



*Nurses League
Journal*

2008

Norwich Nurse's Training Schools

...past to present

Windsor House

Norwich's first Nurse's Training School



Pym House



Martham House



The Edith Cavell Building

Norwich's current Nurse Training School

**THE UNITED NORWICH HOSPITALS NURSES LEAGUE EXECUTIVE COMMITTEE
AND TRUSTEE MEMBERS**

Charity Registration Number 290456

2007-2008

PRESIDENT

Mrs. Sheilah Rengert
Chequers, Watling Lane, Thaxted, Essex, CM6 2QY

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HONORARY MEMBERSHIP SECRETARY

Miss Betty Lee
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15, Greenwood Way, Sprowston, Norfolk, NR7 9HW

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Mrs S. Boyd, Mrs M.R. Dolding, Mrs. S. Ferguson
Mrs. L.M. Gordon-Gray, Miss B. Lee, Mrs. R.M. Rayner, Mrs. S. Rengert

EDITOR

Mrs. Lavinia Gordon-Gray, Oaklands, 66 Colney Lane, Cringleford, Norwich,
Norfolk NR4 7RF. Tel: 01603 505118 email: lavinia@gordongray.co.uk

PRESIDENT'S REPORT

This is my last report to you as President as I will have served for six years and will be handing over to a new President in May this year. I have enjoyed my six years as President and I hope that I have contributed to the future of the Nurses League.

We have seen several changes during the past year. Our past treasurer, Miss Taylor, is now happily settled in residential care and Mrs Mary Dolding is now well ensconced as our treasurer and is doing a sterling job.

Rev Ivan Weston and Miss Cooper resigned as Trustees and I thank them both for their hard work, support and commitment to the League. In May last year we welcomed a new Trustee, Mrs Elizabeth Blaxell and we hope she enjoys her time working with us.

This year our membership secretary Miss Betty Lee, and three of our trustees, Mrs Margaret Allcock, Mrs Sandra Ferguson and Mrs Ruby Rayner are all up for re-election. We are also looking for nominations for president. If you make a nomination for the re-election of trustees, for new trustees or for the president will you please ensure the person you are nominating is

- a) willing to stand and
- b) that you have a seconder for your nomination.

It is beneficial to the League in general and especially the committee and other Trustees that the president is elected from the existing committee. This ensures that he or she comes into post with detailed knowledge of the League and how it operates.

We are a registered charity and if the League is to continue, we have to have our honorary officers and our Trustees, all of whom form the committee and administer the League business. So please let us have the names of members who would be willing to serve for three years and continue the work of the League.

We are all getting older and would welcome some younger and fitter members.

We celebrate 75 years of the Preliminary Training School this year and have invited members of the local press to view and report some of the archive material. Kate Guyon, Dean of the School of Nursing and Midwifery at the Norfolk and Norwich University Hospital has agreed to talk to us at our Annual General Meeting, so please come along and support us on this occasion.

Lastly, but by no means least, may I ask you once again to let us know of any member who is in need of any help, financial or otherwise. We do have limited funds and we are managing to spend some of it at Christmas by the giving of cheques, flowers or gift vouchers for some of our older members.

We hope to see you all in May.

Best wishes
Sheilah Rengert

CHRISTMAS GIFTS FOR SENIOR MEMBERS 2007

This year the Trustees agreed to extend the date line for Christmas gifts to our senior members from 1938 to those who completed their training in 1944. So the task began, in November with Miss Lee trawling through telephone books in the library to obtain a contact number for forty-six senior members. For names not registered Ruth McNamara wrote a short note asking the person to confirm their present address and telephone number.

In this way we were able to chat to forty-five surprised people who were very pleased that the League still remembered them and talking wistfully of their hard but happy times at the old Norfolk and Norwich Hospital during the war years. Many asked if we knew of the girls they had worked with over sixty years ago. In those days most were known by their surnames only, of course. Some we were able to put in touch with each other or give up-to-date information on others we had recently contacted.

Each member was offered gift store tokens, garden vouchers, book tokens, fresh flowers or a plant, that were dispatched to arrive about two weeks before Christmas with the League members very best wishes. For those members who still lived in Norfolk and had requested a plant or fresh flowers they were delivered personally by Ruth McNamara, Secretary, accompanied by Betty Lee, Membership Secretary, or Lavinia Gordon-Gray, our 2007 Editor and Trustee. All the people were very pleased to see us and we enjoyed listening as they reminisced over happy times. Mrs Gordon-Gray was keen to make a return visit to willing volunteers who would give her an insight into training during the war for an article in this special edition of the Journal. Our oldest member is Miss Kitty Thorne who completed her training in 1930 and now lives in a nursing home in East Sussex. We have had many letters of appreciation and best wishes to League Members from the recipients who we were not able to visit.

Ruth McNamara
Secretary

We are looking for another editor to replace Lavinia Gordon-Gray to steer us towards the next landmark in 2010. If there is any member who would be able to take over as editor could you contact a committee member please? I am sure Matron Jackson would have been proud to know that when she set up the Nurses League it would still be functioning 78 years later. The journal is an important link for those members who have moved out of the area or who are no longer able to attend the annual meetings.

