are given in detail.

The aims of the curriculum are:

1. To give the student nurse a sound clinical and theoretical basic-nursing education so that she can through all stages give good nursing care to her patients.
2. To give the student nurse a course of nursing education which includes maternity nursing in a three-year period.
3. To give the student nurse a course of nursing integrated throughout with public health and preventive medicine so that she may take her place as a useful member of the health team.
4. To give the student nurse opportunity to work not only in the hospital but in related health fields.
5. To provide opportunity for active student participation in the educational process through the use of modern methods of teaching.

The plan given in the supplementary instruction has been worked out for the study-day method. This does not make it mandatory for each school to introduce a study day. Those who prefer and who already have a block or half-block system may continue with this method if they so desire. A study day or a block system is optional, but every school must have one or the other method in operation.

The obstetrical experience has been planned in two sections. A period of six weeks practical experience is to be given in the first year and a period of 12 weeks in the third year.

It is suggested that the first six weeks of obstetrical experience should commence immediately following preliminary school. It is realised that it will not be possible or practicable for all student nurses to be allocated to obstetrical wards at this time, therefore it is suggested that those students who will be required for medical and surgical wards following on preliminary school should have some experience in obstetrical wards during the preliminary period.

The same applies to operating-theatre experience. In the plan this experience is divided into two periods, one at the end of the first year and the other during the second year. Many will prefer to give this experience in one period. There is nothing to prevent anyone from doing this if they so desire.
Others who already divide this period of experience in two parts may continue
to do so. If the theoretical instruction is given in the method suggested it
will not matter when or how the practical experience is planned by the
individual hospital.

This flexibility of practical experience is permissible in this curriculum
on account of the theory having been arranged to allow for it. The only
MUSTS as far as the practical experience is concerned are in relation to
obstetrical nursing. The first period must be given in the first year and the
second period in the third year. The remainder of the practical experience
can be arranged to suit the needs of the individual hospital concerned.

The theory has been planned to cover a maximum period of 26 weeks.
This is the same as was allowed in the former curriculum. It has been
suggested by many that it can be covered in less time. The graph in these
instructions shows the maximum period which must not be exceeded, but if it
is found that it can be covered in less study days than those given the
Nurses and Midwives Board will raise no objection. It will not permit,
however, of a total period of more than 26 weeks.

Obstetrical nursing has been introduced at the beginning of the course
for two reasons. Firstly, to enable the student nurse to have contact
with well patients before she is required to nurse sick ones. Secondly,
with those taken to protect the health of members of the community.
Normal nutrition, previously given in the second year, has now been included
in the preliminary school instruction for the same reasons. Cookery has been
entirely deleted. The time previously spent in practical work in invalid
cookery can now be used for the introduction of obstetrics. Time will also
be available during the preliminary period for teaching the student nurse
the principles of good food service to patients. This is an essential part of
total nursing care of the patient, as the service of food plays a very important
role in regard to the patient's comfort whilst he is in hospital.

"Nursing Trends and Professional Responsibilities" replace "History of
Nursing". It is intended by this subject to give a broader picture of nursing
and so develop within the nurse her responsibilities as a professional person.

The deletion of the State Preliminary Examination paper in "Anatomy and
Physiology" will allow for less teaching hours being spent in the first year
in this subject, and will permit of more time being given to the teaching of
nursing arts and the subjects of nutrition, obstetrics, and paediatrics.
By the end of the first year it should be possible to commence teaching the
systems of the body in more detail and to relate this teaching to medical
and surgical conditions and diseases. At the same time it should also be
possible to correlate pharmacology, microbiology, public health and preventive
medicine, and to relate all aspects as they affect obstetric, paediatric, and
geriatric patients.

Where applicable, communicable diseases can be taught in relation to the
systems; otherwise they can be taught during the first year in conjunction
with basic nursing care of the medical and surgical patient.

During the remainder of the first year it is proposed that in conjunction
with the study of obstetrics, the growth and development of the normal child
should be introduced. The subject "Introduction to Medical and Surgical
Nursing" should include those subjects which the nurse needs to know at
this stage. These are given in full detail in these instructions and should
consist of the nursing arts which the nurse will be required to carry out
during this first year.

