

# Description and evaluation of a course for practice nurses

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**SUMMARY.** *There is increasing awareness of the needs of practice nurses for continuing education and both the report of the community nursing review and the government's white paper Promoting better health have stressed this. A course for practice nurses is described in which the curriculum was based on previous research into their requirements. An evaluation of the course demonstrated changes in the attitude towards the work of the practitioner and an overall increase in confidence of the group. Perceptions of the course and the relevance of the content were also measured. The cost of the course is given and the future direction of training discussed.*

## Introduction

THERE have been a growing number of courses available for practice nurses<sup>1</sup> since the report of the government commissioned community nursing review<sup>2</sup> upheld the Royal College of Nursing's view that practice nurses do not have appropriate training for their professional needs.

A research project in 1986 showed there was an education gap for practice nurses, many of whom returned to nursing after a career interruption of five to 10 years.<sup>3</sup> Introductory courses for nurses new to general practice are rare,<sup>4</sup> although courses for nurses in general are increasing. Although several studies have described the work of the practice nurse<sup>3,5-7</sup> there is, as yet, no clear definition of their role. Curriculum planning for courses for practice nurses has therefore been based on previous research,<sup>6</sup> questionnaires to practice nurses<sup>8</sup> and the views of a multidisciplinary committee.<sup>9,10</sup>

Because many nurses return to nursing after a career break of five to 10 years and most are aged over 35 years,<sup>3,11</sup> a course for practice nurses is one for adult learners with special needs. Cooper<sup>12</sup> has pointed out that continuing education for nurses should reflect the wide variety of experience which course participants already have, as well as their individual learning needs.

The course discussed here was based on the findings of a research project conducted in the West Midlands.<sup>3</sup> This research confirmed the variation in practice nurses' work which has been shown in other studies and highlighted areas of practice common to many nurses. There were several medical conditions which, with further training, many practice nurses felt they could be involved in the management of and which at least a quarter of the respondents were already managing.

## Objectives

The course was designed to enable the practice nurse: (1) to understand the contribution of nursing to the care of patients

in general practice; (2) to broaden existing knowledge and learn new skills in areas appropriate to his or her present or potential role; and (3) to understand the importance of verbal and non-verbal communication in general practice nursing, and be aware of factors influencing communication.

## Content

The subjects chosen for the course and the reasons why are shown below.

**Cervical cytology.** Our earlier study showed that 70.5% of practice nurses were currently taking cervical smears, and that 87.0% felt they could do this after further training.<sup>3</sup>

**Cardiovascular disease.** The study also showed that 96.3% of practice nurses were measuring blood pressure, 52.0% were involved in the management of hypertension and 80.0% thought they could be involved with management after further training.<sup>3</sup> Furthermore, 90.7% of nurses rated teaching about risk factors as the most or a moderately important aspect of their work.

**Asthma.** Only 16.1% of nurses in the study were involved in the management of care of asthma, although 52.9% of nurses thought they could be involved with such care after further training;<sup>3</sup> 50.3% of nurses undertook the measurement of respiratory function, while 85.0% thought that they could do so with further training.

**Common minor ailments.** The study showed 67.8% of nurses already undertook auroscopic examination of ears, nose and throat, while 88.0% aspired to; 34.7% gave advice about common infectious diseases while 79.9% thought that they could with appropriate training.<sup>3</sup>

**Diabetes.** Although only 28.8% of nurses were involved in the care of diabetes, 70.7% thought that they could be with training.<sup>3</sup>

**Health education.** In our study 90.7% of nurses rated health education as an important component of their work<sup>3</sup> and it has been shown elsewhere that nurses in general practice have important opportunities for health education (Stilwell B, research in progress).<sup>13</sup>

**Communication.** We were surprised that counselling patients with social or emotional problems was rated by 67.0% of nurses as only of moderate importance to their work,<sup>3</sup> since other studies have found these functions to be an important component of a practice nurse's role, especially for patients choosing (rather than being referred for) nursing care.<sup>14-17</sup> We therefore decided to give course participants an opportunity to explore the potential of each consultation in terms of effective communication.

## Structure

The course consisted of eight full-day sessions which took place on a Friday over eight weeks in a postgraduate medical centre. The course covered the seven subject areas listed above; on the final day, devoted to evaluation of the course and teamwork,

each practice nurse invited a medical colleague to attend. Each morning there was a clinical update on the day's subject by a physician, followed by a nursing update by a nurse specialist in the particular field. In the afternoon four small groups of about 10 people discussed relevant (and actual) cases brought to the session by the participants. At the end of the day a plenary session considered the conclusions of each small group. In the final session on teamwork small interdisciplinary groups discussed the joint management of a hypothetical case.

