

RN8

SYLLABUS

**of Subjects for Examination
for the Certificate of the Nursing of**

SICK CHILDREN

1964

**The GENERAL NURSING COUNCIL for ENGLAND and WALES
P.O. BOX No. 803 · 23 PORTLAND PLACE · LONDON · W.1.**

The General Nursing Council for England and Wales

Syllabus of Subjects for Examination for the Certificate of the Nursing of Sick Children

Printed and Published
By Authority of the Council
Obtainable at the Offices of the Council,
P.O. Box 803,
23, Portland Place, London, W.1.

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THE SYLLABUS

SECTION I

PRINCIPLES AND PRACTICE OF NURSING INCLUDING FIRST AID

(i) Introduction

- Outlines of the history and background of nursing.
- Outline of the Health Service.
- The hospital, the various departments and functions, including its relationship with the Local Health Services.
- Personal qualities and attitudes required of the nurse.
- Standards of ethical conduct.
- Relationship between the nurse, the patient and the relatives.
- The place of the nurse in the hospital team, relationship with medical staff and other hospital workers.

(ii) Ward Management

- The plan of the ward routine, and the patients' day.
- Elimination of unnecessary noise.
- Ventilation, heating and lighting.
- Cleanliness of the ward as it affects the safety and comfort of the patients.
- Care of linen; disposal of soiled and infected linen.
- Care and use of equipment.
- Care and use of toys and play material.
- Care, storage and handling of food and feeds.
- Economy in use of materials and equipment.
- Safety precautions for children in hospital.

(iii) General care of the patient

- Reception, identification and admission of patients and relatives.
- Transfer and discharge of patients.
- Recording necessary particulars.
- Care of the patient's clothing and other belongings, including valuables.
- Observing and reporting on the patient's general condition and behaviour.
- The nurse's responsibility for the patient's general cleanliness, hygiene and safety.
- Bathing of infants and children.
- Prevention and treatment of infestation.
- Making of beds and cots, moving and lifting patients, helping patients to get in and out of bed.
- Care and protection of children who are up and about.
- Serving meals.
- Feeding infants and children. Measuring and recording fluid intake and output.
- Preparation of feeds.
- Recording weight and height.
- Taking and charting the temperature, pulse, respiration and blood pressure.
- Observing and reporting on urine, faeces, vomit and sputum.
- Giving and receiving reports.
- Care of premature babies. Development, management and feeding.

(iv) Human behaviour in relation to illness

- Preparation of children for coming to hospital as in-patients or out-patients.
- Effects on children of coming to hospital.
- Effects on the parents of their child's admission to hospital.
- Visiting children in hospital by parents and other visitors.
- The nurse-patient relationship.
- The nurse-parent relationship.
- Children's reaction to illness.
- The effects of emotional states on physical conditions.
- Convalescence, rehabilitation, return to the family and school.

(v) Nursing procedures

1. *Associated with general care of the patient*
 - Special positions used in nursing care.
 - Bed and cot making with modification of method required in special conditions.
 - Methods of warming the bed.
 - Methods of relieving pressure.
 - Prevention and treatment of pressure sores.
 - Disposal and/or disinfection of urine, faeces, sputum and vomit.
 - Care of incontinent patients.
 - Care of paralysed patient.
 - Care of the unconscious patients.
 - Last offices.
2. (a) *Prevention of spread of infection in the ward*
 - Cubicle nursing and bed isolation.
- (b) *Surgical technique*
 - Principles of asepsis.
 - Aseptic technique.
 - Methods of cleansing, sterilisation and disinfection.
 - Preparation of lotions.
 - Conduct of surgical dressings and other sterile procedures.
 - Methods of securing dressings.
 - Methods of disposal of soiled dressings and disposable equipment.
3. *Administration and storage of drugs*
 - Weights and measures (Imperial and Metric System).
 - Rules for the storage of drugs and poisons.
 - Rules for the method of the administration of drugs.
4. *Associated with special conditions.*
 - Care of patient before and after anaesthesia.
 - General pre-operative and post-operative nursing care.
 - Inhalations.

