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TRAINING WARD FOR WARD SISTERS

Report of a Colloquium held at the King's Fund Centre

on Wednesday 10 December 1980

Report by Pat Young

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King's Fund Centre
126 Albert Street
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King Edward's Hospital Fund for London is an independent charity founded in 1897 and incorporated by Act of Parliament. It seeks to encourage good practice and innovation in health care through research, experiment, education and direct grants.

The King's Fund Centre was established in 1963 to provide an information service and a forum for discussion of hospital problems and for the advancement of inquiry, experiment and the formation of new ideas. The Centre now has a broader interest in problems of health and related social care and its permanent accommodation in Camden Town has excellent facilities for conferences and meetings. Allied to the Centre's work is the Fund's Project Committee which sponsors work of an experimental nature.

TRAINING WARD FOR WARD SISTERS

Colloquium at the King's Fund Centre on 10th December, 1980

At the colloquium several enquiries were made concerning the availability of the documents that had been enlarged and were on display. Copies of these documents have not been included with the report and are not available.

Those who attended the colloquium will be aware that the project does not offer a blueprint to be applied across the country and it will be appreciated that the curriculum continues to be developed.

It is anticipated that a publication of the project with relevant charts and plans will be available late 1982/3.

Speakers at the colloquium on the 10th December:

Miss H O Allen	Assistant Director	King's Fund Centre
Miss C Davies	Project Assistant	King's Fund Centre
Mrs M J Davis	District Nursing Officer	Guy's Health District (T)
Mr P Dunham	Divisional Nursing Officer	West Roding Health District at Whipps Cross Hospital
Mrs R Calcott	Tutor/Preceptor	Whipps Cross Hospital (appointed February 1979)
Mr W G Cannon	Director	King's Fund Centre
Miss J Fabricius	Sister Preceptor	Guy's Hospital (appointed April 1979)
Miss S Farnish	Research Associate	Chelsea College (appointed December 1979)
Mrs G Gilbert	Free Lance Counselling Trainer	
Miss C Hancock	Area Nursing Officer (previously Divisional Nursing Officer, West Roding Health District at Whipps Cross Hospital)	Camden and Islington AHA
Miss J Lathlean	Research Fellow	Chelsea College (appointed February 1979)
Mrs A Monk	Previously Sister Preceptor	Whipps Cross Hospital (October 1978 - April 1980)
Miss S Pickering	Course Member	Whipps Cross Hospital
Dr D Towell	Assistant Director (Member of the Steering Committee)	King's Fund Centre
Miss P Ward	Course Member	Guy's Hospital
Miss T Wood	Tutor/Preceptor	Guy's Hospital (appointed January 1980)
Mrs P C Wood	Sister Preceptor	Whipps Cross Hospital (appointed April 1980)

The first course at Whipps Cross Hospital began in June 1979
The first course at Guy's Hospital began in June 1980

A TRAINING SCHEME FOR WARD SISTERS, A Colloquium:
Report by Pat Young

A paragon of vitrue... A fount of all knowledge... A jack of all trades and master of all... The ward sister has to be all these things, but as yet there is no formal training to prepare her for her arduous role.

The King's Fund Project on organising a training ward for ward sisters represented, said Graham Cannon, Director of the King's Fund Centre, in his introductory remarks to this colloquium, a considerable investment of money, time, effort and expertise on the part of the King's Fund and also reflected its continuing concern about the role of the ward sister and the need for adequate training. It was back in 1977 that the Fund had opened up debate on how it could respond to the climate of management awareness and professional concern about the role of the ward sister, and set about designing a ward-based training scheme for potential sisters and charge nurses. The scheme was tried out in two different hospitals, Whipps Cross and Guy's, and an evaluation mechanism was built into it right from the outset. Mr Cannon said the King's Fund had welcomed the co-operation of both the DHSS and the Nursing Research Unit at Chelsea College.

The day's proceedings began with a description of the organising of the project by Christine Davies, Project Assistant at the King's Fund Centre. At the outset a Steering Committee had been formed, she said, which first met in September 1977, and which meets at the Centre every three months to decide in what order items developing the project would be brought forward, and when. A Curriculum Committee had also been set up, to meet approximately one month after the Steering Committee, to explore the aims and objectives of the course curriculum and to assist in planning the curriculum and evaluating the course. Its first meeting was in December 1977.

In addition to these two committees, steering groups were set up both in Guy's and Whipps Cross Hospitals. The Guy's steering group meets approximately one week after the main Steering Committee, and the Whipps Cross group also meets on a regular basis, about four or five times a year. Those involved in these steering groups are managers and practitioners concerned with planning and monitoring the course development. Representatives from the King's Fund and Chelsea College attend their meetings.

Turning to the appointment of the preceptors (a ward sister and a tutor for each course), Miss Davies said this had been more difficult than anticipated. The first preceptor appointed (in October 1978) was Alison Monk, a ward sister already in post at Whipps Cross Hospital. She had to leave the project because of the birth of her child, and was succeeded in April 1980 by Mrs Po Cheng Wood, who was recruited by national advertisement. The tutor was appointed in February 1979 and the first course started in June 1979. At Guy's the ward sister preceptor had been appointed in April 1979 and the tutor in January 1980; the first course started there in June 1980. Such a wide time-scale between the first appointment (October 1978) and the start of the course in both hospitals (June 1980) had not been anticipated, Miss Davies remarked, but it had been anticipated that there would need to be time for the two preceptors to get to know each other before the start of their course.

The two ward sister preceptors, who had been already in post, were first seen by their nurse managers in their own hospitals, and then spent a day at the King's Fund Centre to find out more about the project and join in a general discussion with those directly involved, and also to take part in a small exercise consisting of determining nursing care plans, staff assignments, setting criteria for performance, and educating staff to one of the concepts of nursing. The preceptor candidates recruited through advertisements were dealt with in the usual way: they were sent a project outline, job description, and application form, and invited to come and talk through the project and clarify any points about it. All three were eventually interviewed in the appropriate hospitals and appointed. There had been ten replies to the initial advertisement and each applicant visited the Centre and took away an application form, but a number of candidates had dropped out for a variety of reasons: particularly the doubt about their future at the end of the course.

Miss Davies ended by discussing the financial aspects of the project. The overall total cost for 1981 would be £32,500, the majority of which would cover the tutors' salaries, which were paid by the King's Fund to the employing authority, as they were supernumerary to the hospitals' establishments. Additional to this were the costs of bringing the ward sisters' salaries up to Nursing Officer level, as well as expenditure on research, teaching skills in counselling patients, and travel.

The colloquium continued with two talks from Senior Nurse Managers from each of the hospitals involved on the achievements and problems of initiating the project. Speaking first, Mrs Margaret Davis, District Nursing Officer for Guy's Health District, said that it was the results of Dr Susan Pembrey's study of the ward organisation of ten ward sisters, carried out in 1976, that had made her face up to the problems, and to the need for formalised training for prospective ward sisters.

Everyone would agree, Mrs Davis said, that the role of the ward sister was vital, and becoming ever more complex. Some ward sisters did the job extremely well, others could do it better; and knowing this, a nurse manager had to do something about it. For this reason Mrs Davis agreed to become involved in the project. Her first task was to get the support of her senior colleagues, and this was not difficult; everyone was excited at the possibilities of the scheme, and felt it would be worthwhile. The next step was to sell the idea to the staff, and it was decided that the SNO of the training ward should attend all unit meetings, and explain the ideas behind the concept of the training ward at these meetings. It was decided to make it clear that the ward was different, but not special, and an undertaking was given that the training ward would not have any more staff than any other ward: a crucial point in winning the co-operation and support of the nursing staff. It was essential that the training ward should not be regarded as a "remedial" ward - one where people were sent to work if they weren't very good; and the ward had been managed in exactly the same way as all other wards.

