

RN4

TRAINING SYLLABUS
ROLL of NURSES
MENTAL Nursing

Revised 1977

The GENERAL NURSING COUNCIL for ENGLAND and WALES
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The General Nursing Council for England and Wales

Training Syllabus for Admission to the Roll of Nurses Mental Nursing

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Name of pupil nurse

Training school

Date of entry to training

Index number

PREFACE

The syllabus sets out in broad terms the subjects to be studied during training in preparation for admission to the Roll of Nurses (Mental Nursing), maintained by the General Nursing Council for England and Wales.

The aim of the course is to develop competence in giving total patient care so that the enrolled nurse may take her place as a qualified member of the nursing service. The training does not, however, include preparation for undertaking the full responsibilities for assessment of patient need and the planning and evaluation of care for which a deeper level of study and practical training is required.

The syllabus describes the subjects which will be studied and the practical skills which must be learned; although these are under three separate subject headings, they will be brought together in the study and in the practice of patient care. This learning will take place, for the most part, in the different areas of hospital care but the pupil nurse must also become aware of the importance of family and occupational background and be able to contribute to the patient's rehabilitation and maintenance of health.

Length of the Course

The period of training is normally 104 weeks, exclusive of sick leave and special leave.

The Curriculum

The curriculum will be designed to emphasise the importance of developing the attitudes to health care and nursing practice which are fundamental to a programme integrating the theoretical and practical aspects of nursing education and training. There should be an introductory course of 20 days (4 weeks) during which part of the time will be spent in the wards for supervised practice. Following this a programme of study days or half-days or single weeks of study linked with practical experiences should be arranged, making up a total of 30 days (6 weeks). Lectures from medical and other specialist staff are not compulsory; if any are arranged they should as far as possible take the form of clinical sessions in the ward.

The Examination

Pupil nurses will be made aware of their progress as the course progresses and will be required to pass practical tests and a written examination, in the form of a multiple choice objective test, prior to Enrolment.

TRAINING SYLLABUS FOR ADMISSION TO THE ROLL OF NURSES MENTAL NURSING

I. STUDY OF MAN AND HIS ENVIRONMENT

The following headings set out in the broadest terms an approach to the study of man and his environment. It is not expected that these subjects will be taught in depth and they should be related wherever possible to the work of the mental nurse.

Social and psychological aspects

Human development and growth, to include family and community life. The needs of the individual and adjustment at various ages to different circumstances.

An outline of the social, family and cultural influences on development of the individual. Influences of group membership in social and institutional life. An outline of basic concepts of individual behaviour. Needs, drives, motivation and learning, emotion.

An elementary knowledge of individual differences, including personality and intelligence. Problems of assessing individuals.

Human biology

An elementary knowledge of the human body, including nutrition, related wherever possible to first aid, nursing care and other subjects in the syllabus.

II. CLINICAL DISORDERS, TREATMENT AND NURSING CARE

Introduction

Introduction to the historical background in the care and treatment of the mentally ill.

Services for the mentally ill and mentally handicapped. Current trends and future developments.

Personal qualities and attitudes required of the nurse in the care of the mentally ill.

Code of professional practice.

Procedure for dealing with complaints.

Relationship between the nurse, the patient, and his relatives.

The psychiatric team and the role of the nurse.

The role of the nurse in the team; relationship with hospital and community workers.

General outline of mental disorder

Wherever possible this section should be presented in the practical situation, and related to the experience available and to the care programme and in response to special interest.

Common features of mental illness and disordered behaviour of the adult, adolescent and child.
Common features of mental handicap, in brief.
Psychiatric examination, methods of investigation and concepts of treatment.

Physical disorders

Recognition of signs and symptoms of physical disorders as they occur in the mentally ill.
The effects of physical illness upon behaviour.

Care of the mentally disordered

Human behaviour in relation to mental disorder

This section should have a practical emphasis and should be presented with the help of case studies and visits to patients' homes, day centres and clinics.
Reaction to illness and hospitalisation superimposed on the patient's own disorder; guilt feelings, anxiety, hostility and suspicion.
Expectations and effects of going into hospital, on the patient and family.
Family attitudes while the patient is in hospital, and at the time of discharge.
Separation from family, work and community; social, domestic and economic difficulties.
Strangeness of surroundings and the need for information.
Effects of stress and bereavement on the family.
Family participation in care in hospital and at home.

Nurse—patient relationships

Recognition and awareness of the patient's feelings; recognition of the nurse's attitudes and feelings; emotional interaction, positive and negative; problems of over-involvement.
Rapport; confidence; mood sensitivity.