Our grateful thanks to Lavinia, who agreed to do this year's journal before stepping down as editor. She has worked hard contacting members and staff who were willing to contribute towards this, and other years' journals. I would like to express the thanks of members for all the journals that she has produced since being our editor.

Margaret Allcock
Broadlands, 5, The Green, Freethorpe, Norwich, NR13 3NY
Telephone Number 01493 700256
e-mail broadlands5@hotmail.co.uk

If you can help in any way for our annual display with items or photographs which can be scanned from the original, please let me know.

MISSING JOURNALS

If you have any of the following League Journals and would be willing to part with them the League would be pleased to receive them: 1930, 31, 32, 34, 36, 37, 38, 39, 1940, 1956, 57, 1960, 64, 67 and 69. Either bring them to the AGM or send them to one of the League committee members. Postage can be reimbursed.

EDITOR'S REPORT

You will be aware from last year's journal that nurse education and training will feature prominently in this issue. This marks the 75th anniversary of the Preliminary Training School (PTS) and the commencement of recognised training for registered nurses at the Norfolk and Norwich Hospital.

The musings from some of the articles will, I am sure, make you recall events from your own training and compare the similarities that existed between time and place. Not all similarities being relevant to nursing! It has been quite a challenge trying to cover each decade since the 1930's but nothing like the challenge I face every time I pick up my golf clubs.

I am most grateful to those who found time (some at very short notice) in their busy schedule to provide such thought provoking articles and to my husband for his invaluable support. This really is my last time as editor so I hope someone out there will consider taking it on. Everybody wants a journal but if we have no volunteers to take on this task this could well be the last edition.

May you enjoy good health and happiness in the coming months.

Lavinia Gordon-Gray.

FINANCIAL REPORT UNITED NORWICH HOSPITALS NURSES LEAGUE

Registered Charity No. 290546

On behalf of the other Trustees and myself I present the League's Income and Expenditure Statements for the year ending March 31st 2007.

Please note on the statements the following:

1. In order to be clear about our actual annual income/expenditure the cost of printing and postage for the 2007 Journal will appear on the accounts for next year (2007/2008). You will remember two journal costs appeared on last year's accounts.
2. The same applies to subscriptions and donations which will explain why income appears down.
3. We had no carol service this year therefore no chapel collection appears.
4. Income from our investments has increased.
5. Increases in expenditure include:
 - a. Christmas benevolent gifts
 - b. Postage/Stationery for items for the archive
 - c. Catering (extra meetings)
 - d. Flowers/Gifts
 - e. Memorial Flowers

We do have a small surplus but we are in line with the Charity Commission's requirement that as a charity we must be spending our income to achieve our charity's objectives. With that in mind the committee has just started work on plans for the reserves we hold. We have two savings accounts and a current account. We earn income from a lump sum that has been invested and looked after for us by our financial adviser.

On a more personal note this year has been an even greater learning curve for me as a Treasurer/Trustee with the opportunity to attend a Trustee training course. It has been hard work but both enjoyable and rewarding. I am grateful to all the committee for their continued support and especially to Ruth McNamara and Betty Lee for all their encouragement and concern.

Mary Dolding
Treasurer

UNITED NORWICH HOSPITALS NURSES LEAGUE Financial Details YEAR ENDED 31ST MARCH 2007

Expenditure	RECEIPT NO	Date	CHQ NO	TOTAL	Stationery/Postage	Xmas Benevolent	Journal	Journal Post	Catering	Collections	Gifts/Flowers	Memorial
Archive/Heritage expenses	1	13/5/06	100724	63.05	63.05							
Expenses President AGM flowers	2	13/5/06	100725	19.93							19.93	
N&N future chapel flowers	3	13/5/06	100728	10.00							10.00	
Expenses Treasurer	4	13/5/06	100726	38.95								
AGM material					4.23							
Garden Voucher (Audit)											10.00	
RIP Flowers												20.00
Stationery/postage					4.72							
Flowers Rose Bowl AGM	5	13/5/06	100727	10.00							10.00	
AGM Chapel collection "Clapa"	6a	15/5/06	100729	198.00						198.00		
Expenses Treasurer	6b	6/6/06	100730	66.74								
stamps					2.76							
Chair Miss T											52.49	
Added to retirement coll. Miss T											11.49	
AGM Coll. for Miss T (£117.44)	Not Banked	used	for	gifts	bird table ,bath and food							
RIP Flowers	7	7/6/06	100731	23.50								23.50
Expenses Membership Sec	8	14/6/06	100732	58.40								15.00
RIP memory												
Archive/Heritage expenses					17.00							
Postage					3.43							
Printing					22.97							
Expenses Membership Sec	9	16/9/06	100733	30.00								15.00
												15.00
Chequers Payroll (president)	10	16/9/06	100734	29.27	29.27							
Expenses Secretary	11	16/9/06	100735	22.05	22.05							
Meeting catering N&N	12	16/9/06	100736	7.58					7.58			
Expenses Secretary	13	16/10/06	100737	21.75					6.76		14.99	
Xmas Benevolent												
Gifts (see Treasurer for details)	14x2 and 15	1/12/06	100738-41	120.00		120.00						
Expenses Membership Sec.	16	13/12/06	100743	30.00	5.00							25.00
Expenses Secretary	17	13/12/06	100742	227.63	11.69	215.94						
Expenses Membership Sec.	18	10/2/07	100744	30.00	30.00							
Expenses for Archive/Heritage	19	10/2/07	100745	22.65	22.65							
Expenses Secretary	20	10/2/07	100746	8.28	8.28							
Expenses President	21	14/2/07	100747	20.10	13.80				6.30			
Column Total				1057.88	260.90	335.94	0.00	0.00	20.64	198.00	128.90	113.50
Overall Total				1057.88								