Mrs Davis went on to say that the DMT was happy that the hospital should take part in the project as it would not cost anything'. The ward selected was the professorial surgical unit, which Mrs Davis chose because it had only one consultant rather than

five or six. Another advantage was that Professor McColl already had connections with the King's Fund.

Having established the training ward and got everyone "to the starting line", Mrs Davis said her first problem arose when the ward sister preceptor became pregnant, and a replacement had to be found. Although the post was advertised there were no suitable applicants, and eventually she approached one of the ward sisters concerned in Dr Susan Pembrey's study and persuaded her to take on the job of preceptor. Mrs Davis emphasised that she was convinced one must wait to find the right person with the commitment for this work; it was no good trying to carry on with someone not entirely suitable. It was also vital that the two preceptors should like one another and work well together. One of the pleasing aspects of the project was that this had proved a worthwhile working relationship, and one that was still developing.

The second blow fell when the area health authority was replaced by Commissioners, who decided to close a hospital, so places had to be found for all the ward sisters displaced from that hospital. However, the first two students were eventually chosen, both of them Senior Staff Nurses, one a midwife and the other a general nurse. They had both turned out to be superb ambassadors for the project. Looking back at the aims of the course, Mrs Davis was reminded that it was to prepare staff nurses who were potential ward sisters, and she considered this was right. While it was equally good to train already appointed ward sisters, she thought staff nurses were the most appropriate candidates for training.

One of the biggest headaches was to find two candidates every three months: to do this one needed a large pool of potential ward sisters to draw on, as well as wards with a vacancy for a ward sister where the trainees could get their practical experience during the second part of the training programme. Mrs Davis thought it was good to have a mixture of candidates: staff nurses, newly appointed ward sisters, ward sisters who had been in post for a few months, as well as ward sisters from other areas. Another exciting development had been approaches from two other Health Districts asking if Guy's would accept trainees from them. Up to now there had been two students on each course; in future it had been decided to accept three.

How was the project seen by the rest of the hospital? Very little was said about it, Mrs Davis commented, which implied that it was tacitly accepted. The staff nurses on the training ward liked the scheme very much, as they benefited from some of the spin-offs, and relationships in the ward were good. The learners were enjoying having a tutor to teach the qualified staff how to teach them! There had been a problem with some of the specialist nurses, who did not think they needed special training to become a ward sister, but since a paediatric nurse from outside the district had been on the course, it was hoped she would convert her colleagues.

Looking to the future, Mrs Davis said she was convinced this was the right way forward. The evidence lay in the way in which the trainees were now managing their wards. She was convinced it was a very worthwhile project.

The second speaker, Christine Hancock, had been Divisional Nursing Officer at Whipps Cross Hospital before being appointed ANO for Camden and Islington, so had a personal interest in the project, which she said reflected her own views on ward management. She had also known Susan Pembrey since they were both members of the Briggs Committee, and Whipps Cross had taken part in her study of ward organisation. The Hospital was very pleased to be invited to take part in this project, and also felt it had something useful to offer in being an ordinary general hospital whose ward sisters were taking a role that is more common throughout the country than that of sisters in a specialist hospital. Whipps Cross was committed to strengthening the clinical role at ward level, and had already initiated their own scheme for developing their Nursing Officers. They were then offered an alternative package by the King's Fund, and had to ask themselves if it would suit their particular hospital, as it had been initiated elsewhere. However, after discussions with ward sisters and nurse managers, a degree of acceptance in principle was reached, and it was decided to start not by selecting a suitable training ward, but by finding a ward sister preceptor.

Being very proud of the nursing standards at Whipps Cross, Miss Hancock said she felt strongly it should be possible to find a ward sister within the hospital who was capable of teaching other ward sisters, and she was surprised to find how ward sisters were frightened of the whole idea! Eventually, however, a sister was appointed, and as she was a Relief Sister, a training ward had to be found for her. The one selected proved to be one of the worst wards at Whipps Cross; it was a medical ward, in a terrible condition, with a high proportion of chronic long stay and elderly patients; it had never been a popular ward with the nursing staff. This was a problem for the ward sister, and it also proved difficult to find a tutor to work with her. The two physicians on the ward were very supportive of the nursing staff, and pleased to support the idea of strengthening the role of the ward sister.

Having appointed the two preceptors, and allocated a ward for training, the next difficulty was selecting the trainees, Miss Hancock continued. Should the preceptors be prepared to train anyone selected by nurse management for the post of ward sister, or should there be different criteria? Secondly, she believed there were different approaches to managing different types of patient, in different clinical specialties, yet the course being offered had no variations to cater for specialised nursing, and this was a problem which would have to be resolved. Thirdly, there was the question of placing the trainees after they had completed the course. As an example, Miss Hancock quoted a senior staff nurse who goes back to work with a traditional ward sister, and is given very little freedom to put her new ideas into practice; or an experienced ward sister who, although taught new methods, was not very susceptible to change. Ideally, it should be possible to arrange the training to coincide with a new appointment as ward sister: these mechanical issues would have to be considered.

Most of the initial problems had been borne by the preceptors, Miss Hancock went on: problems which related to the realities of running a ward, such as staffing difficulties, and the problems of the ward down the corridor which did not have so

many qualified staff, which gave rise to inevitable conflict in finding a solution. In fact, this whole project had highlighted the problems of being a ward sister, which the profession had not faced up to. It was perhaps significant that there were so few ward sisters in the audience; it was obviously nurse managers who were more interested in training for ward sisters.

In conclusion, Miss Hancock commented that Whipps Cross Hospital had learned and benefited enormously from the project, and she was sure that in the course of time the benefits would far outweigh the difficulties experienced in getting the project under way.

During question time after these two talks, a member of the audience asked how patients had reacted to the training scheme. Miss Hancock replied that the effect on patients at Whipps Cross had been very beneficial, but whether this was due to the approach of the new ward sister or to the training scheme itself was difficult to assess. Another delegate asked what the criteria were for selection of trainees. Mrs Davis replied that she looked for someone capable of managing a ward, who was interested in being a manager - although this was not a popular concept. Miss Hancock added that she laid emphasis on the clinical aspects of the work, and also asked candidates for some written work, which often frightened them off. She hoped that the training scheme would help nurse managers in developing their criteria for selecting ward sisters.

The next speaker was Hazel Allen, Assistant Director of the King's Fund Centre, and chairman of the project's Steering Committee. Her subject was curriculum planning, and she began by saying that at the outset she had had to consider very carefully her own biases. First, she firmly believed that there was no outside group, like the King's Fund, which had the right to lay down a curriculum for any institution. Courses of training must be consistent with the purposes of individual hospitals: the purposes of Whipps Cross and Guy's Hospitals were marginally different, so the King's Fund had only a guiding role to play. Miss Allen said she personally believed that the NHS itself had some obligation for in-service education, to train and educate staff already in post, so the King's Fund could and should do no more than make suggestions and provide guidelines.

Miss Allen then gave the membership of the Curriculum Committee (attached) saying it had met first in September, 1977 and quarterly ever since. She went on to give a definition of a preceptor: "It is a nurse who has the ability to integrate education and work values so that realistic strategies for resolving conflict might be developed. Such a relationship allows the trainee to work and identify with a competent role model".