- Administration of oxygen and other gases.
- Nursing infants in incubators.
- Nursing of patients requiring artificial respirators.
- Use of suction apparatus.
- Intravenous and subcutaneous infusions.
- Artificial feeding.
- Gastric aspiration and washout.
- Preparation and administration of enemas of various types.
- Passing a flatus tube.
- Colonic and rectal washouts.
- Catheterisation and irrigation of urinary bladder.
- Treatment of the eye; bathing, irrigation, instillation of drops, application of ointments and dressings.
- Treatment of the ear; swabbing, instillation of drops, insufflation, syringing, application of ointments and dressings.
- Treatment of mouth and throat by gargling, irrigation and painting.
- Uses and applications of heat, cold, medicated preparations.
- Principles and methods of treatment by baths and sponging.

5. *Clinical procedures*

- Collection of specimen of urine, faeces, vomit, sputum and discharge.
- Urine testing.
- Preparation and care of patient and preparation of apparatus for:—
 - (a) examination of eye, ear, nose, mouth, throat; of respiratory, alimentary, urinary and genital tracts; neurological examination.
 - (b) procedures including the examination of body fluids, gastric analysis, renal and liver efficiency test, estimation of basic metabolic rate, X-ray examinations; lumbar puncture, cisternal puncture, ventricular puncture, bone marrow puncture; venepuncture and venesection; aspirating the pleural cavity; sub-dural tapping.
 - (c) drainage of peritoneal cavity and subcutaneous tissues.

6. *Operating theatre technique*

- Preparation and use of theatre and annexes.
- Preparation, sterilisation, use and care of instruments and other equipment.
- Position of patient for operation.
- Observation and care of patient during anaesthesia and operation.

(vi) First aid and treatment in emergencies

- Aims of first aid treatment.
- General principles and rules to be observed.
- Improvisation of equipment.
- Methods of moving and carrying injured persons.
- Use of triangular and roller bandages and splints.
- Haemorrhage.
- Shock.
- Asphyxia.
- Fractures.
- Burns and scalds.
- Poisoning.
- Fits.
- Emergencies, e.g. fire and accidents in the ward.

SECTION II

THE STUDY OF THE HUMAN INDIVIDUAL

- Introduction to the development of the human individual; physical and mental.
- General structure of the body with its relationship to function.
- The skeleton and its functions. How joints and muscles function.
- Need for, and supply of oxygen to the tissues.
- Principles of nutrition and basic dietetic requirements, breast feeding, artificial feeding, introduction to mixed feeding.
- The use of food and fluid.
- The circulation of the blood and the functions of the lymph and tissue fluid.
- Elimination of waste products.
- Control of activity by the nervous system and hormones.
- The appreciation of environment; the senses of sight, hearing, smell, taste and touch.
- Reproduction.

How mind and personality develop

- The basis of mental health; environment and constitution as a determinant of human behaviour.
- Family relationships and security.
- The importance of play.
- Social development during infancy in pre-school years, at school, at work, in courtship, marriage and parenthood.
- Maturity. Readjustments needed in middle age and old age.
- Maintenance of Health.*
- Housing and the home*
- Types of buildings.
- The problem of noise.
- Provision of adequate ventilation, heat and light.
- Provision of an adequate supply of safe water.
- Storage and care of food.
- Disposal of refuse.
- Cleanliness.
- Prevention of accidents in the home.

The Individual

- Clothing, nutrition, exercise play, and recreation; fatigue, rest and sleep.

SECTION III

CONCEPTS OF THE NATURE AND CAUSE OF DISEASE AND PRINCIPLES OF PREVENTION AND TREATMENT

- Nature and causes of disease*
- Congenital abnormalities.
- Nutritional disorders; deficiencies or excesses in the diet, failure in absorption.
- Mechanical disorders
- Inflammation, symptoms and signs; local and general, effects and results.
- Infection; types of organisms and methods of spread of infection; reactions; immunity.

Endocrine disorders.
Emotional stresses.
New growths; types and characteristics.
Poisons.
Undetermined origin.
Degeneration.

These general headings setting out in the broadest possible lines the nature and cause of disease should be applied in the study of all types of conditions which will include general and specialised medical and surgical conditions affecting infants and children up to the age of leaving school.

The study of any condition from which a patient may be suffering either of a general or specialised character should include:—

Applied anatomy and physiology.

Cause.

Signs and symptoms.

Reasons for investigations.

Treatment.