UNITED NORWICH HOSPITALS NURSES LEAGUE Financial Details YEAR ENDED 31st MARCH 1007

Income	Date	Subscriptions	Donations	Collections/Refunds	Membership lists	Investment Interest
Donations	8/5/06		198.00			
Subscriptions	8/5/06	130.00				
Collection (ch)	15/5/06			198.00		
Donations	15/5/06		20.00			
Subscriptions	15/5/06	50.00				
Subscriptions	4/7/06	5.00				
Investment Int. c	30/7/06					80.66
Investment Int. b	11/8/06					4.47
Subscriptions	14/8/06	10.00				
Investment Int. b	3/9/06					4.52
Investment Int n	30/6/06					11.30
Subscriptions	16/7/06	5.00				
Investment Int.c	2/10/06					174.61
Investment Int.n.	29/9/06					11.92
Subscriptions	3/11/06	5.00				
Membership list	22/11/06				2.00	
Investment Int. b	6/12/06					5.55
Refund Bank	19/4/06			1.23		
Investment Int. n	29/12/06					13.17
Investment Int. c	2/1/07					136.34
Subscriptions	10/2/07	25.00				
Subscriptions	16/3/07	5.00				
Investment Int. n	30/3/07					14.81
Investment Int. b	30/3/07					6.91
Investment Int. c	30/3/07					158.99
Total		235.00	218.00	199.23	2.00	623.25

United Norwich Hospitals Nurses League

Year Ended 31st March 2007

Income and Expenditure Statement

Income	2006/07	2005/06
Bank Refund for postage	1.23	0.00
Annual Subscriptions	235.00	1,289.00
Donations	218.00	971.95
Carol Service Collection	0.00	87.00
AGM Chapel Collection	198.00	200.00
Sale of Membership Lists	2.00	2.00
Income from Investment	<u>623.25</u>	<u>570.62</u>
	1,277.48	3,120.57
Expenditure		
Christmas Benevolent	335.94	317.51
Journal	0.00	1,004.38
Postage (journal)	0.00	328.21
Other Postage/ stationary	260.90	76.59
Catering	20.64	13.02
Salvation Army	0.00	87.00
Norfolk Cleft Lip & Palate Assoc.	198.00	0.00
Open Door Appeal	0.00	200.00
Flowers/ Gifts	128.90	119.95
Memorial Funds	<u>113.50</u>	<u>30.00</u>
	1,057.88	2,176.66
Surplus/(deficit)	<u><u>219.60</u></u>	<u><u>943.91</u></u>

BALANCE SHEET

Funds Brought forward		
Nat West Capital Reserve	3,595.80	3,521.84
Barclays BPA	2,111.22	2,089.35
Barclays Community Account	2,115.24	1,267.16
Unit trusts & investments	<u>15,000.00</u>	<u>15,000.00</u>
	22,822.26	21,878.35
Surplus (deficit) for the year	219.60	943.91
	<u><u>23,041.86</u></u>	<u><u>22,822.26</u></u>
Funds Carried forward		
Nat West Capital Reserve	3,647.00	3,595.80
Barclays BPA	2,132.67	2,111.22
Barclays Community Account	2,262.19	2,115.24
Unit trusts & investments	15,000.00	15,000.00
	<u><u>23,041.86</u></u>	<u><u>22,822.26</u></u>

Hon. Treasurer..... Date.....
Mrs M R Dolding

Hon. Independent Examiner..... Date.....
Mr. Brian Allerton

THE PRELIMINARY TRAINING SCHOOL - 75 YEARS ON

The Preliminary Training School was opened in July 1933 when twelve probationer nurses commenced their training. There were a number of landmarks in the history of the hospital and this was one of which its staff were very proud to be part.

It was agreed to dedicate this year's journal to Nurse Education. Our article briefly deals with nurse education leading up to the opening of the Preliminary Training School and the post war years.

We have recently been given a very detailed and interesting account of the hospital career of Dorothy Coleman nee Fleming, who started her training on April 1st 1935 and has provided us with an accurate account of the early years of the Preliminary Training School. Thanks to Dorothy, Betty Lee for her input into this article and other people recording information, we are able to look back in time.

