The way forward for school nurse training

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This article explores developments in school nursing and the associated demand for a change in qualifying courses. The apparent reluctance of those involved in the education and preparation of school nurses to implement change is discussed, and the author presents the case for the recognition of school nurse community practice teachers (CPTs). An action plan that should bring pressure to bear on the English National Board and educational institutions is outlined as a way in which experienced school nurses can gain a CPT qualification.

School nursing recently celebrated its centenary and though the complexity of the job is now recognised by advisers in school health and school nurses themselves, the English National Board for Nursing, Midwifery and Health Visiting (ENB) and the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) have still to do so.

Although new courses have been designed to meet the growing educational and training needs of school nurses, one factor hindering the profession's development is the lack of official recognition for the school nurse community practice teacher (CPT).

The value and importance placed on community practice teachers, to facilitate students' learning through practice, is acknowledged in all areas of nurse education (1). School nurse education is no different, but the Cinderella status of school nursing appears to be the reason for delays in achieving parity in education with other community nurses. Official recognition by the ENB and UKCC for CPTs in school nursing is, therefore, imperative for the professional development of school nursing.

**The professional development of school nursing**

The school nurse is the acknowledged specialist practitioner in health promotion and primary health care in the school health service. He or she retains a clinical role but currently assumes additional activities, including:

- Facilitator/adviser in health education to parents, teachers and pupils, in groups and on a one-to-one basis
- Contributor to community initiatives and programmes regarding health promotion
- Counsellor to children of all age groups and their parents.

In addition, school nurses are expected to:

- Conduct health interviews and carry out screening procedures
- Liaise with other professionals in the fields of education and health

This article formed the basis of a lecture given by the author at an RCN Community Practice Teacher Conference in November 1992 titled 'Breaking the mould of the CPT'.
Adapt to social and political changes affecting the health and education services, as well as the social and psychological aspects of the lives of the children and families (2).

The modern school nurse can, therefore, be described as a proactive and independent practitioner who is able to assess the health needs of the school child, not only in the context of the family and school, but also within the ever-changing society in which we live (3).

The role is a complex one (Fig. 1) and requires an in-depth knowledge of many aspects of health care. School nurses must have a critical approach to their work and assume a high level of responsibility. In addition, they have to work with two very different professional groups: those in education, and those in health. Strehlow (4) describes school nurses' role as unique 'in the way they provide bridges between professional groups, and the interface between professionals and clientele'.

The changing nature of the school health service has been supported and documented by various professional bodies (5, 6). The HVA policy document on school health, *Project Health* (7), outlines the need for widespread changes in the service to bring it up to date with recent developments in the management and delivery of community health services so that it can meet the health needs of today's children (8).

### Preparing school nurses for their changing role

Many school nurse courses are now seen as inadequate to facilitate learning at the level required and to prepare school nurses fully for their role in the school health service. Much of the debate centres on lengthening the course, attaining equal academic status with other community nurse courses and having a mandatory school nurse course.

### Longer course

Those in favour of a longer course for school nurses include the authors of a book on school health that urges them to 'develop their skills and effectiveness of their practice' (9). This was recently supported by the RCN School Nurses Forum (6), which called for school nurse courses 'to be extended and have a more in-depth content'. The HVA document *Meeting Schoolchildren's Health Needs* (10) makes the same plea for a longer course, but includes the need for equal educational status. Reference is made to the limitations of the present three-month course. The document states: 'The Association endorses the widely held view that this is a totally inadequate course length and looks forward to the development of a year-long course, the relevant parts of which may be taken in conjunction with appropriate community nurses, such as health visiting students.'

For many years, professional groups representing school nurses have argued that they should receive mandatory qualifications. The professional enquiry into school nursing (5) recommends that the school nurse qualification be made mandatory to practice.

There is, therefore, clear evidence of the need for a radically different education and preparation for school nurses to enable them to undertake the additional activities that are now expected of them.

Many of these arguments have been incorporated into the Community Education and Practice Report (11), and all previous Council reports have culminated in the production of the Council's 'Proposed Standards for Post-registration Education' (12). The nursing profession is now being asked to comment specifically on the programme leading to qualification.
Factors restricting the development of school nursing Although ENB school nurse courses have existed for 14 years, there has been little development in school nurse education. A range of issues may explain this delay, including: the reluctance of health visitors to relinquish the school health aspect of their job; medical officers who would prefer the school nurse to remain in a 'handmaiden's' role; managers without clear strategies for school health who have not ensured that adequate funds are available to finance appropriate courses; educators who continue to design in-service courses that are short and cheap to ensure course viability; and the ENB's failure to push through the necessary rules to enforce educational courses for school nurses.

There appears to be one factor, however, that pervades the culture of school nursing: 'image'. This problem has probably never been fully acknowledged by school nurses, educators or managers. School nurses tend to underestimate their own abilities. They internalise the part-time nature of the job and see the convenience of school hours as fitting their role as parents first and foremost, instead of seeing the job as important in its own right. British society also tends to give children low status compared with our European counterparts. This reinforces the idea that working with children is of low status and requires little expertise.

This culture seems to have strengthened the reluctance to extend and develop school nurse education. Courses have remained tailored to part-time employment, and are designed to fit in with school hours and terms. Much of the training has been in-service, with little attention paid to practice and the education process.