Nursing care to include observations and records.

Normal course of the disease. Complications.

Social aspects, schooling and rehabilitation.

Maintenance of health and prevention of disease

Factors contributing to the maintenance of health including health education of parents and children (see Section II).

The influence of the child's home and economic background in the prevention of disease and as an associated cause of disease.

Factors contributing to the breakdown in health.

The personnel concerned with physical and mental care outside hospital.

Personnel contributing to the maintenance of health and co-operation with the staff in wards and departments of hospitals, the family doctor and the Local Health Authority.

The Social Services.

Treatment of disease

Relevant items from Section I, Principles and Practice of Nursing, and the application of physiological processes included in Section II, the Study of the Human Individual, should be studied in relation to the nursing care required in the treatment of any condition from which children may be suffering.

Other aspects of treatment

1. Rest

General rest of mind and body.

Importance of environment and planning the child's programme to include adequate rest.

Physiological rest of affected organ or area.

Problems associated with prolonged local or general immobilisation.

2. Dietetics and Infant Feeding.

Modifications of the normal diet in the treatment of various conditions.

3. Pharmacology

Dangerous Drugs Act.

Regulations under the Pharmacy and Poisons Act.

The use, dosage, action and side effects of drugs commonly ordered in diseases of the:—

Cardio-vascular system;

Alimentary system;

Endocrine system;

Nervous system;

Genito-urinary system;

Respiratory system;

Locomotor system.

Preparations of vitamins and hormones.

Anti-histamines.

Chemotherapeutic agents.

4. Radiotherapy

Principles of treatment by X-Ray and radioactive substances.

5. Physiotherapy

Principles of treatment.

6. Psychiatric treatment

Principles of treatment and use of drugs.

Social, group and play therapy.

7. Occupational therapy

Principles and use of occupational therapy as a means of return to health.

GENERAL PRINCIPLES OF MEDICINE AND SURGERY

Medical and Surgical Nursing

Cardio-vascular system

Abnormalities of pulse, cardiac action and blood pressure. Diseases affecting the heart, blood, blood vessels and blood forming organs, lymphatic vessels and nodes.

Respiratory system

Abnormalities of respiration.
Types of cough and sputum.
Diseases of the respiratory tract, lungs and pleura.

Alimentary system

Abnormalities and disorders of appetite, swallowing, digestion, absorption, metabolism, and defaecation.
Types of vomiting, diarrhoea and constipation.
Diseases of the alimentary tract and its associated organs.

Urinary system

Abnormalities of urine.
Disorders of micturition.
Diseases of the urinary tract.

Locomotor system

Abnormalities and diseases of bones, joints and muscles. Trauma.

Endocrine system

Effects of disordered function of endocrine glands.

Nervous system

Disorders and diseases of the brain, spinal cord, and peripheral nerves.
Assessment of level of consciousness, sensory changes and types of paralysis.

Special senses

Abnormalities and disorders of sight, hearing, smell, taste and touch.
Diseases of the eye, ear, nose, tongue and skin.

Communicable diseases

Immunity. Use of sera and vaccines.
Mode of spread of infection.
Specific fevers.
Venereal diseases.

Mental Subnormality and psychological disorders

Recognition, care and training of the mentally subnormal.
Emotional and behaviour disorders.
Neuroses and psychoses.
Psycho-somatic disorders.

GUIDE

to the Syllabus of Subjects for
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The purpose of the Guide is to provide those concerned with the training of student nurses with an indication of the ways in which the syllabus can be built into a curriculum, and to indicate the depth and detail of teaching which is desirable for different subjects. The Council hopes that the Guide may be useful to members of education committees in planning the overall policy for nurse education and to nurse tutors and lecturers, clinical instructors and staff nurses, particularly those undertaking the teaching of nurses for the first time, and to ward sisters.

The syllabus of subjects for examination is of necessity based on broad outlines. Excessive details are excluded since a syllabus must be retained in use for a reasonable number of years in order to ensure that schemes of training can be introduced and continued until their value has been proved. It has been shown that a syllabus which is too detailed has the effect of narrowing the training, and places limitations on the individual school which is trying to plan the training of nurses in a realistic way in relation to the clinical experience and the changes in medical practice.