It was reported that in 1771 the Norfolk and Norwich Hospital was well known as one of the country's leading provincial voluntary hospitals. In 1861 nurse training in the Norwich area was inaugurated at the Norfolk and Norwich Hospital. Prior to this, our hospital records make mention of nurses and the conditions of service under which they worked. Until then their nursing experience was the main qualification and schemes did not exist. A few unpaid probationers were taken on and provided with board and lodgings.

In 1875 a trained nurse Margaret Graham was appointed as the first Lady Superintendent of Nurses to direct a Training School and home for nurses.

In 1924 Matron Jackson took charge of the Jenny Lind Hospital for Sick Children. This became part of the Norfolk and Norwich Hospital and of its Training School. That year the first State Examinations were held by the newly formed General Nursing Council. Norwich was chosen as one of the examining centres for State Registration.

In 1932 Miss Doig was appointed Tutor-in-Charge and she was instrumental in steering the school through some of its formative and momentous years.

Another landmark on October 15th 1932 was the opening of the Queen Alexandra Memorial Nurses Home by the then H.R.H Queen Mary. This was in addition to the Leicester Nurses Home which was donated by the second Earl of Leicester and opened in 1904. The Alexandra Home was built next to the Leicester Home and was connected by a reinforced concrete bridge. It had four storeys and contained 170 rooms. For the furtherance of nursing education a large lecture room was provided on the ground floor as well as a demonstration room and study.

The Board had long realized, given the higher standard required each year by the General Nursing Council, just how difficult it was to give the nurse the theoretical education necessary to enable her to pass the Preliminary State Examinations. They wanted to allow her to spend sufficient time and energy on the wards for the adequate nursing of patients, which was the first consideration of every hospital.

Nurses were issued with a Ward Chart enclosed within an envelope at the beginning of their training and they were entirely responsible for looking after it. The Chart was handed to the Ward Sister when starting on the ward and signed on completion of any nursing tasks applicable to the type of ward to which they had been assigned. The Chart would be collected before moving on to the next ward. These were later changed to book form with a cardboard type cover.

The Preliminary Training School was housed in a large sturdy building called Windsor House at the junction of Brunswick Road and Newmarket Road. The present occupiers of Windsor House, now privately owned, said the house was built in 1860 of Costessey yellow bricks. Obviously they had discoloured over the years to when Dorothy commenced her training as she recalls the building being of a grey colour. The bricks have been cleaned and it is back to the original colour. There was very little internal structural alteration to the building to transfer it into the Training School. It contained a lecture room and practical rooms where nurses were taught bandaging and bed making. There was a kitchen where nurses were taught invalid cookery and where morning coffee was made. There was also a large front room where leisure hours were spent. Members can recall there were bedrooms built of wood at the back of Windsor House known as the Hutments. With the school in force each nurse spent two months, later to become three months, in the block and this embodied several sessions a week in the wards to meet with staff and patients.

Dorothy recalls she had to provide her own uniform which, together with her mother, involved her making the white aprons and sleeves to help with costs. Dresses were made to measure at Garland's of Norwich. Nurses had to pay £8 in advance for board and there was no salary paid during those eight weeks in the school. The salary was £24 for the first year of training and £30 for the second year.

The school was a great asset to the hospital in every way. The probationers, who were taught by Sister Rosario, found

their first year less exacting. She is still remembered with affection and respect. They were able to enter the wards with a sound knowledge of elementary nursing and bandaging, elementary anatomy, physiology, and hygiene. Instruction was given in housewifery and sickroom cookery. All this had to be completed within the first year of training. After a year on the wards the General Nursing Council Examination had to be taken. The written papers comprised of questions dealing with the whole syllabus to that point. The practical examinations were held at the Norwich and Ipswich Hospitals alternately. On completion of that, a stripe was given as an indication of ability and experience. A stripe was issued for each year of training. This was a piece of tape which had to be sewn around the sleeve of the nurse's dress. Much later the stripes were replaced by a mauve belt after the first year and claret red on the completion of the second year of training. Nurses had to pass the State Preliminary Part 1 and 11 as well as the State Final Examinations. An internal hospital examination took place prior to the State Finals. This was a searching test to ensure that each nurse was capable of becoming a State Registered Nurse. Having been successful with the examinations she was presented with the much prized bronze hospital badge and issued with Staff Nurses' cap and strings as well as the black belt.

In 1939 Miss Hale was appointed Assistant Tutor, with Miss B. Taylor joining for a time in 1941.

Sadly in 1942 the Norfolk and Norwich Hospital sustained damage when it was showered by incendiary bombs during what were known as Baedeker raids. It was reported in the local EDP, dated June 29th 1942, that the Preliminary Training School sustained damage. It is uncertain if Windsor House was damaged but the hutments were burnt down. Four wards, a main operating theatre and a house where massage staff lived were also damaged. The destruction of its linen store, where reserves of linen had been stored, was also a great loss at a very difficult time. It is also reported that training continued throughout the war, despite the very difficult circumstances and damage. Due to the air-raid damage the Preliminary Training School was transferred for a while to the Bethel Hospital.

Post-war it seems unlikely that Windsor House was much used for teaching. For some years the Alexandra Hall and the 'Quiet' room opposite were used for this purpose. A block of two houses on Brunswick Road, known as P.T.S. house, was used to accommodate the new intake of nurses during their then twelve week course. This continued to be used well into the late 1960's.