These are taught with the introduction of obstetrics and paediatrics and
a sound knowledge of the basic nursing care of the medical and surgical
patient is given. The student should towards the end of the first year be able
to go on night duty feeling quite capable and confident of carrying out
procedures and making observations of the patients' progress.

SECOND AND THIRD YEARS

The second year will see the continuation of teaching medical and
surgical diseases and disorders commenced at the latter end of the first year.
It is anticipated that this teaching should be completed by the end of
the second year. In the past many schools have divided the second year into one
six months which was called "Junior Medicine" and the other six months
called "Senior Medicine and Senior Surgery". Quite often with the lectures separated
into two sections a nurse has been in the surgical wards when receiving
the medical lectures and in the medical wards when receiving surgical lectures.
Unnecessary repetition of basic nursing care of medical and surgical patients
has also taken place. The setting out of these subjects to be taught together,
and in suggesting that they be taught in conjunction with the system studied,
will avoid repetition and will ensure that the nurse has her theory and practice
 correlated throughout her entire training. Operating-theatre lectures should
give in the operating theatre and not in the classroom and they should
be given by the operating-theatre sister. Case studies should be made more use
of, and the student given the opportunity to present these studies to the
class. As much teaching as possible should take place where the patient is,
at the bedside, and ward sisters should be encouraged to assist in this
 teaching. Teaching in the ward can be incidental as well as planned and
every effort should be made to have the student learn whilst she is in the
ward.

The instruction in the second year will relate mainly to general medical
and surgical nursing, geriatric nursing, and operating-theatre technique which
is much the same as under the former curriculum. It is anticipated that
30 study days in this year should prove ample.

The third year will be the year of specialties. Obstetric nursing of 12 weeks
will be given in this year and the theory covered will be the same as in the
present maternity training. If there has been a close relationship to obstetrics
during the second year the teaching of this subject should not present any
difficulties. It can now be related to gynaecological nursing and will make
both subjects more interesting. Other medical and surgical specialties will
also be given in this year.

It is suggested that time should be allowed for the nurse to have some
experience outside of the hospital, and it is hoped that a period of up to four
weeks can be spent with public health or district nurses. Some hospitals are
already giving a week in this year and where time and opportunity permit
this could be further extended. If the nurse of the future is to be a useful
member of the health team it is very necessary that she spends some time
during her training working in the homes.

From the supplementary instructions it will be evident that a period of
10 weeks over and above the clinical experience required by the Nurses and
Midwives Board will be available. This period may be utilized in any of the
services at the discretion of the individual training school. It is anticipated that
a maximum of 38 study days will be necessary in this year.
During this year it is suggested that up to six lectures should be given to the nurse in ward administration. As soon as the nurse passes her State examination she is expected to change suddenly from student to registered status, yet she is given no formal instruction as to what her professional responsibilities will be. The staff nurse will have more confidence if a series of lectures is given to prepare her for this important position.

METHODS OF LEARNING AND TEACHING

"The problem is not what to teach but how to educate." Kingsley.

It is strongly recommended that, as far as possible, learning and teaching should be patient-centred. The informal discussion method of teaching, associated with assignments to cover the subjects concerned, resulting in student participation should be used wherever possible. The formal or lecture type of lesson is important in teaching many aspects of the course and should still be used, but discussions, clinics, demonstrations, presentation of case studies, role playing, and field visits should form part of every study day. It is suggested that there is a gradual transition from a higher proportion of formal lectures in the first year to a minimum in the third year.

As much teaching as possible should take place in the clinical field, i.e., in the hospital ward or in the home of the patient. With large classes it will obviously be impossible for all members of the class to visit the same public health nurse or to visit the same patient for a hospital bedside clinic. Therefore, a student who has made a good visit or been present at a good clinic should, through the medium of the assignment and discussion methods of learning and teaching, relate and discuss her experience with other members of her class.