It is emphasised that this syllabus is not simply a revision of the 1952 syllabus to bring it into line with current treatment and nursing care, but is a syllabus in which it is envisaged that subjects will be more closely integrated throughout the training period. It may be helpful for those responsible for planning the curriculum or giving formal and informal instruction to student nurses, to look back on the phases through which nurse training has passed.

History

When nursing was being organised into a recognised pattern of training the student nurse had to be given an adequate preparation for the work she was to undertake. This preparation given in the Preliminary Training School was to consist mainly of the practical skills required by the nurse, together with a simple understanding of anatomy and physiology in order to appreciate the reasons for carrying out simple nursing techniques. As the years went by this pattern of preparation in the classroom changed with a higher proportion of time being allocated for the teaching of scientific subjects, and a tendency to reduce the practical experience in the wards.

Two factors have contributed to this increased emphasis on anatomy and physiology with limited visits of observation to the wards. Firstly, there are some instances where the Preliminary Training School period has been regarded as a convenient time in which to complete the syllabus for the Preliminary State Examination. Unfortunately this emphasis on basic sciences in the first twelve weeks of the 3-year period of training, has led to a great deal of detail being learned by student nurses; as much of this is unrelated to the practical nursing care of the patient, it is quickly forgotten and the position is further aggravated by the present form of the Preliminary Examination. Secondly, the siting of Preliminary Training Schools some distance from the hospitals has created travelling problems with a consequent

All new work should have been introduced by the fourth month of the final year of training and the order in which the teaching is given will depend to some extent on the experience available; the plan should ensure that as the student's responsibilities increase and greater demands are made on her for skilled nursing, she is given the necessary background knowledge. The student should know the overall plan of training.

It is not considered desirable to include lectures by specialist members of the medical staff in the introductory period since emphasis at this stage should be on the introduction to the work the student nurse will be undertaking in the wards. It is hoped, however, that opportunities will be made for a few talks to be given by specialists and members of the medical staff to help the student nurse to appreciate the many people working for the most satisfactory care and treatment of patients. A talk by a doctor, matron, the almoner, health visitor, a general practitioner, a psychologist or psychiatrist, a chaplain and others can be helpful, although the main teaching in this introductory course will be the responsibility of the tutorial staff. Subsequent teaching of anatomy and physiology should be linked as closely as possible with the study of treatments of certain conditions; for example, the anatomy and physiology of the stomach should be considered in relation to lectures by a surgeon and physician on this subject and followed by teaching by the pharmacist and dietician. It is appreciated that teaching on these lines may be difficult to arrange and it may not be possible to have the teaching on applied anatomy and physiology given immediately prior to a discussion of a specific condition, or even on the same day, but these subjects should be given within the same course of instruction.

SECTION I

PRINCIPLES AND PRACTICE OF NURSING INCLUDING FIRST AID

Principles and Practice of Nursing

In this section of the syllabus the whole of nursing is considered and includes the broad principles underlying organisation of the environment in which children are nursed, the principles of ward administration, together with the basic needs of children on admission and during their stay in hospital and the preparation they require for their return to the community. This section includes the nursing care required to maintain the general comfort, security, health and protection of babies and children, together with the skills which the nurse must learn and in which she must become proficient so that she can carry out the special nursing care in relation to the treatment of the condition from which the patient is suffering.

For convenience and easy reference this part of the syllabus has been divided into sections, but it is emphasised that these sections are not arranged in any order of progression in relation to the teaching of the

waste of teaching time. It has also resulted in a splitting off of the introductory course from the overall teaching programme and from the wards.

Subsequent teaching was planned in courses of lectures by members of the medical staff, for which student nurses were withdrawn from the wards for an hour 2 or 3 times each week. The lectures were given in the early morning or evening in order to fit in with the night nurses. Later the study day and study block systems came into being which allowed the student nurse to be freed from hospital responsibilities. These systems avoid the attendance of night nurses at classes either before or after a span of duty.

The 1964 Syllabus

The most striking changes in this syllabus are the absence of the two separate sections for the Preliminary and Final Examinations and the alterations in the section relating to anatomy and physiology and personal and communal health.

It will be noticed that the syllabus is divided into three main sections which should be built into the curriculum as three main streams of learning, and whenever practicable they will be taught side by side.