1952 saw the retirement of Miss Doig M.B.E. Miss Hale took her place as Principal Tutor. During the late 1950's Miss D.M.J. Varney and Miss P. Wordingham joined the teaching staff. The latter taught the newly-named Introductory Course in the purpose built single-storey block next to the Alexandra Nurses Home. Mr P. Chapallaz, as Tutor at the West Norwich Hospital, became a valuable member of staff when the two training schools combined to form The United Norwich Hospitals School of Nursing. 1974 saw the opening of the Teaching Centre on St. Stephen's Road. All Post-Introductory Course Study Blocks were taught in the first floor class rooms. The Introductory Course block was still in use.

Since the opening of the Preliminary Training School, there have been many radical changes affecting the whole field of nurse education. Other members and staff, in their articles, will be covering education to modern times when the University of East Anglia had the curriculum validated and the new course started in October 1992.

We are coming up to yet another land mark for The United Norwich Hospital League in that in 2010 it will be our 80th Anniversary since Matron Jackson formed the Norfolk and Norwich Old Nurses League, of which she was President. The 'Old' has since been dropped! The aim was to keep in touch with each other and the Training School. Each year nurses get together for a service in the Hospital Chapel which is then followed by their Annual Meeting with a tea provided afterwards. This continued following the move from the St. Stephens site to the new Colney complex.

Margaret Allcock nee Zipfel Nov 1962-1966
Archivist

TRAINING IN THE 1930's

I am now in my ninety seventh year and some times I have a very vivid memory of past events and other times I have problems recalling the past!

I can remember always wanting to be a nurse and think I started my training at the Norfolk and Norwich Hospital when I was eighteen years old. Some months before training I was interviewed by the Matron and given details of a starting date. When I reported to the hospital sometime later I was met by the Home Sister, who took me to my room in the Nurses Home. She issued me with my uniform, showed me how I was expected to be dressed and how to make up my cap (never an easy task!). Then followed a tour of the Nurses Home and the hospital including the Casualty Department. I remember walking down the hospital corridor for the first time in my uniform and thought 'I really am somebody now'.

There were four of us in my set and Peg Crane (nee Sprott) is still a dear friend today. We had no training before we started

on the wards, but were released from ward duties on a regular basis to attend lectures given by Sister Doig. If we were on night duty we were expected to stay up and attend the lectures. I think we had some examinations during our training and a written examination at the end. As far as I can recall this was marked by the various consultant staff.

My first ward allocation was Ward Eight, women's medical. I was expected to cope with any task I was given with minimal support or guidance and that included laying out the dead! Ward placements were between two and three months and most allocations included a spell of night duty. When we were on day duty we worked from 07:00 hrs to 21:00 hrs with three hours off during the day if the work load permitted, and a half day per week if the work load permitted. Night duty shifts were approximately twelve hours. I think we were allowed to request time off for very special occasions but again it depended on the situation at the time.

Our accommodation consisted of our own bedroom, a shared bathroom, kitchen and sitting room. It was always comforting to find someone making a cup of tea or sitting in the sitting room to off load the day's activities. Great friendships were made. Although the food was adequate it was always good to try and get home for a decent meal, and as I lived so close to the hospital I invariably took friends home to join the family for a meal.

Once a month we would line up outside the Matron's Office to receive our salary. Matron handed it to us in a buff coloured envelope. Although it was a very small amount it was adequate as we had our food and accommodation provided. On occasions we would treat ourselves to a cup of tea and a slice of delicious cake from a restaurant in Prince of Wales Road, or a knickerbocker glory from Lyons café in Exchange Street. I can still taste the ice cream today!

During my training I worked on most wards in the hospital including the Casualty Department. Every where was especially hectic during the war, with lots of war injured patients to care for. When we had finished our shift of duty we would go to the Nurses Home, have a bath, and then get dressed in our uniform in case the siren went off and we would be required on the ward again.

Following training I spent sometime on the King Edward Block. We seemed to have a variety of very sick patients on the ward who were transferred from other wards in the hospital. It was here that I saw my first operation performed by Mr. Thomas, and the very basic anaesthetic was given by an anaesthetic nurse called Baxter. He amputated a man's leg and all I could think of at the time was 'am I going to faint and be thrown out of nursing!'

I was summoned to Matron's Office not long after this and she suggested that I went to London to the East End Maternity Hospital, Commercial Road, to do my midwifery training. They were short of staff and it was possible for me to train at a reduced rate. It was a small very basic hospital. The level of care was minimal, there was no analgesia for women in labour, but castor oil was available by the gallon! On completion of my training I returned to Norwich. Matron put me to work on the Private Ward which I did not like. Fortunately Mr Bulman requested that I should move over to the Gynaecology Ward to take charge. I was there for a short while and then became a Midwifery Sister on the Maternity Block until my marriage.

I loved my time nursing and would do it all again.