Where there are clinical supervisors it should be possible for more than one clinic to be given on the same subject, though possibly with a different patient. This should stimulate the discussion which should follow all such clinics as patients frequently differ. The ward sister should be encouraged to take part in all teaching which is given in her ward, and she may well take her place alongside the tutor and the clinical supervisor in being responsible for the teaching.

DISCUSSIONS FOLLOWING VISITS

It is most desirable that the person or persons in the clinical field who have taken the student nurses for a clinic or a visit be invited to be present and to take part in the discussion which should be considered as part of the learning process.

SUGGESTIONS FOR KEEPING THE WARD AND DEPARTMENTAL SISTERS IN CONTACT WITH THE NURSING SCHOOL

1. All ward and departmental sisters should be encouraged to visit the nursing school and attend any lectures and/or discussions.
2. Opportunity should be taken at staff meetings to discuss any nursing procedures which are either being badly carried out or which are due for alteration.
3. All wards should have an up-to-date standardised procedure book (preferably of the loose-leaf variety) for ready reference in the ward.
4. All wards and departments where the student nurses are gaining experience should have an up-to-date timetable of the study days and lecture programmes.

5. All wards should have a list of the diseases or disorders as well as treatments which the nurse should be expected to learn during her experience in that particular ward.
6. The tutorial department should send out weekly notices to all wards and departments advising them of the topics to be learned in the various classes during the ensuing week. This gives the ward sister opportunity to give related teaching in her ward.
7. All ward and departmental sisters should be advised of any new additions to the nursing school library.

CASE STUDIES

Case studies constitute a most valuable part of a student's learning but only if they are used to advantage.

All students should be encouraged to take out case histories embodying the total care of the patient, i.e., physical, mental, social, and economic aspects, and for these to be of value the student must present her study to a class discussion which is an ideal method of teaching and learning.

It is important that the case for study should be carefully chosen and only those cases which can form part of a student's present learning should be selected; the unusual or rare case should be the subject of a study after graduation when it may be presented as part of an in-service education programme.

PLANNING A STUDY DAY

Most study days allow for approximately six hours of work and these should be planned most carefully to maintain a correct balance for good learning.

It is suggested that not more than two formal lectures should be given on any one study day and that the remainder of the time should be spent in formal or informal discussions, demonstrations, clinics, role playing, assignments, and planned study. Field visits may also form part of a study day.

The best results are achieved when the student herself is motivated to learn by reading, case studies, assignments, and projects. It is not possible, nor is it wise, to try to teach everything in the syllabus.

THE STUDENT MUST TAKE RESPONSIBILITY FOR HER OWN LEARNING BUT SHE MUST HAVE HELP IN PLANNING HER WORK

SAMPLE EXAMINATION QUESTION—Medical

Mr John Paterson is 23 years old. Since his marriage 18 months ago he has been working long hours as a panelbeater at the local garage. He has managed to pay off the first installment of a new house where he lives with his wife and four-weeks-old baby.

Two weeks ago he began to have persistent headaches which interfered with his work. A visit to his local doctor showed that he also had an abnormally high-blood pressure, albumen in his urine, and a certain amount of anaemia. In view of this, he was admitted to hospital for investigation of a chronic nephritic condition.

1. Indicate by ( √ ) which three of the following conditions might have predisposed to a primary attack of nephritis:
   - Subacute bacterial endocarditis
   - Virus pneumonia
   - Tonsillitis.
Meningococcal meningitis.
Poliomyelitis.
Scarlet fever.
Tetanus.

State the reason for your choice ........................................................................................................

2. Name two parts of the kidney involved in chronic nephritis:
   (1) ......................................................................................................................................................................... ..
   (2) ......................................................................................................................................................................... ..