The sections relate to principles and practice of nursing including first aid, the study of the human individual and concepts of the nature and causes of disease.

In the introductory period of training of eight weeks a broad outline should be given of the normal structure and function of the body, physical, emotional and intellectual growth and how health and security are maintained. During this introductory student nurses should visit wards and departments at different times of the day and consider generally the problems of children in hospital and those of their parents. Discussions should follow these visits on the part played by the nurse.

In addition to the course 14 to 16 weeks should be allocated for study days or study blocks. During the first year the nature and causes of disease will be introduced with further consideration of the relevant anatomy and physiology and the principles of medical and surgical treatment. It is suggested that the heaviest part of the theoretical programme will come into the second year of training.

In planning the instruction which must be given to student nurses for them to understand and learn the art of nursing, the Council hopes that every endeavour will be made to increase the time spent in clinical teaching, group discussion, seminars and any method of teaching or use of visual aids which ensures and encourages the active participation of student nurses in their educational programme.

It is expected that formal lectures will be retained mainly for the introduction of new material by members of the medical and specialist staff and that the temptation of the tutorial staff to increase formal lectures to "cover the syllabus" will be resisted.

subject. It is important that the items mentioned in each section should be included in the teaching programme at the appropriate time within the training period. Most of section (ii) and much of sections (iii) and (iv) will come in the introductory course, with a little from section (i). It is envisaged that subjects introduced in the early months of the training will be considered in greater detail or with emphasis on some particular aspects at a later stage, after the student nurse has had experience with patients in wards and departments. Good inter-personal relationships should be discussed at a very early stage in training and should be reconsidered later when the student nurse has had the opportunity of seeing the effects of good inter-personal relationships on people she meets in hospital. The curriculum should be planned in such a way as to enable the student nurses to give the appropriate nursing care required by the patients and to assist in carrying out the routine duties in the wards. Suitable preparation in basic nursing procedures should be given in the teaching department and practised under the supervision and guidance of the tutorial staff in order to give the student nurses confidence. This section of the syllabus should be closely related to the planned practical nursing experience of the student nurses.

(i) Introduction

Once the student nurses have settled down and seen the work of the hospital, an outline of the history of nursing with an emphasis on the development of the Health and Social Services, particularly concerned with maternity and child welfare, and care of the deprived child, will lead to an appreciation of the responsibilities and opportunities which are inherent in nursing. In assisting the student nurses to understand the function of the hospital within the Health Service, consideration of the hospital in which the training school is based provides not only an introduction to their new environment but it can be used to explain the link with the Health Service as a whole. The interest of student nurses in the social aspects of nursing will depend largely on the skill with which the teachers integrate the preventive and curative aspects of nursing in all their teaching.

Since it is anticipated that the nursing team of the future will frequently include Registered and Enrolled nurses, student and pupil nurses and auxiliary personnel, it is important that the student nurse should understand her own function and the place of the other members of the team before she becomes a part of the team. At a later stage in the training period discussions will be held on the effect of the composition of the team on the administration of the ward and the nursing care and treatment of the patients.

The Ethics of Nursing will of necessity be introduced from the earliest stage in training and because of the nature of the subject, some aspects of nursing ethics will be included almost daily in formal lectures or in general discussion.

In the hospital, the ward sisters and staff nurses will daily teach by example and by direct reference to the reason for a certain action, the

way in which a situation is handled or an explanation which may be given to a child, his parents or to a member of the hospital staff.

It is important from time to time during the training period to assess and re-consider the whole subject in order to ensure that the student nurses understand reasons underlying ethical conduct and behaviour. Each student nurse should be familiar with the International Code of Nursing Ethics. Attention should be drawn to her responsibilities in taking over the care of the child from the parents for the time being and for the administration of drugs and certain medical and nursing procedures.

(ii) General care of the patient

It is important to allow time to discuss ward visits and answer students' questions about the routine procedures met for the first time. The students will be interested in the children and in their care, but may also be worried about their approach to the ill child and the parents. By discussing ward situations the students can be helped to develop an understanding of children and sound judgment in their approach to parents.