Attitudes and values

Development of attitudes. Beliefs.
Uniqueness of the individual, understanding of individuality, respect for personal rights.
Importance of dependency and appropriate fostering of independence.
Conflict between expected standards of behaviour and that produced by day to day pressures; acceptance of socially inadmissible behaviour resulting from illness.

Techniques

Communication with the non-responsive and aggressive.
Support, consolation and encouragement.
Art of listening; explanations and emotional reassurance.
Helping patients to talk; relief of emotional tension.
Starting a discussion; problems of ending a discussion.
Interruption of morbid thought patterns by diversion.

Nursing care

Nursing care based on the sequence of the nursing process with consideration to the duration and type of illness and the situation in which care is given:—
Observation of the patient and his total environment
Assessment of need

Making a plan of care

Giving care

Evaluation of care.

Reception and admission of patients, observation and reporting on general condition and behaviour.

Recording of necessary information.

Assessment of the individual's care needs; psychological, social and physical.
Nursing care of withdrawn, anxious, depressed, confused, suicidal, destructive and violent patient.

Considerations for patients with insomnia, pain, incontinence, constipation and feeding problems.

Care of the highly dependent patient ambulant or confined to bed.

Personal cleanliness and hygiene; bathing techniques.

Care of the terminally ill, unconscious and dying patients.

Activities for daily living.

The use of social, occupational, recreational and industrial therapies in the wards and departments.

The nurse's part in physical and psychological methods of treatment.

Knowledge of main groups of drugs in therapeutic use including side effects and special precautions.

Continuity of treatment and care in the community.

Problems facing the mentally ill in the community.

Nursing procedures

Admission, transfer and discharge procedures.

Care of clothing and property.

Recording height and weight.

Preparation and serving of meals.

Measuring and charting temperatures, pulse, respiration, blood pressure.

Bedmaking, moving and lifting patients.

Relief of pressure and prevention of skin abrasions.

Prevention of incontinence.

Preparation of equipment and care of patients for various physical or psychological examinations.

Artificial feeding.

Fluid intake and output.

Collection and observation of specimens.

Urine testing.

Requirements under current legislation.

Rules for the storage of drugs.

Rules for and methods of administration of drugs.

Subcutaneous and intra-muscular injections.

Administration of oxygen and other inhalants.
Preparation and administration of enemas and suppositories.
Local applications; dressings and bandaging.
Sterile procedures, e.g. dressings, preparation for lumbar puncture and catheterisation.
Prevention of spread of infection.
Prevention and treatment of infestation.
Last offices.

First aid and treatment in emergencies

Prevention of accidents.
Aims and principles of first aid treatment.
Action at an emergency, e.g. fire, accident, electrocution.
Handling and transport of the injured person.
Resuscitation.
Wounds and haemorrhage.
Shock.
Asphyxia.
Fits and convulsions.
Fractures, dislocations and sprains.
Loss of consciousness.
Burns and scalds.
Poisoning.
Miscellaneous conditions including minor ailments.

Environmental management

Providing a safe, healthy and comfortable environment.
Fire precautions by day and by night.
Weekly and daily routines.
Care and use of materials and equipment.
Care, storage and handling of food.

III. LEGAL AND ADMINISTRATIVE ASPECTS

Outline of the National Health Service.
Mental Health Services, hospital and domiciliary; relationship with social services, general practitioners and other community based organisations.
Social security benefits.
Employment training and rehabilitation.
Role of the voluntary organisations.
Outline of mental health legislation.
Provisions relating to admission, detention and discharge.
Special hospitals and security units.
Protection and civil rights of the mentally ill.

PRACTICAL EXPERIENCES REQUIRED FOR THE TRAINING OF NURSES FOR ADMISSION TO THE ROLL OF NURSES MENTAL NURSING

Definition of the overall aims and the learning objectives for each part of the course

There is need to define the expected outcomes of the course together with learning objectives for each experience. Whilst the intention should be to develop in the pupil nurse a high quality of competence in giving care, the training does not prepare the enrolled nurse for the full responsibilities for planning and evaluating care which usually depend upon a deeper knowledge than is offered in this course.

Practical experiences

In selecting the areas for inclusion and building these up into a curriculum it should be possible to ensure that pupil nurses have the opportunity to learn the following aspects:—

Newly admitted patients.
Short-stay patients.
Medium- and long-stay patients.
Psycho-geriatric patients.
Physically ill patients.
Occupational, industrial and recreational activities.
Night duty.

Practical experience periods may need to vary but the usual length should be from 8 to 12 weeks' duration.