Elsie Collyer (nee Leveridge)
1934-1937

TRAINING IN THE EARLY 1940's

I was one of six children, four girls and two boys. My brothers went into the family building business, two sisters went to London to train as nurses, one sister stayed at home to support the family and I was undecided what to do. I'd never given much thought to the future so decided to follow in my sisters' footsteps and become a nurse.

Following two years nursing at Cromer hospital I then went to the Norfolk and Norwich Hospital to do my nurse training. Having travelled from my parents' home in Sheringham I arrived at the Norfolk and Norwich Hospital to be met by the Home Sister. Our accommodation for the first three months was in Preliminary Training School (PTS) House with practical sessions and lectures given somewhere nearby. Unfortunately I contracted German measles towards the end of the course so spent one week on the isolation ward and another week at home, this meant I was two weeks behind the rest of my set.

I spent my entire training living in the Nurses Home, as did the rest of my set, with free accommodation and meals provided (mainly Spam!). Whenever we heard the siren go at night we would all rush down to the basement for shelter, fortunately it didn't happen too often.

My first allocation was on the Children's Ward later to become the Orthopaedic Block. This was a petrifying experience as the Sister was extremely strict and I had no confidence. On many occasions I was given a comb and told to look for head lice but hadn't a clue what they looked like! I was there for three months on day duty, no night duty at this stage.

Most of the placements during my training lasted between two to three months with night duty about once a year. A typical day shift would start at 07:00 hrs, preceded by breakfast and a short service in the Chapel. We would have a spell of three hours off duty during the day if we did not finish at 18:00 hrs. Night duty as a junior started about an hour before the senior nurse and likewise finished an hour earlier. We had one half day per week if circumstances permitted and two and a half days off per month. I always tried to go home when I had two and a half days off.

I can't remember much about the exams we took during our training other than the preliminary one and on completion of training our State finals.

I was not involved with nursing the war wounded at the Norfolk and Norwich Hospital, but recall being sent to a hospital somewhere near London to care for the victims of the war. There was very little work so we were soon sent back to Norwich.

When I was working on Sister Norton's ward I met and fell in love with a patient called George. Although he was married and working at the hospital we started seeing each other in secret but when this news became common knowledge I was summoned to Matron's Office, with strict instructions not to go in uniform. I was offered a month's work in Casualty or to leave immediately. I took the latter option. Matron refused to give me a reference for local employment but would act as a referee if I moved right away from Norwich. My friend was going to do her midwifery training in Portsmouth so much to her delight I joined her. Needless to say I didn't share her feelings!

After Part 1 Midwifery in Portsmouth I didn't have a job so was sent to work at King's Lynn hospital. I was very unhappy as it was such a poor hospital with minimal equipment and facilities. It was during my short stay there that the Matron at Cromer Hospital contacted me and offered me a night sister's post. My saving grace! After two and a half years in this post I left and married George.

Joan Smith (nee Blyth.)
1940-43.

NURSE TRAINING IN THE FIFTIES

I made up my mind to take up nursing when I was in my teens. There wasn't so much choice then for career minded females, teaching or nursing were the main options. Having decided on the Norfolk & Norwich Hospital as my choice of hospital I wrote to Matron Watson, hoping she would not only accept me for training but find me a post at one of the outlying hospitals in the meantime (Cromer, Attleborough, etc.) so that I could start earning some money at last. However at my interview Matron had discovered that my school ran a pre-nursing course incorporating the preliminary Part 1 examination and I was advised to take this course "no money then!!".

This course stretched out for a whole year in the sixth form instead of three months at the hospital but having passed the examination a school friend and myself duly arrived at the Jenny Lind Hospital where we were to spend three months as "Jenny Juniors" prior to our training; a time which I thoroughly enjoyed.

Eventually the time came to enter the Preliminary Training School.(PTS) and for the next few months I was embroiled in anatomy, physiology, hygiene, making the perfect bed, and many other tasks, also there were many excursions to places such as the water board treatment centre, the abattoir, and the refuse tip. I never really saw the benefits of these trips but they were times away from the classroom so I made the most of them (although sister tutor was unimpressed when some of her nurses got a lift back from the refuse tip on the back of a dustcart!!).

Once PTS was finished we were let loose on the wards where we were monitored by the ward sister; who would mark a record book whereby a tick was given against any procedure in which it was considered the nurse was proficient. This book was the official record of practical experience issued by the General Nursing Council and listed all the procedures required in which the nurse must be proficient.

My first ward was male surgical and quite frightening. I knew that ward nurses had to escort patients to the operating theatre and stay to watch the surgery as part of their training. Imagine my distress when told to take a patient down for a leg amputation! I had been told that the ward nurse was expected to hold the leg steady and I was certain to faint. Sister told me not to believe what I had been told but in fact it turned out to be quite true. I did hold the leg but I didn't faint and the operating theatre held no qualms after that.

After about the first year there was a three month stint on nights : ten nights on duty and four nights off duty, however during this time lectures still had to be attended and if they happened to fall in the middle of your nights off it was tough luck. We had stripes on our uniform sleeve depicting our seniority and once we got to the third year, there was more responsibility. On night duty a third year student would often be the senior nurse in charge of the ward with only the night sister to refer to in an emergency.