These visits to the wards on some occasions may be mainly for the ward sister to explain ward routine and nursing care, and on others it may be that the tutor or clinical instructor will work with a small group of student nurses who are gaining experience in bathing and changing toddlers or undertaking simple routine nursing care of children confined to bed. This section of the syllabus is of vital importance in giving the student nurse the best possible introduction to the work she will later be undertaking in the wards. It may be taught in many ways but the most important consideration when planning the curriculum, is the relationship between the initial presentation of new material in the demonstration room and opportunities available for the student nurse to observe and put into practice what she has seen there in the wards.

(iv) Human behaviour in relation to illness

The student nurse is given an introduction to the effect of illness, both physical and mental, on the behaviour of the patients for whom she is caring.

In Section II of the syllabus the student nurse has considered the development of the child towards maturity within the context of family relationships and those of wider social groups. In this Section I (iv) of the syllabus the student nurse studies the effect of illness on the child and his family and learns to recognise alterations in behaviour associated with illness, admission to hospital and the anxiety associated with this.

It is anticipated that this subject will be introduced in a simple practical manner using examples of behaviour which student nurses have observed, to illustrate the subject in a realistic way. During the first year of training student nurses frequently ask for advice and want to

know the reason for unusual behaviour in patients and how best they can help them. Formal classes should be avoided and it may be wise to conduct discussion groups thus giving the student nurses the opportunity to raise questions about individual children and their reactions.

Throughout training information relating to the psychological and physiological processes underlying anxiety, and the reasons for certain behaviour can be discussed again using the student nurses' own experience with children and parents as far as is practicable.

(v) Nursing Procedures

The major portion of this part of the syllabus relates to the practical nursing skills in which student nurses should become proficient during their training. Those responsible for planning the curriculum are urged to approach this section realistically, adding skills and procedures which are needed to meet change in medical and nursing practice and omitting or restricting to a brief outline, procedures which are in less frequent use. It may be that one procedure included in this syllabus is replaced by a more modern one and it will be necessary to refer briefly to the older method and reason for the change in procedure, before or during consideration of the newer method.

Some of the more specialised procedures may be taught by the ward sister or charge nurse in the ward or department or in the teaching department, or these may be the responsibility of the tutorial staff. Whichever method is adopted there should be the closest co-operation between ward and classroom as to the method which should be used. Nursing procedure meetings held regularly between members of the tutorial and ward staff are essential in ensuring that the teaching given in the classroom is put into practice in the wards.

(vi) First Aid Treatment in Emergencies

The need for a satisfactory knowledge of first aid and the treatment of emergency conditions become daily more important with the increasing hazards from accidents in the home and the rising figures for road traffic accidents. In addition emergencies may arise in the ward.

With the inclusion of anatomy and physiology and first aid in the Final Examination the need for teaching first aid throughout the training period is stressed.

The principles of first aid should be given in the introductory period, stressing the importance of life saving measures such as the maintenance of an airway and the control of haemorrhage.

One of the most important life saving measures is the care of the unconscious patient which may include maintenance of a clear airway, artificial respiration, and a satisfactory position for patients during transport. Opportunity should be given to student nurses to practise methods of artificial respiration in the classroom and the use of films

can be most helpful. Fire precautions and the method to be adopted in the individual hospital in the rescue of patients in case of fire should be included.

Towards the end of the training period when the syllabus has been completed one or two talks on first aid in disasters which involve radiation hazards and the general precautions required for the protection from atomic radiation should be given. These must be general in outline but should ensure that the nurse understands the main precautions which can be taken to minimise exposure to ionising radiation and the emergency treatment of patients exposed to radiation.

It is imperative that students should be made fully aware of the legal aspects in relation to accidents which occur in hospital.

SECTION II

STUDY OF THE HUMAN INDIVIDUAL

In planning this section of the syllabus much careful thought and consideration has been given to the need for information essential to the understanding of the care and treatment of children which should be studied as a whole. If this is not done, the subject tends to become too theoretical and unrelated to nursing. Detailed items have intentionally been omitted to allow those responsible for planning the curriculum freedom to develop the approach best suited to the students. Student nurses should understand the normal structure and function of the body, how to keep it healthy and free from disease, and the reasons for treatments being carried out in certain ways. It is therefore necessary to give at first a simple and complete picture of the subject and later to consider some aspects in greater detail when the students meet deviation from the normal.

This approach should create interest in these subjects in the early stages of training and provide a sound basis on which to build the necessary additional knowledge which will be applied to the nursing care and treatments and health teaching of patients at all stages of training.