Thinking as a profession
School nurses need to address the fundamental issue of how they see themselves, their jobs and their careers in order to start thinking as a profession. Managers and educators also need to reassess their view of school nurses and question the image they have of them.

The case for specially trained practice teachers
The work done by Maggs and Purr (13) on the education and preparation of fieldwork teachers and practical work teachers supports the centrality of well-prepared practice teachers. The effectiveness of the preparation of the student health visitors and district nurses, says the report, is 'inextricably linked to the effectiveness of the practice teacher'.

Practical knowledge has been explained in a
Knowledge gained in a practice setting is invaluable.

References
4. Strchlow M. School Nurses and Practitioner education and begun to provide answers to the relationship between theory and practice, much is not yet understood about the process of reflective learning and the theories that underpin the notion of learning practical knowledge. Fish et al (17) caution: ‘Those responsible for practitioner education should not assume it is simple, and that simple links can be made. Rather, the consensus seems to be that it is an issue – and an important one for students’ future autonomy – which students and staff might best explore together on post-registration courses.’

Even if the way forward is with some caution, it is clear that school nursing must include well-prepared school nurse practice teachers to facilitate students to learn the professional knowledge that frames school nursing.

What can school nurses do? The existence of the specialist school nurse CPT is imperative for the professional development of school nursing, but the ENB does not currently recognise the CPT qualification for school nurses. The Board will recognise the core part of the course, so once the ENB rules are in place it will be possible for school nurses to take two or three days specialist CPT, followed by the probationary year (part two), for full recognition for the qualification.

In the short term, this compromise will prepare school nurses for their essential role as practice teachers and, most importantly, will ensure that the professional knowledge on which school nursing is based is recognised and made known to all those involved in the development of the school nurse service.

I therefore recommend that school nurses request to take these courses at their local university or polytechnic.

They should not wait for ENB or UKCC pronouncements.

**Action plan**

The following action plan addresses some of the difficulties in obtaining good training and suggests a way forward for school nurses:

1. Apply to higher education institutions to undertake the multidisciplinary CPT (experienced school nurses).
2. Check that the course is at level 3 and has a credit rating. (Reading University offers 40 points at level 3).
3. Clarify that the institution gives an award on successful completion of the course, for example, a university certificate.
4. Ensure that the course leader has obtained ENB validation for the core part of the course and that you will receive ENB recognition.
5. Ensure that managers, educators and the ENB clarify the process necessary to achieve official recognition from the ENB and UKCC once the new rules are in place.
The case for community practice teachers: the author's personal experience

Elizabeth Howkins

I ran the first six-month school nurse course in the country. The students studied full time and did not hold case loads while attending the course. The importance of ensuring that the practice placement was a learning experience, instead of just an observer role, was crucial to its success. This was a vital factor in preparing practice teachers for their role.

My attempts to prepare teachers and ensure that school nurses received recognition for the course centred on persuading the ENB to allow school nurses to be included on our Field Work Teacher/Practical Work Teacher course, but this was rejected. The ENB suggested that school nurses undertake a 998 Teaching and Assessing course, but I dismissed this as inadequate as the main focus was always hospital rather than community, and there was no specialist preparation for school nursing.

As a compromise, a course proposal was submitted to the ENB as a 998 course specially designed for school nursing, and approval was given half way through the first practice teacher course. The course achieved two main goals: adequately prepared practice teachers were available to teach the first set of students, and the same school nurses would receive a recordable ENB qualification. The latter was extremely important for a group of nurses who seemed to continually miss out on professional and academic recognition. The type of student emerging from the course and the course evaluation provided evidence that the students did benefit.

The report to the ENB (18) stated: 'The innovation of the qualified teacher and assessor in school nursing (ENB 998) has enabled the student learning programme to be planned throughout the course, so demonstrating to the student close links between theory and practice.'

The evaluation from students, managers and practice teachers was that those students who had practice teachers benefited more than the few who did not. More than any other factor, the specially trained practice teachers ensured that the students they worked with understood the complex job of school nursing far better than those students who worked with unqualified practice teachers.

This finding was reinforced after I moved to my current post, where a team of tutors wrote and prepared another six-month school nurse course. It was innovative, and the school nurse curriculum advisers thought it was just what school nursing needed. The course was based on a philosophy of the school nurse as proactive health promoters working with children in their own community (5).

Another application to the ENB for the inclusion of school nurses on the new multi-disciplinary community practice teacher course failed. By this time the ENB had obviously had a re-think on the justification for running a special 998 course, so this suggestion was also refused. Although school nurses could attend a generic 998 course or undertake a City and Guilds 730, neither prepared them for one-to-one teaching in the specialist field of school nursing. Preparation for practice teachers for both the first and second school nurse courses was undertaken during a two-day teaching course. It was inadequate, but it seemed more important to run it than to wait on principle.

Although the length and educational experience of both courses was similar, the students' evaluation of their practical placements was quite different. Even when the course espoused self-directed learning, peer and self-assessment, and assessment of competencies, the outcome appeared to remain task orientated. But those students who were guided by specially prepared practice teachers who worked with them in reflecting on practice achieved a greater understanding of the process of school nursing.

This experience revealed that, even with the best intention in the world, a course that embodies all that is new, innovative and relevant will not succeed unless there are well-prepared practice teachers.

I have come to believe that professional knowledge is founded in practice and, therefore, must be firmly based in practice.