The Directors of Nurse Education in both hospitals had discussed three points with sisters representing medical and surgical wards: (1) the differences they saw between the role of sister and that of staff nurse; (2) difficulties encountered by newly appointed sisters; (3) the amount of time that should be required before promotion to sister after qualifying as a staff nurse. It was from this starting point that the

broad objectives were developed, as follows:

(1) At the end of the course the nurse will be able to draw up and administrate individual nursing care plans based on the nursing process following the pattern of assessing needs, planning nursing care programmes, delivery of the care and evaluation of the care. This will involve proficiency in devising and testing tools for each stage of the process.

(2) At the end of the course the nurse will have an appreciation of her role as a teacher and a basic knowledge and skill in teaching and testing. She will appreciate a continuing communication between the school and the ward.

(3) At the end of the course the nurse will be skilled in the organisation and management of the ward including appraisal of needs, solving problems of ward management, setting priorities and goals, and utilisation of time, resources and personnel to the best advantage.

(4) At the end of the course the nurse will demonstrate knowledge, appreciation and skills in relationships, communications and personnel management and will be able to examine critically and discuss her relationship, role and responsibility to the other members of the team and to the patients.

(5) At the end of the course the nurse will have developed an appreciation of research and an attitude of research mindedness in order to effectively judge, value and apply research findings and to facilitate and participate in ward based research including research into nursing.

The next step was to consider the assessment of trainees, and four basic purposes emerged:

(1) To determine trainee attainment of the behaviours established by the objectives.

(2) To assess the success of the learning experiences offered.

(3) To predict professional competence in the ward sister role.

(4) To determine achievement in comparison with peers.

Then came the formative assessment: the on-going assessment during the course:

(1) On-going (in course or continuous) assessment during the first three months of:

a) written work e.g. essays and problem-solving exercises
b) nursing records kept by the trainees e.g. Kardex reports and/or nursing care plans
c) self-evaluation prepared by the trainee in the form of audit

(2) On-going assessment during the second three months by:

a) the use of the ward sister assessment form designed for the course
b) the observation of trainees

(3) Examination at the end of six months.

(4) Interviews at the end of the course.

(5) Pre and post test of personal constructs of the role of the ward sister.

Then came the summative evaluation of the course, of which Miss Allen gave a sample, as follows:

Course Preparation

(I) Did you receive all the information you required before commencing the course? YES/NO

(2) If NO, what further information should have been provided?

Course Objectives

(Use your copy of the Curriculum in answering the following questions)

(1) Did you understand the course objectives? YES/NO

(2) If NO, which objectives were not clear?

(3) Have you been able to meet the objectives of the course very well, well, adequately, somewhat, very little, or not at all? (Answer for each objective individually by ticking the appropriate column below)

Objective/Very Well/Well/Adequately/Somewhat/Very little/Not at all

In order to obtain a definition of the role of the ward sister, tutors, other ward sisters, staff nurses, senior staff nurses, and administrators were consulted, with the aim of discovering how their needs and expectations matched up with the proposed curriculum. From their answers it was apparent she was expected to be a fount of all knowledge, a paragon of virtue, a Jack of all trades, and master of them all! She must be happy, relaxed, provide inspiration and enthusiasm, give praise and encouragement, be approachable, willing to take a personal interest in everyone, have awareness and insight into problems, inspire all patients with confidence, a sense of security, she must act intelligently in emergencies, be a policy-implementor, a curriculum innovator, a researcher, a teacher, a consultant.

This identikit was matched up to the curriculum and it was found - Miss Allen commented - amazingly enough that most aspects of the role had been covered, but how could this complex role be expected of one person? The person being sought was not on this earth; the Curriculum Committee had to acknowledge this and adapt their planning accordingly.

Miss Allen then handed over to the two tutor preceptors: Ruth Calcott from Whipps Cross Hospital, and Trudy Wood from Guy's Hospital, who talked about initiating the curriculum. Mrs Calcott reminded the audience that the first three months of

the course were based in the training ward, and the second three months in the trainee's own ward. Part 1 of the course would cover all aspects of the ward sister's non-clinical role, while Part 2 would give her the opportunity to put what she had learned into practice, with the support of the preceptors and their line managers.

After being appointed, the tutor preceptors were given an orientation period during which they could get to know the hospital and the district, and learn what resources were available for the course. After her first month in post Mrs Calcott said she was able to spend time with the Ward Sister preceptor to discuss how the course should develop, and to prepare the curriculum. They considered the role of the ward sister in detail, as well as the five broad objectives of the course, and then the resources relevant to each topic, including people, departments, libraries, audio-visual aids, and so on, available both inside and outside the district. Finally, they looked at the areas to be covered in more detail, to establish their specific objectives and these were then incorporated into the overall curriculum plan. As this was their first working curriculum, the aim was to revise it later in the light of experience, and it would be revised early in 1981.

The planning of each course, Mrs Calcott continued, usually began with arranging as many external visits as possible, then fixing dates for internal visits, so that the rest of the course could be arranged round these dates. To begin with the external visits were arranged by the King's Fund Centre, but this was now being taken over by the preceptors. The curriculum was not covered in any particular order, though with the nursing process and research there was a progression from simple to complex, and from theory to practice. Times were arranged for observing the ward sister role model and for practice in the training ward. Discussions of matters observed in the ward were both planned and spontaneous. Very few lectures were given; most theory was taught in tutorials, allowing plenty of time for discussion. The trainees were interviewed early on to identify their individual needs, and where possible, these needs were met during the early part of the course.

Mrs Calcott then spoke in more detail about the implementation of the curriculum, relating this to the five main objectives.

> Management of Patient Care: The great majority of subjects in this area were covered by observation and practice in the training ward, backed up by tutorials and discussions. The ward sister preceptor discussed her role with the trainees, and they observed how she managed the care of patients. Critical incidents were discussed immediately they arose, if possible, and the trainees were encouraged to think them through and decide how they would handle such situations. A problem-solving approach was used for discussing situations observed in the ward. At first, observation of the ward sister role model was too limited, partly through concern that the trainees might be seen to be sitting around doing nothing, or that they would be unable to observe her adequately at all times, but the value of observation having been recognised, more time was now being given to this.

The special problems of care of the elderly, and of the dying patient and his relatives, were included in this section of the course. A day was spent at the local geriatric hospital and there was a visit to a hospice. The nursing process was being implemented in the training ward, so the trainees observe and practise patient care using this approach, besides visiting another hospital with more experience in using the nursing process. In addition, the trainees were required to write a nursing care study using the nursing process as a framework.

Teaching: The ward sister's teaching role was seen as an important aspect of the curriculum, as it embraces teaching not only nurse learners but also qualified staff, auxiliaries, and other staff (e.g. the new houseman). The theory of the learning process and teaching methods was taught in tutorials and the needs and expectations of the different groups were discussed, followed by practical work in the ward. The ward staff also benefit from this extra teaching.

The clinical teacher explained and demonstrated her role to the trainees, and the importance of communication and liaison with the school of nursing was stressed. Trainees attended the course on the art of examining, and discussed the assessment of learners, and report writing, with the ward sister preceptor. An attempt was being made to link each trainee with a particular learner, but this was not always possible as learners' periods on the ward did not always coincide with the course. Health education was another area covered in this section.

Ward Management: This section was also covered by observation and practice in the training ward, and by discussion and visits to various hospital departments, including the therapy departments, to increase awareness of their roles and problems. The trainees attended the multidisciplinary meeting held in the ward each week; they also spent a morning with the House Officer and had sessions with the chaplain, registrar of deaths, social worker, and others, as well as visiting the laundry, CSSD, medical records, stores and catering. They were encouraged to discuss problems of supply, and to develop a positive relationship with the staff of these departments.

The Divisional Nursing Officer and the Sector Administrator talked to the trainees about policies and procedures, legal and ethical problems, and staffing; an AHA representative told them about the Authority's functions and policies; and they spent a day in the community to learn about facilities and services and to improve liaison with community staff.