Part of my training was spent at the West Norwich Hospital which together with the Jenny Lind and the Norfolk and Norwich formed the United Norwich Hospitals.

At the end of our third year we found ourselves back in the classroom for the final block of lectures and tutorials, it was great to meet up with friends from the other hospitals whom we may not have seen for most of our training.

The final examinations were divided into theory and practical – the theory you could swot up but the practical was scary. There were strict looking examiners from the General Nursing Council asking questions and setting a task such as setting up a trolley for a blood transfusion (no such thing as sterile packs then, everything had to be sterilised in metal drums in an autoclave). I can remember this rather austere lady asking me how I would go about inserting a Ryle's tube into the nose of a toddler. I said I would first get some help to sit the child on their lap and she started shaking her head and saying no, no, that was wrong, I had to gain the child's confidence! (Obviously she didn't have children as I realised several years later when I had my own.)

In spite of all that I passed the state final examination and I can't remember any one from my set failing. The longed for badge and navy belt were now mine! It was a great feeling and a sense of achievement and although of course there has to be theoretical knowledge I do feel that the practical experience and training which we had then gave us a good grounding for whichever nursing career lay ahead.

Sylvia Beuzekamp nee Harvey 1953-1957

NURSE TRAINING MANCHESTER ROYAL INFIRMARY 1959 –1963

There were 72 in our group and we started on the 5th October 1959. We signed a contract for 4 years and in that period were not allowed to get married - if you did you had to leave!

On arrival we were measured for our uniforms and shoes, which were all standard along with regulation stockings. The uniforms were measured, I think 12" from the ground, so no knees on show! They had detachable collars and cuffs so we all looked like peas out of the same pod!

We were all female and had to live in the Nurses Home which was locked at 10 pm. Male visitors (including relatives) were only allowed in the public lounge. The night sister had to let us in if we used our one late pass a week which was until 11pm!. Roll call was at breakfast each morning and was taken by one of the night sisters.

We called each other Nurse and off duty tended to call each other by our surnames so we wouldn't forget - to this day I do not know the first names of some of the people that I trained with. Mixing with our seniors was discouraged – we sat at different tables in the dining room.

We had a day and a half off a week - the off duty consisted of split duties - either off from 9 am – 1:15 or 2 pm – 5 pm, apart from the half day off before our day off. My ambition was to be a staff nurse so that I could be on at 12 midday instead of a split morning (9am –1:15) and so have two mornings in bed in a week!

Day and Night Duty were very separate. When on Night Duty we had to move to the top floor of the Nurses Home as this was Night Staff Quarters and kept very quiet during the day. There was a separate dining room for the night staff - breakfast was served before we went on, lunch 12 midnight –1am ,and supper when we came off duty.

Singing on duty was not allowed, as we were not there to enjoy ourselves but to look after the patients and to be trained as nurses. Nursing care was paramount at all times.

We did all the damp dusting – pulling the beds out from the walls and ensuring that the casters were all turned in –on one occasion when Matron was doing her rounds she told me very politely that she "observed all my casters were wearing fluffy boots today". Pillows all had to be neatly tucked in their cases and the open ends away from the door. The beds all had long rubber mats plus rubber draw sheets which must have been fiercely uncomfortable although I suspect not much more uncomfortable than all the plastic that is about now.

The ward sister or the senior staff nurse served meals from a hot trolley and the nurses took the meals to the patients on trays and fed the patients as appropriate. Feeding patients was very much considered as part of a nurse's role. Nutrition was seen as important.

In the first year we did 2 months in Preliminary Training School (PTS), then 3 months on the ward and then a further 1 month in PTS. At the end of this we undertook the PTS exams - practical and theory (anatomy and physiology was

included in this) plus bandaging also Public & Communal health - all I can remember about this is "Activated Sludge", something to do with sewage works!! - if you failed there was no second chance - you had to leave. If you passed then you signed another contract for 3 years and 6 months - as we had already undertaken 6months.

During the following two and a half years we had (I think) 3 blocks in "School", Medical, Surgical and the Specialities, interspersed with our time on the wards.

We took our SRN exams along with our hospital exams (which we called House) after 3 years but were unable to have our Hospital Badge unless we completed the 4th year as a junior Staff Nurse - even if we had passed the exam. I had a friend who came top of our year but left to get married in the 4th Year and to my knowledge has still not got her Hospital Badge. We were allowed to live out in our 4th year but we had to have written consent from our parents!!

Ann Hare

EDUCATION AND TRAINING FOR STATE ENROLMENT.

Following the second World War the governing body responsible for nurse education, the General Nursing Council for England and Wales (GNC), offered State Enrolment to those who gained sufficient nursing experience during war service. Many accepted this offer until it was withdrawn by the early 1950's. The Council had established a two year course for State Enrolment and many hospitals large and small accepted Pupil Nurses for this more practical training, including Cromer Hospital.