In planning the teaching of this section of the syllabus, emphasis should be placed on the integration of the subjects as a whole and on the need to include in the introductory course a simple outline of the whole subject matter and not to omit any one system, such as the nervous system, which, although difficult for student nurses to understand in the early months of training, can be elaborated at a later stage.

In presenting this section of the syllabus a variety of teaching methods will be needed. In addition to formal lectures, the use of seminars and group discussions will be included to give student nurses an opportunity to say what they have gained from visits to departments of the hospital, to the health field, to schools and exhibitions, or from other sources. The use of films with adequate preparation and

guidance followed by discussion may replace some of the time consuming visits, such as those to sewage disposal or water works, so releasing time for other visits such as to a large store or factory where the student nurse can note, for example, precautions taken to prevent accidents to workers, to protect food from contamination, and to ensure that the product manufactured is of a satisfactory standard for sale to the public.

How mind and personality develop

Study of this subject can be most helpful to student nurses in the initial period of adaptation to hospital life and nurse training, and can help the student nurse to understand her own needs in relation to study, learning, memory and other aspects of training as a nurse. Furthermore this study is essential to the understanding of babies and children who cannot easily communicate with strangers and who in their early years, live by their feelings rather than by reasoning.

The student nurse should understand the process of the growth and development of the infant and child towards independence, self-confidence and security, also the environment needed if, as is desirable, there is to be minimal interruption of this process by illness or handicap; she should understand that behaviour may be modified by health and environmental factors including the family, community and by education.

Throughout the training student nurses should understand the importance of play in the general care of infants and children and should learn to appreciate the part which play takes in the development and treatment of children both in hospital and at home.

SECTION III

CONCEPTS OF THE NATURE AND CAUSE OF DISEASE AND PRINCIPLES OF PREVENTION AND TREATMENT

In this, the largest section of the syllabus, the plan has been to present in a concise yet comprehensive way the conditions for which the nurses should know the nursing care and treatment. Under the heading "Nature and cause of disease" there is scope for including adequate consideration of the main underlying causes of disease and opportunity to bring in not only items under the appropriate headings, but also the relevant sections of bacteriology, anatomy and physiology and preventive medicine.

The tutorial staff carry the responsibility for the integration of all aspects of the nursing care and treatment in such a way as to keep before the student the patient as a whole and his treatment in its entirety. In presenting this overall picture the student nurses them-

selves have much to offer by drawing on their previous practical nursing experience. In all learning situations active class participation is essential. Small groups can discuss or demonstrate for seven to ten minutes particular aspects of the nursing care so that it may be possible to present a complete picture to the whole class within the normal period of 50 to 60 minutes. The tutor will have the important role of guiding the discussion, supplementing the information and clarifying points and the student nurses will retain knowledge gained by this method.

It will often be helpful to seek the aid of the ward sister who may be willing to explain or demonstrate a special nursing procedure. The ward sister may come to the classroom or she may find it more helpful to have groups of student nurses in the ward.

It has already been stated that it is advisable to divide the lectures in medicine and surgery into two groups, one relating to the more common conditions given early in the training and a second on the more special conditions at a later stage in training. The same principle may be helpful in arranging the teaching of subjects such as pharmacology and dietetics.

A great deal of planning will be required as to the most satisfactory way of applying anatomy and physiology throughout the training and it may well be that the surgeon, physician or specialised lecturer will wish to include this in the introduction to the subject under discussion or this may well be done by the tutor. It would appear that there is great scope for experimentation as to the most satisfactory way of presenting applied anatomy and physiology.

Maintenance of Health and Prevention of Disease

This aspect of the care of the patient has been stressed throughout the syllabus and should be taught as part of the general care of the patient rather than as a separate subject. It is envisaged, however, that all training schools will continue to invite appropriate members of the local health authority, medical and nursing staff, to participate in some of the formal teaching. All student nurses should be given the opportunity of undertaking home visits of observation with the district nurse and health visitor, and also visits to clinics such as those for ante-natal care, child welfare, and to schools for handicapped children, day nurseries and nursery classes. It is not possible to lay down a minimum period of time to be allocated for such visits which may well be included at different stages in the training. One of the most important aspects of this experience is that the student nurse should be given suitable preparation for each visit. All visits should be followed by a report and general discussion. This discussion not only gives an opportunity to clarify points by the experts who will have been invited to be present, but allows the student nurses who may have undertaken different visits to share the experience with their colleagues.