At first trainees were not put in charge of the training ward, but following the successful experience of this at Guy's, Whipps Cross followed suit, and trainees had learned a great deal from this, though they had not found it easy, since they could not make changes which might reflect on the ward sister preceptor.

General Management: This section covered personnel management, staff welfare, industrial relations, and staff morale, and there was now also a regularly fortnightly session in communications and counselling.

Research: The first group of trainees were given a series of tutorials on research in nursing, and basic research methodology, and asked to carry out a small project during the second part of the course. This placed too much extra pressure on the trainees when they were trying to settle into their own wards and make changes, so in the second course the research process was taught step by step, and a small-scale survey was carried out by the trainees together, which proved more useful. In the third course the project had to be dropped, and in the fourth the trainees joined with those at Guy's for an introductory session in research and then worked individually on small research projects. The topics covered included a survey of study habits of State Finalists, a survey of public opinions of nurses, and a study of communication regarding directing patients from one department to another.

During the second part of the course, when the trainees had returned to their own wards, one of the preceptors tried to visit them every week or fortnight, but this proved difficult because either the preceptor was too busy with the next group of trainees, or the trainee was herself too heavily committed to spare the time. Arrangements for Part 2 were therefore being reconsidered, and the following pattern was now being suggested at Whipps Cross.

(1) Near the end of Part I, a meeting should be held between the trainees and their preceptors and Nursing Officer to discuss Part 2. The Nursing Officer, having overall responsibility for the trainee, would assist in her assessment at the end of the course.

(2) Fortnightly meetings should be held with the trainees, alternating between an individual session and a group session. The trainees would be given a half-day study for these sessions so that they could be completely free from responsibility in their own wards.

(3) The preceptors would be available to discuss issues over the telephone with the trainees and make extra visits to them if necessary.

(4) Towards the end of the course, the trainee would write a paper on the changes made in her ward, the problems met and how they were dealt with, and how she was managing the ward.

It was hoped, Mrs Calcott concluded, that these suggestions would help trainees to concentrate more on the running of the ward, so that the second part of the course would be a more useful consolidation period.

Trudy Wood, Tutor/Preceptor at Guy's Hospital, began by saying that while their curriculum was the same as that used at Whipps Cross, they had more resources to

call on. Her trainees didn't have to go out on so many visits to other districts, thus saving money. During her orientation period, Miss Wood and her Ward Sister preceptor had studied the curriculum critically, adding their own ideas to it, so that it varied slightly from the original curriculum. During the first 12 weeks of the course, the trainees worked in with the ward, getting no extra off-duty periods, and working 2/3 weekends during the 12 weeks. When trainees entered the course they were given their course programme and off-duty periods, and at the end of Part 1 they had two weeks' holiday. Then they went straight on to their own ward and to Part 2 of the course.

At the beginning of Part 1 the trainees were asked to write an essay on the role of the ward sister - to put into their own words exactly what they think it is - and at the end of Part 2 they would be asked to do this again; the two essays would be compared, and the differences and reasons for them discussed.

The preceptors at Guy's had used people and resources throughout the hospital, very much as at Whipps Cross, so the programme was very similar. They had thought deeply about the individual needs of the trainees, and discussed these with them before the course started, so that they would gain real benefit from it. One trainee was a midwife who had been out of general nursing for seven years, so her course was geared to her speciality by including visits to the Royal College of Midwives and the Central Midwives Board. A similar line was taken with a trainee who had spent two years in paediatric nursing, but who soon settled back into working with adult patients.

Miss Wood said that evaluation at the end of the course was helpful in making changes for future courses. So far three courses had been held at Guy's, and each one had been different. Trainees who were new to Guy's attended the hospital one-day induction course, and got to know the hospital staff. The first week in the training ward was spent introducing them to the ward staff and to what lay ahead of them and how much they would be expected to learn. Theory was combined with practice, two-thirds of the course being based in the ward. They started by sitting watching how the ward functioned, and were then asked what they had noticed about the way the ward was run. Next, the trainee started teaching a learner on a one-to-one basis, and was observed by the tutor preceptor. The training ward was designed in two halves, so the trainee could be put in charge of one half, with two nurses in her charge. The patients liked this innovation, were curious about the different uniforms and badges, and talked freely to the trainees and the preceptors.

Trainees were put in charge of a particular nurse learner, following her progress and taking part in her assessment, observed - as always - by the preceptor. The timetable was very flexible and spontaneous teaching seemed to reap benefits. The Nursing Officer was involved in the programme, trainees spending a morning observing her at work. Later trainees spent more time with her, carrying the bleep, and answering her telephone calls, which they found very enlightening. Trainees had 8 half-days' study a week and also did a lot of work in their own time. The ward sister preceptor

taught her own specialty (in this case, care of the dying); and the post-basic tutor ran an in-house management course which the trainees could attend, along with other ward sisters in the hospital, covering employee relations, staff selection, interviewing techniques, legal requirements, staff appraisal, interpersonal relations, dealing with patients and their relatives and communications.

The trainees went to the school of nursing for instruction in continuous assessment and teaching. They were encouraged to attend other meetings, and the half-day programme on the extended role of the nurse. They visited heads of other departments and there was a link with nurse managers. They spent a day with the consultant - a morning at out-patients, the ward meeting at lunchtime, theatre in the afternoon - and they thoroughly enjoyed it: a day in the life of a consultant. They spent one night on night duty, observing the night sister, and they went to district budgeting accounts and always found it difficult to comprehend that the district budgeter talks in hundreds of thousands of pounds, while they were used to talking only in thousands.

Among the external visits were one to a Disciplinary Committee at the General Nursing Council, one to the Coroner's Court, and one to the Registrar of Births, Deaths and Marriages. They visited the Community Health Council's Secretary, went to an industrial tribunal, to the emergency bed service, and to study days at the King's Fund. Good relationships were being built up within the hospital through the internal visits to other departments, which both parties appreciated.

From the beginning, the preceptors had used Chelsea College for the research input to the course. The trainees were asked to suggest their own subject for research, one which could be used for the future and for the benefit of patients. The projects were completed by the last week of Part 2.

Miss Wood said she personally gave trainees a small project to carry out within the hospital. The last group did planning and costing a ward; one trainee had looked at health and safety in hospital; and the next group would be asked to do a book review. Trainees were also asked to write an essay, often quite spontaneously one day in the ward, and were allowed 40 minutes to finish it, when it was marked by the preceptors. They were also asked to produce a nursing care study, using the nursing process. All their assignments had to be handed in by the end of the course.

No two courses were identical, as the needs of each trainee were different. To end, Miss Wood said that hopefully, by helping to educate young ward sisters who have the potential and only need help, a high standard of nursing care would be maintained - which in this age of advancing technology was so vital.

The colloquium then took a less formal course, with Hazel Allen questioning the Ward Sister Preceptors on their views of acting as a role model. She began by asking Julia Fabricius, Ward Sister preceptor at Guy's Hospital, what sort of ward she ran

and how she understood the term 'role model'. Miss Fabricius replied that it was the professorial surgical ward, a mixed ward designed in two halves, with 29 beds, mostly in an open ward but with three side wards. It was a busy ward, with a great variety of surgical cases. One rather terrifying interpretation of the term 'role model' was one who is performing the role perfectly, and is the model for everyone else to copy. Her own interpretation was that the 'model' was performing her role of running the ward to her best ability, and was open to discussion about her methods of ward management. One reason for trying to formalise the ward sister's training was that with the extra leave allowance it was becoming increasingly more difficult for sisters to find time to train staff nurses in ward management.