3. The following renal function tests were performed by the laboratory to confirm the diagnosis.
   Complete the following sentences:
   (a) Urea clearance test which indicates the amount of .................................................... ..
   (b) T.N.P.N.: the total amount of ...........................................
   (c) Specific gravity fixation test, a ...................................................... test which indicates
   the ............................................................ and ....... :..
   (c) Specific gravity fixation test, a ...................................................... test which indicates
   the ............................................................ and ....... :

4. Indicate by ( / ) which of the following statements are correct:
   (a) After an initial week's rest in bed John was encouraged to participate
       in ward activities, though his blood pressure still remained higher
       than normal.
   (b) Albuminuria was estimated daily by using an Esbach's test.
   (c) As no oedema was present a low salt diet was indicated.
   (d) The renal function tests showed some kidney damage, but a moderate
       amount of protein was allowed in his diet.
   (e) An accurate record was kept of fluid intake and urinary output.
   (f) John was encouraged to drink at least 3,000 c.c. of fluid daily.
   (g) John's blood pressure was recorded and charted daily.

5. For what purposes were the following drugs prescribed in the treatment?
   Mist. potassium citrate ..........................................................................................................................
   Ferrous sulphate tablets ..........................................................................................................................

6. John fully understood the problems and prognosis of his illness through discussions with his doctor.
   (a) After his discharge from hospital, what physical symptoms might he
       be warned to report to his doctor?
       (i) ........................................................................................................................................................... ..
       (ii) .......................................................................................................................................................... ..
       (iii) ............................................................................................................................................................ ..
       (iv) .......................................................................................................................................................... ..
       (v) .......................................................................................................................................................... ..
   (b) He is advised by his doctor to change to a lighter occupation in the
       meantime. What steps could be taken to help him secure a lighter
       occupation?
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(c) Mrs Paterson, who is learning to look after a new baby, is worried about cooking for her husband as he has been advised by his doctor to have a low protein diet with moderate salt restriction, and an extra intake of fluids. How could you advise her?

(d) The medical social worker in your hospital is an important member of the health team. Suggest two ways in which she could assist in the rehabilitation of John Paterson.

(i) ................................................................................................................................................................ ..

(ii) ................................................................................................................................................................ ..

SAMPLE EXAMINATION QUESTION—Surgical

Mr Simpson, a healthy young man of 28, married with one child and in business on his own account as a carrier, is admitted to your hospital at 10 p.m. as an urgent case with a diagnosis of strangulated right-inguinal hernia. His general condition is good.

1. In your opinion, what are the symptoms that are likely to have caused Mr Simpson to have called in his doctor?

2. Mr Simpson's hernia is an inguinal hernia. Name three other varieties of hernia, according to the position in which they occur.

(1) ...................................................................................................................................................................................... 

(2) ...................................................................................................................................................................................... 

(3) ...................................................................................................................................................................................... 

3. What is the meaning of the term “strangulated” as applied to a hernia, and what dangers to the patient result from a hernia becoming strangulated?

4. Mr Simpson's surgeon decides on urgent operation and orders the theatre to be ready in half an hour. (a) What area of skin would you prepare; (b) What method of skin preparation would you use; (c) What other pre-operative preparation would you expect to carry out?

(a) ...................................................................................................................................................................................... 

(b) ...................................................................................................................................................................................... 

(c) ...................................................................................................................................................................................... 

5. Mr Simpson's operation was successfully carried out under general anaesthesia with nitrous oxide and oxygen supplemented by ether (the intestine was returned to the abdomen, the hernia operation completed, and the wound closed). If you are detailed to “special” him on his return to the ward, what would you regard as your particular duties until such time as he fully regains consciousness?

6. If you were in charge of the ward on night duty on Mr Simpson's return to the ward, what points would you particularly observe about his case from the point of view of your entries in the night report?

7. According to the practice of your hospital, what steps would you take in connection with the care of the bowels, post-operatively and during Mr Simpson's convalescence?
8. What complications would you be especially on the look-out for: (a) during the first 72 hours; (b) during the ensuing 10 days?

(a) ............................................................................................................................

(b) ............................................................................................................................

9. What observations might lead you to suspect that occurrence of a haematoma or sepsis in the wound?

10. Prior to Mr Simpson’s discharge from hospital:

(a) What advice would you expect him to be given by his surgeon;

(b) If his wife asks you about any special precautions she should encourage him to take, what advice would you give?

(a) ............................................................................................................................

(b) ............................................................................................................................

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