The course was designed as a mixture of lectures, small group work and large group discussion because adult learners respond best to a variety of teaching methods and to active participation.<sup>12,18</sup> Participating nurses were invited to set their own course aims in the hope that this would stimulate self-direction in learning. Cooper<sup>12</sup> has advocated self-directed learning as a method of maintaining professional competency and encouraging learners to pursue topics of interest after the course has ended.

In discussing the learning needs of older nurses Cooper has pointed out that learning is unlikely to take place unless the learner believes there is a need for change.<sup>12</sup> Self-assessment, therefore, is a vital beginning to success in learning. It was hoped that the group work, during which nurses discussed their clinical experiences, would enable the nurses to integrate the medical and nursing contributions they had heard in lectures and to see the relevance to daily nursing practice. The exception to this structure was the day spent studying communications skills, in which students watched themselves in video-recorded simulated consultations, with members of the Department of General Practice acting as patients. Video-recording was done in small groups, and each consultation was analysed using a mapping system. This particular day provided a new learning experience for all of the nurses there and will be discussed in full in a later paper.

### Participants

Thirty-six nurses took part in the course. The majority were aged between 35 and 54 years, had been in practice between one and five years and worked between 16 and 20 hours per week. These social and occupational characteristics were similar to those found in other studies of practice nurses<sup>3,16</sup> and of practice nurses taking part in other courses.<sup>10</sup> Eighteen nurses had taken a previous course; these ranged from a half-day course on leg

ulcer treatment to an English National Board 10-week approved course for practice nurses (two nurses).

Thirty-four nurses completed the course. One nurse stopped attending after three sessions because of practice commitments and one dropped out because the general practitioner would not pay the course fee.

There were four group leaders, all practice nurses, recruited from a different area of the West Midlands, and a course leader who introduced speakers, coordinated the group work and ran the plenary session. Group and course leaders were required to attend two briefing sessions before the course began in order to tutor them in the importance of their role.

### Evaluation

Participants were asked to complete a questionnaire before and after the course; these asked the nurses about their attitudes to their work and their level of confidence in dealing with the areas of practice covered on the course. Respondents were asked to state what they 'hoped to get out of the course' and they were asked in the post-course questionnaire whether or not they felt they had achieved this.

### Changes in attitudes

Nurses were asked whether they agreed, disagreed or felt neutral about six statements about the role of practice nurses (Table 1). After the course nurses rated their contribution to care slightly higher than before and this was reflected in their more positive attitudes to patients' choice of nursing care. Fewer nurses thought that a practice nurse could save the doctors' time by task transference, which may again reflect a clearer idea of the value of nursing *per se* for patients (as well as for doctors).

### Role priorities

For 10 aspects of their day to day work nurses were asked to indicate which of them were the 'most important', 'moderately important' or 'least important' of their tasks (Table 2). Fewer nurses rated practical tasks as one of the most important components of their work after the course and this seems to substantiate the attitude changes towards task transference. However, more nurses rated taking a medical history and performing a physical examination as an important component of their work. This implies a willingness to perform a traditionally medical role. It may also represent the growing awareness among these nurses of the value of their skills, as indicated in other attitude changes.

**Table 1.** Nurses' agreement with statements about the role of practice nurses before and after the course.

	Percentage of nurses					
	Before course (n = 36)			After course (n = 34)		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
Nurses and doctors have different skills and knowledge and both are needed for good patient care	100	0	0	100	0	0
Nurses can improve the preventive work in a surgery	97 <sup>a</sup>	3	0	100	0	0
Patients can have a chance to see a nurse or a doctor	89	11	0	94	6	0
Nurses save the doctor's time by undertaking tasks he or she does not have to do	89	8	3	82	18	0
Doctors need nurses to maintain and run surgery premises efficiently	51 <sup>a</sup>	29	20	59	29	12
Nurses are good at form filling and improve practice finances	34 <sup>a</sup>	34	31	47	35	18

n = number of respondents. <sup>a</sup> n = 35.

**Table 2.** Priority which nurses gave to various aspects of their day to day work before and after the course.

	Percentage of nurses					
	Before course (n = 36) <sup>a</sup>			After course (n = 34) <sup>a</sup>		
	Most important	Moderately important	Least important	Most important	Moderately important	Least important
Practical tasks, such as dressings, injections or specimen collection	92	8	0	79	21	0
Assessing patients for risk factors, such as overweight, smoking and high blood pressure	75	19	6	80	18	3
Teaching patients about healthy lifestyles	51	46	3	50	35	15
Clerical work, such as claim forms	22	14	64	12	18	71
Counselling patients with emotional and social problems	18	29	53	18	71	12
Giving advice on the telephone	17	46	37	12	36	52
Taking an accurate medical history and performing a physical examination	12	45	42	34	31	34
Teaching patients to cope with illness	12	54	34	27	56	18
Keeping the treatment room clean, well-stocked and tidy	9	30	62	6	6	87
Giving out repeat prescriptions and thereby saving the doctors' time	0	9	91	0	6	94

n = number of respondents. <sup>a</sup> Number of respondents was less for some questions.