Hazel Allen then asked Alison Monk, the first Ward Sister preceptor to be appointed at Whipps Cross Hospital, to describe her training ward and how she had set about preparing herself and the staff of the ward chosen for taking part in the project. Mrs Monk said that the ward was a medical ward with 26 beds, and two consultants. It was supposed to be an acute medical ward but 13 of the patients were long-stay geriatric patients who should have been in a geriatric ward or Part 3 accommodation. After she was appointed she looked first at what she had to contribute to the running of the ward and what she had to learn. She had to study the nursing process in greater depth; she also looked at management audits, new teaching techniques, research methods and multidisciplinary management. The ward had to be changed into a learning environment. The staff were despondent, so an attempt was made to stimulate interest in the work by getting the patients out of bed and dressed and raising their primary care to a higher standard. The task allocation system of nursing was being used, so as a first step towards introducing the nursing process, the system was changed to patient allocation and standards of care then improved.

A weekly social workers' meeting had been held on the ward to discuss the discharge of patients, which was then enlarged to a multidisciplinary meeting, including occupational therapists and physiotherapists, to come as near as possible to multi-disciplinary management of patients, though the doctors were not always available to take part. Mrs Monk said she had a lot of work to do with the permanent staff on the ward and to create a proper ward team. There was a very able Staff Nurse, who felt rather threatened following numerous changes of Ward Sister, so it was important to gain her co-operation. The staff consisted of one staff nurse and two SENs, one of whom stayed, the other moving to another ward as she was not really able to cope in a learning situation. The consultant and registrars, as well as the junior medical staff, were very supportive and helpful when the training scheme was explained to them. The word also spread to the social workers, the therapists and to the domestic workers, who all needed to know what was happening. Gradually the ward was changed from a "bit of a dead end" to a much more stimulating environment, which was the main aim at that time.

Hazel Allen next put a question to Mrs Wood, the ward sister preceptor who had succeeded Mrs Monk at Whipps Cross, asking her to comment on the issues which

had arisen regarding the relationships within the job of ward sister preceptor. Mrs Woodbegan by mentioning two difficulties: that of inheriting a ward from someone else and that of coming in from outside, which required her to learn a new environment and adapt to a ward in which she had not worked before. As her style of management differed from that of the previous ward sister, she had had to create a good working relationship with the existing ward staff and assess whether they could cope with the increased responsibilities of a training ward. Initially a lot of staff left, but were soon replaced. The learners had to accept that there would be other trainees on the ward, so would have less attention from the Ward Sister. In fact, being aware of this danger, Mrs Wood had made a point of seeing the learners regularly every fortnight and they expressed agreeable surprise at this, as no other ward sister saw them so frequently. Regarding liaison with other staff, Mrs Wood said her Nursing Officer was clinically based and a great source of support, as he knew the day-to-day running of the ward. Because of the nature of the job, she had tried very hard to make sure everyone concerned understood what was happening in the ward and to establish a good relationship with them, especially as the trainees were sent out to visit them during the course.

During the general questioning that followed, one delegate asked how the ward sister preceptors were prepared. Alison Monk replied that they prepared themselves by studying their own weaknesses and finding out the gaps in their knowledge. She had gone to conferences and to any King's Fund meetings which might be helpful. But she pointed out that the preceptors also learned as the course progressed; it was a process of self-development. Hazel Allen added that the preceptors were given up to six months to prepare themselves. It was realised that they were trying to produce a new "model". She thought the title "ward sister" detracted from the broader, more corporate role, as this tied them down to the ward. The reins had been loosened and they were expected to go out and about in order to prepare and educate themselves. Julia Fabricius remarked that a problem of time was involved, as they were still having to run the ward and it was difficult to fit everything in. She thought it was important to maintain a proper balance between managing the ward and developing oneself.

Another delegate asked if the preceptors saw their role model as continuous, or might there be advantages in it being intermittent? Julia Fabricius replied that any ward sister is a role model all the time, so one must keep the idea of being a role model at the back of one's mind and just get on with the job. It was important to accept that a role model isn't perfect, but you are still being observed.

Miss Sheila Collins, Director of Nurse Education at the London Hospital, asked if the hospital would benefit by another ward being chosen as a model if the scheme was successful in the first ward selected. She also asked if it was possible to transfer the learning skills of the role model to a totally different ward, as medical and surgical wards were managed in a totally different way. Julia Fabricius replied that that was why she had taken so long to prepare herself, but having done that it was just a matter of learning another specialist technique; the techniques of running a ward were the same, whatever type it was.

Another delegate expressed dismay at the opinion being expressed that specialist clinical skills could be learned so quickly. Professor McColl, in reply, said that he did appreciate the difference between a medical and surgical ward. In the medical ward, the staff were observing the natural progress of the disease; in the surgical ward they were doing something about it'. He had never found any great difference between medicine and surgery, as to practise surgery you had to understand medicine. He had found the way the ward was run splendid, as the expertise was much needed and Julia had settled into the work very quickly. Mrs Davis, as her District Nursing Officer, added that she had assessed Julia as a good ward sister who needed stretching. She agreed that specialist techniques could be learned without difficulty; what she was looking for was a good ward manager, someone who would be prepared to work very hard and was interested in the project. She was quite happy with the way the training ward was being run.

Miss Collins came back with the suggestion that it might be helpful that the team should try to run the training programme in each ward at Whipps Cross and Guy's, so that the project was spread more widely. Ruth Calcott commented that it was hoped to increase the number of trainees at Whipps Cross next year, so they were considering the possibility of one or two other wards being used for some of the practical work. One ward sister, of a surgical ward, had taken the training on a medical ward and welcomed the opportunity to show how the techniques learned could be applied on a surgical ward, as there were certain differences.

A note of controversy was introduced into the colloquium by Peter Dunham, Divisional Nursing Officer at Whipps Cross Hospital, who took for the title of his talk "Constraints, conflicts and commitment". Emphasising that his comments were based on his experiences at Whipps Cross over the past 18 months, he said that when he took up his present post in November 1979, he was very pleased to be involved in the ward sisters' training project. His responsibilities included chairing the local steering group meetings and acting as the hospital's representative at the Steering Committee meetings at the King's Fund Centre.

Before the first course was held in June 1979, great efforts had been made to explain to all staff what the aim of the project was, and the role and involvement of staff in its development. In Mr Dunham's view, however, these efforts were not entirely successful, chiefly because the training ward was being seen as "just another ward", the description "special" being strictly taboo. He believed that avoiding the word "special" to describe the training ward and the project itself created many difficulties both for the preceptors and for the trainees. He did not think it should have been regarded as a potentially threatening term.

In the initial planning stages of the project, he continued, it was believed that it could be carried out in a normal ward situation, but the realities of the staffing situation at Whipps Cross, and the consequent pressures from a variety of directions, made this impracticable. Any ward with minimal staffing and heavy pressure on beds, and which was part of a research project, must be "special", Mr Dunham declared.

It was vital to use this term, and to build into the system safeguards against staffing reallocation. Failure to recognise this would subject the ward to the same constraints as all other wards, and inevitably limit the development of the project. If nurse managers would not commit themselves totally to such a project, they would simply reinforce the existing attitudes which limit the development of competent ward managers.