Under the heading "Principles of general medicine and surgery" the sections are divided for convenience into disorders of the main systems which should include the nursing care and treatment of all general and

specialised conditions. This broad outline with little detail given, follows the general pattern which leaves the training schools free to plan the curriculum in a realistic manner to include the study of conditions for which patients are most frequently admitted to hospital, and omitting from the curriculum those conditions which, with advances in medical science, tend to occur less frequently and may be so well controlled that they only require treatment in the out-patient department.

If student nurses are seconded to another hospital for special experience it is necessary for arrangements to be made for additional instruction to be given during the period of secondment.

When integrated schemes of training are in operation, this guide should be used in conjunction with the guide to the general syllabus.

The Registrar
Australian Nursing Council
GPO BOX 873
Dickson
ACT 2602
Australia

17th March 2003
BV/TRANS
E-mail: verifications@nmc-uk.org
Tel: (0044) 207 333 6620

Dear Registrar,

Mrs Dawn Linda Jane Goldsworthy DOB 14/08/1963 PIN 81I2298E
Original Registration Date: RN1- 20/11/1984

I refer to the above named who has requested that we supply a transcript of training for the RN1 program.

Unfortunately, we were unable to trace Mrs Goldsworthy's transcript for her RN1 program. I can confirm however, that he would have covered the European Union of Training for nurses that was in force with all member states of the EEC at the time she trained for her RN1 program.

Therefore in support of Mrs Goldsworthy' s RN1 transcript request, I am enclosing the content of EEC Directive 77/453, which confirms all the clinical instruction given within this training.

THE EUROPEAN COMMISSION DIRECTIVE 77/453 EEC TRAINING PROGRAMME FOR NURSES RESPONSIBLE FOR GENERAL CARE.

To meet the requirements of the European Commission Directive on nurses responsible for general care, the programme must comprise a three-year course or 4600 hours of theoretical and practical instruction. (77/453/EEC Article 1.2b).

The Directive requires the inclusion of specified aspects of theoretical and clinical training during the programme. Although the lengths of such periods are not stated in the Directive a minimum requirement, agreed by the NMC, is essential for the evaluation of applications to Part 1 of Council's register, from those nurses who qualified in other (non EC) Countries.

To meet the above requirements, overseas applicants are required to demonstrate that their professional training and subsequent experience has included the following minimum requirements:

**General and Specialist Medicine 300 Hours
General and Specialist Surgery 300 Hours
Child Care and Paediatrics 150 Hours
Maternity Care 150 Hours
Mental Health and Psychiatry 150 Hours
Care of the Old and Geriatrics 150 Hours
Home Nursing 60 Hours**

Registering bodies in other countries have been advised of the minimum requirements for nurses seeking entry to Part 1 of Council's register as stated in 3 above. On the same basis such bodies will expect that nurses who have qualified in the United Kingdom will also meet these requirements.

The way in which these minimum requirements are met in training programmes in the United Kingdom is determined by schools or colleges of nursing in association with the appropriate National Board.

In support of Mrs Goldsworthy's RN1 transcript request, I can also confirm that she undertook her RN1 training at the Southmead District School of Nursing, of which the program commenced on 20/09/1981 and was completed on 09/09/1981. Mrs Goldsworthy successfully passed her RN1 examinations on 19/11/1984.

Also, in support of Mrs Goldsworthy's RN8 transcript request, I can also confirm that she undertook her RN8 training at the Wolfson School of Nursing, of which the program commenced on 09/09/1985 and completed on 17/11/1986. She successfully passed her RN8 examinations on 19/11/1984.

Please note that transcripts of training are retrieved from our archive system. In some cases, documents successfully traced are of poor quality and therefore do not support faxed versions. I hope this clarifies matters, however if you require further assistance regarding Mrs Goldsworthy, please contact the Verification Department by email on verifications@nmc-uk.org at the address given below or by telephone on (0044) 20 7333 6620.

Yours Sincerely

**Belinda Vambe (Miss)
Verification Officer**