After the course slightly more nurses gave a high priority to assessing patients' risk factors in their work (although teaching about healthy lifestyles fell slightly in priority) (Table 2). This supports the finding in Table 1 that nurses were concerned about preventive work. A number of participants felt that a session on health education was unnecessary as the theme of health education ran through the whole course.

Counselling patients with social and emotional problems ranked higher in the nurses' priorities for their work after the course, as did teaching patients to cope with illness (Table 2). This is of interest, as both these aspects of nurses' work have been noted to be of particular importance for patients.<sup>19-21</sup> Indeed, teaching patients to cope with illness has been put forward as the 'raison d'être' of nursing and the skill which more than any other, distinguishes nursing from medicine.<sup>22-24</sup>

The course participants therefore appeared to have begun to appreciate the process of nursing in terms other than task transference.

### Changes in confidence

Participants were asked to rate their own confidence in dealing with five conditions on a scale from 1-10 (10 = very confident) (Table 3). After the course the mean scores for the group had risen, implying an overall increase in confidence. However, in some individual nurses, confidence ratings had fallen. Why should this be? Only 18 out of the 36 nurses had already attended a course while in their present job, and only seven of

them had been in their present jobs for less than one year. Others have described practice nurses' professional isolation.<sup>1,7</sup> It may be that, in discussing their varied skills and knowledge, these practice nurses discovered the potential for learning in their own roles.

### Relevance

Thirty-two of the 34 participants who finished the course rated it as highly relevant and two as moderately relevant. All of them related well to group work and enjoyed this feature of the course; in the pre-course questionnaire 27 out of the 36 nurses stated that part of their personal aim for the course was to meet other nurses. In the post-course questionnaire 33 out of 34 respondents said they wished to join a practice nurse group or, in one case, would now start one.

In response to an open question about the effect of the course no one commented adversely. Twenty-two participants said they felt more confident, 17 said it had increased their self-esteem, 14 felt it had improved their communication skills, 12 felt stimulated to increase the range of tasks performed and four had already 'persuaded' their practices to do this.

Most nurses felt more time for questions and answers with speakers would have been valuable and most did not value the large plenary session. There was a demand for a further course to include topics such as the care of leg ulcers, immunization, pharmacology for nurses, problems of women and substance abuse.

### Cost

Education, if it is to be done well, cannot be done 'on the cheap'. The total cost of the course was approximately £3224.00 or £1.60 per student per hour. This includes time taken to train four participants in the skills of small group work so that they could function as group leaders but does not indicate the cost of the considerable input from staff of the Department of General Practice.

### Discussion

Several points of interest have emerged from evaluating this particular course. First, there is a desire among practice nurses for

**Table 3.** Level of confidence (scale 1-10) of nurses in various fields of care before and after the course.

	Mean score on confidence	
	Before course (n = 35)	After course (n = 34)
Cervical cytology	7.8	8.2
Hypertension	7.5	8.1
Minor illness	6.9 <sup>a</sup>	7.4
Diabetes	5.7 <sup>a</sup>	6.2
Asthma	5.4 <sup>a</sup>	6.7

<sup>a</sup> n = 34.

more educational opportunities and for contact with other practice nurses. These tendencies may be enhanced by the recent community nursing review,<sup>1</sup> which was perceived by some practice nurses as an unfavourable comment on their role and educational standards.<sup>24</sup> There is a perceived anachronism between funding for nurse courses and funding for receptionist courses.

Secondly, course participants responded well to this course structure, which was designed to meet the educational needs of older nurses. The confidence of the participants grew, as did their professional self-esteem.

Thirdly, the course structure was flexible, allowing course members of different abilities to participate at a level appropriate to their learning needs. The potential for this type of course is therefore exciting, with the possibility of joint educational updates for nurses and doctors together.

No specific evaluation was undertaken of the final session discussing teamwork, although anecdotally it was felt to be stimulating and useful. Perhaps increased opportunities for interdisciplinary continuing education might help doctors and nurses understand the nature of each others' contribution to patient care.

Although the course described here does not offer a formal qualification nor has it been extensively assessed, we feel that it acts as a stimulus to participants to reconsider their attitudes and their knowledge base. We hope that more opportunities will be forthcoming for practice nurses to undertake courses recognized by the English National Board, and that a method of funding will be found to meet course fees.

Cooper<sup>12</sup> has commented that the concept of continuing education is not recognized as an integral part of nursing education. However true this may be for nursing as a profession, it is certainly true for practice nursing. We hope the course we are developing goes some way to improving continuing educational opportunities for practice nurses, and thereby improves the care which they offer to patients.

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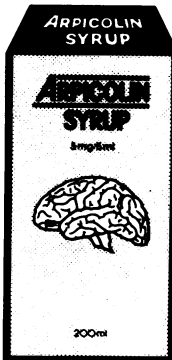
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