The first constraint he had encountered with the training ward, Mr Dunham continued, was low staffing levels. The trained staff for this 26-bedded acute medical ward consisted of a ward sister, who was also a preceptor, supported by two staff nurses and one SEN, and an average allocation of six student and pupil nurses. These staffing levels allowed for no flexibility, and placed an intolerable burden on the ward sister preceptor. The repeated booking out of trained staff from the training ward to other wards was an added difficulty and effectively constrained the speed of the project's development. To overcome these two difficulties, said Mr Dunham, he had to make two decisions: first, to say that staff from the training ward could not be moved to another ward; and second, and equally important, actually to increase the training ward's staffing level, to enable the ward sister preceptor to devote more time to her activities as course role model. These two measures had undoubtedly produced stability in the training ward. Improved staff recruitment had now also enabled the ward to have its full complement of trained staff.

New projects, Mr Dunham went on, frequently cause conflict and this training ward project was no exception. The close link both Divisional Nursing Officers had established with the course preceptors had given them support during the project's early stages, and helped to overcome a great deal of the initial trauma and apprehension. But such a commitment by top nurse managers could result in conflict, as junior nurse managers felt bypassed when training ward policy was being laid down. This element of conflict had been overcome by asking the unit Nursing Officer and Senior Nursing Officer to attend the local steering group meetings regularly.

Further conflict had resulted from Mr Dunham's insistence that the training ward be termed "special" and its staff should not be transferred to other wards to fill staff shortages. In his view, top nurse managers must be prepared to accept this degree of conflict until the principles of the training ward were fully supported throughout the hospital.

Yet more conflict was created by the disbelief on the part of some staff that the project was needed. "I didn't need to be trained to be a ward sister" was a comment frequently heard but the professional approach of the ward sisters who had completed the training had proved an effective antidote.

Mr Dunham went on to say that while top management was committed to the project, middle management were far less committed. While it would be nice to think that democratic principles of management would result in commitment by all staff to commonly agreed goals, this was not so. There was still a long way to go in

developing an attitude and enthusiasm in middle managers that would encourage and nuture such new developments. Nurses continued to pay lip service to staff development, but Mr Dunham said he was convinced that training newly appointed ward sisters to become competent ward managers was vital for the future of the nursing service and of improved patient care. As a top manager, he was now seeing the fruits of the labours of those involved in the course and on his visits to wards he was very impressed by the degree of professionalism of the sisters who had taken the training. He considered it a privilege to be involved in such an exciting development.

During question time Mr John Wells, Director of Nurse Education at Northwick Park Hospital, said that it was crucial to find out how many patients a ward sister could properly manage: what was the optimum number of patients she should be responsible for and still be able to ensure a good standard of nursing care. How much of a constraint on the training programme was it not knowing what the limits were of a ward sister's capabilities? Mr Dunham replied that it was undoubtedly a constraint when staffing levels on the training ward were unacceptably low, but at the same time it was impossible to quantify exactly what the right establishment should be when workload fluctuated so markedly. Hazel Allen added that it was hoped the research in this project would result in an unequivocal statement that a ward sister cannot manage the numbers of patients she is expected to manage, and what is the ideal number of patients she should be responsible for.

After the lunch break there was a short, informal conversation between some of the course trainees and Hazel Allen, who asked for their views on various aspects of the project, particularly what problems they had encountered. Among these were lack of knowledge about the course, in the host hospital, which created frustrating situations; the external visits being arranged too far in advance, so that the trainees were not expected when they arrived; and lack of time to complete the research project in Part 2 of the course. Trainees had to face a lot of criticism of the course, and had to be prepared to defend it. On the plus side, all the trainees agreed they had benefited greatly from the course, principally in the way of gaining more self-confidence and becoming more assertive.

The case for a counselling support system for both trainees and preceptors was eloquently argued by Gillian Gilbert, a free-lance counselling trainer who had previously been a Nurse Counsellor at Guy's Hospital. She said everyone needed both formal and informal support systems: the formal counselling available within a management structure and the informal counselling from empathetic colleagues and close friends, both in hospital and outside, to whom one could speak more freely, without any feeling of disloyalty, than one could in a more formal atmosphere. Nurses were notorious for saying they could cope without such support, however exacting their job might be, but in Mrs Gilbert's view there was a great need for nurses to have access to emotional and moral support. The job of the ward sister involved counselling staff and patients but who was there to provide counselling for the ward sister, whose job was so demanding?

Mrs Gilbert said she had been shocked to see there was no provision in this project for counselling of both trainees and preceptors. Both were under considerable stress in this new and sometimes painful learning situation and it was essential they should have access to a "neutral" support system to enable them to talk through their problems with an objective counsellor who could either encourage them to continue along the path they had already chosen, or guide them in a different and more profitable direction.

The penultimate topic of the day was the evaluation of the ward sister training scheme by the researchers involved. Judith Lathlean reminded the audience that the Nursing Research Unit at Chelsea College had been chosen as the independent location for the research involved in evaluating the scheme; she was appointed Research Fellow in February 1979, and Sally Farnish Research Associate in December. There was a policy in the Unit of having research teams with combined experience and skills: she was a social scientist, with a health and social service research background, and Sally Farnish was a nurse with considerable hospital and community experience, and a Master's Degree in Social Research. Their brief was to assess the effectiveness of the ward sister training scheme and to assist in its development and subsequent extension as a form of training which was appropriate for ward sisters in other hospitals.

Evaluating change was known to be difficult, so they had chosen an approach known as "action research" which was considered particularly appropriate. The aim was systematically to observe and record the many changes that occur as the training scheme progresses and at the same time to attempt to establish as precise a means as possible for measuring and evaluating them.

Describing the methodology used, Miss Lathlean said that traditional approaches to evaluation in education and training try to compare outcomes with the objectives of the training. The effectiveness of the training is then assessed by the degree of match or mismatch between these two. However, in action research (the approach they had chosen) attention was also paid to a third intermediate component: the process of training.

Action research, she continued, had certain characteristics. The research was a continuing part of the policy-making process; the findings were used as a basis for planning and implementing policy change; the relationship between the researchers and those undertaking the innovation was one of collaboration; the interaction between the researchers and practitioners was an essential part of the innovatory process; the research proceeds in a series of stages; and a situation is studied, recommendations for change are made and implemented, the result being a second situation which is, in turn, evaluated and further change made.

The project was currently at the end of the early monitoring phase. The criteria were being defined by asking: what are the objectives of the scheme? What changes are expected as a result? The training process was being systematically monitored by regular, open-ended interviews, observation, reference to documents, and attendance

at all committee meetings. Further research procedures, such as questionnaires and interview schedules, were being developed. The next phase would use these procedures, all the information would be analysed, recommendations for change would be made and implemented and a new situation would be created. The information would be fed back and the process of evaluation then repeated.

Miss Lathlean said it was only possible for her to discuss a few tentative findings at this stage. First, it had been interesting to compare the problems that had been encountered in both hospitals and how they had been tackled. The problems in the two training wards had, both in their nature and intensity, not been common to both. For example, the staff of the training ward in one hospital were unhappy about the scheme, concerned at how the presence of the trainees would affect them. Would the trainees be able to allocate them work, and supervise them, or could they ask the trainees to do work? The staff at the second hospital on the other hand, did not consider this a problem.

The project had caused both tremendous interest and resentment in the hospitals themselves. The problems resulting from not labelling the ward "special" had already been discussed by Mr Dunham, though from the outset the emphasis was placed on both training wards being "normal", in the hope that this would minimise friction, and demonstrate that, if the scheme was successful in these hospitals, it could be mounted elsewhere.

It had also emerged that the roles of the tutor and ward sister preceptors were not interchangeable, as it had been thought they were. The ward work assumed such high priority with the ward sister preceptors, and they felt so strongly they must behave as "normal" sisters if they were to be true role models, that they taught mainly by example and discussion, taking few tutorials. There was a need to explore further how this type of learning occurs.

