

M I S C E L L A N E O U S

A METHOD OF INSTRUCTION IN PREPARING THE HOSPITAL NURSE TO TREAT PATIENTS IN TIME OF WAR ¹

The "International Review of the Army, Navy and Air Force Medical Services" (1962, No. 3-4) published an article by Capt. M. Whitworth (Queen Alexandra's Royal Army Nursing Corps) whose subject and contents should be of interest to our readers. This we now reproduce below.

This system of training has been evolved in the Army for mass casualty conditions in order to free professional personnel from certain time consuming treatment procedures, and thus permit them to supervise the care of many more casualties. It has not been our intention to replace in any way the First Aid system already in existence, but we visualise situations in which there would be a great need for people trained to carry out a different role, and possessing the skills needed to sustain casualties over a period of several days.

The various nursing procedures necessary in such circumstances were discussed, and twenty-four were selected as essential. It was decided that they could be taught as a drill, so that they become automatic when ordered and could be carried out without further instruction.

In practice we have found that interest is easily aroused and maintained, and that the skills are quickly acquired even by the uninitiated. Questions may be asked, and can be answered as they arise, but there is no intention to give the background knowledge which is expected of a trained nurse, since these workers will always be under trained supervision.

We have given this training to Ghurka troops, that is to fighting soldiers, with no medical knowledge at all, and very little command

¹ Lecture delivered at the 23rd Session of the International Office of Documentation of Military Medicine, Athens, September 1961.

of English. It was found that very good results can be obtained with a minimum of verbal instruction.

In the training of Army Nurses, both men and women, we have introduced the Twenty-Four procedures into the period of preliminary training. It is found that the subjects of the syllabus can be integrated. For instance, a lesson on the anatomy of the alimentary canal can be followed by a demonstration of the passage of a gastric tube. We believe that the interest of students is much greater when they are encouraged to apply their knowledge to practical work, and when they are allowed to participate in the more advanced techniques hitherto reserved for the senior students. More detailed instruction is given later in the normal curriculum, but our aim is to have everyone on the staff of our medical units capable of giving reasonably skilled nursing care in an emergency.

We allow two weeks for the initial training period, and instructions is carried out on the following lines:

1. A brief revision, in question and answer form, of the anatomy and physiology of the part to which the procedure is applicable.
2. A demonstration of the equipment, each instrument being shown and named, and its method of sterilization explained.
3. The class divides into pairs, each pair prepares a tray, selecting the equipment from cupboards or tables.
4. The instructor demonstrates the procedure using a student as a model. The students identify the instruments as they are used, and check their own trays.
5. The class practices the procedure, watched and helped by the instructor. Wherever possible students carry out the procedure on each other.
6. After practising the students make notes, this has not been allowed earlier because it interferes with their attention to the demonstration.
7. Lastly the students check, clean and put away the equipment.

MISCELLANEOUS

A minimal amount of equipment is used, and the trays have been standardised as much as possible. Two or three trays may be required for any one procedure.

1) The sterile tray which always contains three sterile, covered dishes.

2) The unsterile tray for bottles and other unsterile items.

3) A tray for extra instruments required in the more elaborate procedures such as venesection and tracheotomy.

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The procedures taught are :

A The preparation of accomodation.

B The use of medical instruments.

C Reception of patients.

D Basic observation of patients.

E Sterilization.

F General nursing care.

G Care of mouth and management of vomiting.

H Care of the unconscious patient.

K Bedpans and urine bottles.

L Injections (including intravenous).

M Continuous intravenous infusions.

N Oxygen administration.

O Passage of gastric tube.

P Taking blood pressure.

Q Giving fluids by mouth, by gastric tube and by rectal tube.

R Catheterisation.

S Care of patient on Stryker frame.

T Disinfection and disposal.

U Burns.

V Tracheotomy

W Aspiration of chest

X Lumbar puncture

Y Plaster of Paris technique.

} Preparation of equipment, assistance to doctor and after care.

I think you will agree that although the initial training may be put over rapidly by this direct method of teaching, the course will have to be followed up by regular practice. In hospital we find it convenient to divide the staff into groups of about twelve, each group being in charge of a medical officer and a nursing officer, who are jointly responsible for arranging practice sessions. We include in these groups both senior and junior nurses, also clerks, laboratory technicians and workers from other departments, and the more experienced nurses help those whose work lies outside the wards.

We had hoped to have been able to bring to the conference a demonstration of this training in action, but since this has been impossible I hope that I have been able to give you some idea of the way in which it is carried out.