It was evident that all the trainees had benefited in some way from the course, but were likely to be affected by it in different ways because of their differing backgrounds, experience and academic orientation. As yet there was no evidence of how the trainees were affected in the long term, but in the short term, for those not already ward sisters in charge, there appeared to be a definite link between coming on the course and the ability to obtain a first sister post. They seemed to have an advantage over other nurses applying for a post.

Miss Lathlean then handed over to her colleague, Sally Farnish, to discuss her part in the project. Her study attempted, she said, to find out more about the way nurses acquired the many skills and the knowledge necessary for a sister to perform her job efficiently and confidently, and how they perceived their training needs. Her aims were to discover how nurses are prepared for the role of sister; to determine how nurses view the effectiveness of this preparation; and to discover in which areas sisters feel least prepared for their role. She felt there was a need to test the climate of opinion among practising ward sisters, nursing officers, and staff nurses.

So far she had carried out informal interviews at a London non-teaching hospital, and using the results had drawn up a questionnaire which was almost ready for a pilot study. It was not possible to undertake a nationally representative random sample, but by carrying out surveys in several different areas of the country, they would get a fair idea of the variations in ward sister training.

Miss Farnish said she was seeking to discover the following items:

(1) What skills the practising ward sister sees as important in ward organisation and management, in teaching and in interpersonal relationships.

(2) How adequate she feels her experience as a staff nurse was in preparing her for the role of ward sister.

(3) What opportunities are available to her now for developing both her clinical and managerial roles.

(4) How exactly she acquired certain knowledge and skills.

(5) How she rates her job satisfaction and the contributory factors.

(6) What she feels about any management courses she may have attended.

(7) What she feels about the present preparation of staff nurses, and its adequacy.

Miss Farnish ended with a comment made by a nurse manager which seemed to reflect many people's sentiments: "You never realise until you have taken the enormous step from staff nurse to ward sister just how great the responsibilities are".

Miss Lathlean wound up this session on research by saying that some fundamental issues had been raised during the morning which the research team would certainly consider. She cited two examples: the point raised by a member of the audience that the training programme was based on an assumption of the role of the ward sister; and what was the ideal or acceptable workload for a ward sister. They would be considering both these issues: what exactly is the role of the ward sister and what should her ideal workload be. The evaluation of the project was complex but exciting and a great deal of information was already available. The research team would shortly be contributing to discussions on revising the curriculum and it was hoped by using this stage-by-stage approach to develop a way of training ward sisters which would be widely applicable.

The last speaker of the day was David Towell, Assistant Director of the King's Fund Centre, whose subject was "Learning from this experience". He began by explaining that his involvement in the project was as an external member of the Steering Committee. He had been engaged in parallel work elsewhere, e.g. collaborating with managers in one health district on increasing the total effectiveness of nursing management in a period of tension caused by the growing demands of the community, and the decline of resources to meet these demands. He had also taken an interest in a DHSS-sponsored project on the role of the Nursing Officer, and in the work of the RCN's group on nursing standards.

His role today, he went on, was to stimulate thought about the implications of the project, for efforts elsewhere to improve the training and strengthen the contribution of ward sisters. To begin with, it was clear that one distinctive approach to ward sister training was being very carefully developed and tested, and the efforts of all those concerned were leading to some worthwhile successes. For example, senior managers were beginning to identify the necessary conditions for a project like this to work in the complex setting of a large general hospital. A lot of thought had also been given to the knowledge and skills required for the role of ward sister, and their implications for training. The preceptors on the training wards were developing their new roles, and starting to demonstrate the feasibility of ward-based training. Perhaps most important, the trainees were rating this experience very positively, though as yet it was difficult to assess the effect of the training programme on their performance as ward sisters.

At the same time, the project had not been without its problems. It was proving costly in terms of the resources required to support a small number of trainees. It had not been easy to implement the original design and everyone involved was still learning how best to make progress. But all this was to be expected: attempts to introduce major innovations in nursing were never straightforward.

The first lesson to be learned from the day's proceedings was, Dr Towell emphasised, that this project does not offer a simple model which can be applied across the country. Still less would the King's Fund claim to have discovered the one best way to train ward sisters. Nursing had in the past been the victim of attempts to implement national blueprints, or formulas - like the recommendations of the Salmon Committee - without drawing adequately on local professional experience or permitting changes to be worked through with appropriate staff so as to ensure they achieved and accepted responsibility for their own innovations. If one approach had been developed and tested, there was scope for other approaches designed to fit particular situations. In other words, it was to be hoped this experience would be used, not copied.

Dr Towell asked delegates to think about designing their own ward sister training projects, in the light of what they had heard during the day. He identified five core elements fundamental to any approach of this kind, as follows:

(1) Recognition of the critical importance of the ward sister role.

(2) Clarification of the nature of this role and its training requirements.

(3) Investment in specific training, e.g. through a service-based tutor.

(4) Emphasis on learning in situ and the importance of role models.

(5) Further support to implementing what is learnt in practice.

There were, however, a number of other features of trying to design your own project where a range of options was possible, he continued, but these might imply some difficult dilemmas of choice. In order to indicate these options, he had

identified some of the questions that would have to be considered, and suggested two or three alternative answers to each question, as follows:

(1) On whom should the opportunities for this specialised training be concentrated? (Newly appointed ward sisters/promising staff nurses/ existing ward sisters ...)

(2) From where should trainees be drawn? (The hospital/district/more widely ...)

(3) How many wards should be used to provide the first phase of training? (one ward for the District/more than one ward ...)

(4) How many trainees can the training ward support at a time? (One or two/or more ...)

(5) What should be the trainees' role on the ward? (Supernumerary with practice opportunities/senior staff nurse ...)

(6) What form should the application phase of the training take? (A defined period of supervised practice on another ward/on the new sister's own ward/ consultancy over an indefinite period in developing the sister role ...)

(7) And more generally, what is the right balance between a primary focus on training individual sisters as compared with changing the hospital system to encourage better ward sistering?

To illustrate the dilemmas involved, Dr Towell took Question 1 as a key question. One answer to who should get this specialised training was that, for maximum impact, it should be reserved for newly appointed ward sisters immediately prior to taking over their wards. Anything else would be likely to diffuse the benefits of an expensive training. But if the project were confined to a single hospital or District, how many trainees would there be, and how easy would it be to arrange the timing of the course in a way which fitted in with the new sister's motivation and management's need to have sisters in their wards? On the other hand, if the course took promising staff nurses who might not become ward sisters for some time, wouldn't the value of training be much reduced? Alternatively, if new sisters were accepted from a wider catchment area, possibly a Region, would not the identification of the host hospital with the project be reduced? And would it be possible to ensure that sisters trained for other hospitals got the necessary support back home for using what they learned?

Depending on the way questions like this were answered, Dr Towell suggested that a number of different ward sister training projects might be designed, ranging from a carefully prescribed course for small numbers of newly appointed sisters, initially based on a single ward, to a project concerned with training all the existing sisters in a hospital, employing any extra training resources to help them develop their role in their own wards and using techniques like peer group review and mutual consultancy to carry the whole hospital forward.

To conclude, Dr Towell said that the King's Fund project offered not a blueprint to be copied, but a wealth of valuable experience which, critically examined in the light of individual situations, should contribute to the development of other ward sister projects both similar to and different from those at Guy's and Whipps Cross. He thought it was unlikely that there would be progress in this field unless new projects were able to combine the commitment of senior managers over a long period with an innovative spirit at ward level, both reflecting a willingness to learn from experience and related efforts elsewhere as you go along. This would not be easy, but if the current arguments of the Royal College of Nursing were accepted - that essential to the increasing professionalism in nursing was the capacity to accept responsibility for assessing one's own work and introduce informed change from ward level upwards - then this was a challenge to be welcomed. If so, the next colloquium on this topic might present an opportunity for sharing experience of a wide variety of initiatives from around the country on which everyone could draw in deciding how best to move forward.

Panel Discussion

The colloquium ended with a panel discussion with all the participants. It covered a wide range of topics aired during the day, starting with the priorities the ward sister preceptor gave to patients, student nurses, trainees, etc. Julia Fabricius said that her first priority was her commitment to the patients and nurses in the ward; if that ceased, she would cease to be a role model. The time she was able to give entirely to the trainees was fitted into the quiet moments of the day, when they discussed with her the events of the day.

Another questioner asked if attention would be given to relative "objectivisation" of selection of ward sisters based on assessment of potential capacity, as the project might well have implications on appointing ward sisters generally. Christine Hancock replied that she hoped the project would be helpful in this respect. At present, "we tend to grow our own staff nurses", she said, and ward sister selection was a difficult area, so if guidance in their selection was a spin-off, this would be good. Mr Dunham added that having the preceptors on the interviewing panel for trainees had been enormously helpful in developing his interviewing techniques and selection of candidates.

The panel was then asked if all the trainees selected had completed the course. The answer was a hesistant yes - hesitant because there are in fact no examinations, or pass or fail results: the trainees simply have to complete the six-month course. Some had had problems with the written work and completing it in the time required, and there would in future be a stipulation that they must have completed it by a certain time to have completed the course successfully.

The panel then faced a leading question about doctors: had trainees experienced any problems with doctors at any level of seniority and was there any indication that when they were in post as ward sisters, their attitudes towards doctors would be different?

One of the trainees, who had had to work with 14 consultants on her ward, said that she had had difficulty in convincing all of them that what she was doing was right. They still could not grasp the elements of patient allocation, and would address the ward sister on rounds when a patient was being discussed even though the nurse responsible for that patient had been asked to join the group. Another trainee presented the other side of the coin: she had had great interest in her approach to ward management, and no criticism from the doctors at all.

The attitudes of students to the project were then explored; it emerged that they too were interested in it and liked working on the training ward, mainly because of the extra supervision they got.

Another issue that was aired was the attitude of nurses once they had qualified. Mrs Davis said that a move must be made towards patient care being carried out by qualified nurses, not by learners. But ward sisters were not so good at working with trained people as with learners: they found it easier to delegate to learners and they must learn to cope with all groups. Sheila Collins supported this view, saying that it was necessary to work towards a system similar to that in intensive care units where there were no learners. Patients too wanted to be looked after by trained nurses, not learners.

The position when there were two sisters on the ward was also discussed and Dr Susan Pembrey said that this made it very difficult for other staff to know who was the leader. The Briggs Committee had clarified the importance of leadership in nursing, and she went on to say that it was necessary to clarify the basic principle of whether one person should be seen to have authority vested in her; to delegate as she so chose, but to retain the basic authority. Until this nettle had been grasped it was not possible to decide the forms of ward organisation training that were appropriate.

Another delegate remarked that an additional grade was needed between ward sister and staff nurse, and took an analogy with medical staff structures: the consultant in overall charge, supported by a senior and junior registrar and a houseman. In nursing, the ward sister role should equate to that of consultant; trainee ward sister to that of registrar; and staff nurse to that of houseman.

In his closing remarks, the Chairman, Mr Cannon, thanked all the participants and said a number of important issues and constructive views had emerged from the colloquium which would give everyone much food for thought.

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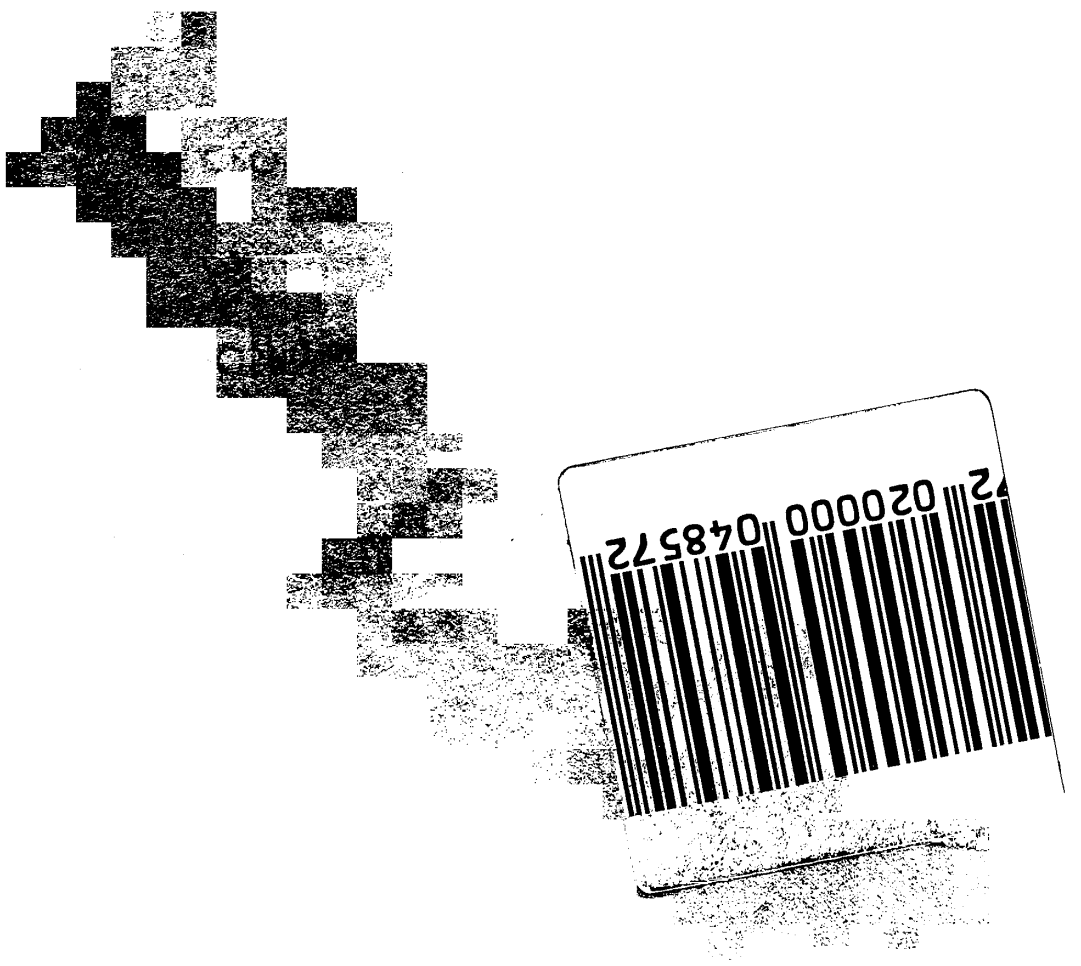
MEMBERSHIP OF THE CURRICULUM COMMITTEE

GUY'S HOSPITAL	ASSISTANT DIRECTOR OF NURSE EDUCATION PRECEPTORS
WHIPPS CROSS HOSPITAL	DIRECTOR OF NURSE EDUCATION PRECEPTORS
CHELSEA COLLEGE	RESEARCH FELLOW (in attendance) RESEARCH ASSOCIATE (in attendance)
KING'S FUND	ASSISTANT DIRECTOR, EDUCATION & TRAINING PROJECT ASSISTANT (in attendance)
'OTHERS'	REPRESENTATIVE from the JOINT BOARD OF CLINICAL NURSING STUDIES LECTURER in POST GRADUATE STUDIES, HOMERTON COLLEGE WARD SISTER (not involved in either training ward)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