1967 saw the start of such a course within the United Norwich Hospitals School of Nursing. Prior to this the Matron Miss P.J. Cooper had requested that I should leave the Orthopaedic Block to join the School in order to teach the Pupils on the wards and in the classroom. Having had no experience of the latter I was hesitant but it seemed the right thing to do. Principal Tutor Miss M. Hale gave much help, advice and support in preparing and planning for such a course.

In early January 1967 10 Pupil Nurses or learners entered the ten week Introductory Course. They were enthusiastic and willing to learn. We shared the Introductory Course building with the student nurses and tutors, Miss P. Wordingham, Miss D.M.J. Varney and Mr P. Chapallaz.

On allocation to wards at both hospitals the pupils attended a half study day for classroom teaching. Later this changed to a study day every two weeks. As these proved to be unsatisfactory a 'study block' system was introduced. At the end of each allocation a week was spent in School for consolidation of knowledge and an introduction to the next allocation. Ten more pupils entered the School in June 1967. Numbers were soon increased and other teachers joined, notably Mrs Pauline Collins with her considerable skills and knowledge. Three ward based Practical Assessments had to be passed during training and a written, mainly multiple choice assessment taken towards the end of the two years.

I was able to attend a Teachers Training Course which was of much value in planning, preparing and presentation of teaching sessions, so helping the learners. I was to teach both student and pupil nurses. The latter were valued and respected; a familiar sight in their green dresses. As enrolled nurses they wore green belts and a green enamel hospital badge was devised. The national uniform was later designed for all nurses.

As learner numbers continued to increase teaching teams became responsible for certain groups or sets. The United Kingdom Central Council for Nursing and Midwifery took over from the GNC and in the 1990's moved nurse training towards higher education. In Norwich as elsewhere State Enrolment Training was gradually phased out. SENs were offered conversion courses, and many are now Registered with Diplomas and/or Degrees.

It was a great privilege to teach all learners especially the pupils. Some sets have kept in touch with each other, and the June 1967 set invited me to join them for their 40th celebrations! I am pleased to say that a number are League members.

Betty Lee.

CAR PARKING

Members may park free of charge when they come to the AGM and Reunion providing they use either car parks: B, C, D, G, H or I.

If you are approaching the hospital via the A 47 take the third exit at the hospital roundabout, if via the A 11 take the second exit (towards Out-Patients).

**LIGHT HEARTED MEMORIES OF 1959-1962 BY
PETER AND GILLIAN SEMMENCE NEE FAYERS.**

I started by doing a two year pre-nursing course at Lowestoft. In June 1959 I commenced as a junior in the Diet Kitchen at the Norfolk & Norwich Hospital, to fill in before starting in the Preliminary Training School (PTS). Miss Capon was the Chief Dietician, there was one other dietician and several of us juniors. The Diet Kitchen supplied all the meals for patients on special diets. For some reason cooking and preparing sweetbreads for the white diets and weighing out grapes for diabetic patients are most vivid in my memory. I enjoyed my time there.

At the end of September 1959, twenty one other students and I reported to the PTS Block. I believe we were the first students to use this new building for three months intensive training before going onto the wards. Sisters Hale, Wordingham and Varney were the Tutors. Sister Wordingham's first words to me were, I hope you will prove to be as good as your sister Valerie, I am not sure about that, but I did my best. My first ward was Ward 10, Ear Nose and Throat. Frances, a friend from School Days who was three sets above me, was already working there, this helped me settle into the working routine. Sister Harold was very strict, but you certainly remembered everything she taught you. As was the case with Sister Laws on Ward E at the West Norwich Hospital (WNH) which was my next ward. In retrospect I am particularly grateful for the good training and guidance I received from those first two wards.

At this period we worked three months on each ward, starting at 0730 am finishing at 0900 pm with 3 hours off, either 10am to 1pm, 2pm to 5pm or an evening off. We lived in the Alexander Nurses Home each having our own small room. Sister Hale kept a close eye on us. She used to knock on our door if we still had a light or radio on after 1030pm. If needed we had to sign for late passes in Home Sisters Office.

I met Peter when I was standing on the steps of Leicester Nurses Home, waiting for my escort to take me to the opening of the Norwood Rooms 13th October 1960, I was wearing a pale pink broderie anglaise dress over many layers of pink and white petticoats, which was all the fashion then. I had been on duty on Ward 1 Men's Surgical with Shirley Myhill a part time Staff Nurse, she asked me to give a message to the driver of a green pick-up truck who was to collect her. From this meeting Peter asked Shirley to introduce us properly, that turned out to be the first meeting with Peter who is now my husband and has joined me with these memories of the second and third years of my training.

The visitors waiting room was next to the main nurses sitting room just inside Leicester Nurses Home, which was as far as any visitor or boyfriend could go. The telephone box was at the end of this corridor opposite a smaller nurses sitting room. We used to wait inside this room or in the corridor when we wanted to use the phone or were waiting to receive a call, much jostling and good natured banter occurred. I recall listening to Radio Luxemburg and practicing the Twist and Rock and Roll to the records of the time such as "Speedy Gonzales" and others.

My first stint of night duty was junior relief on the Jenny Lind Wards and King Edward Block at the Norfolk & Norwich (N&N). The Christmas was spent on Gannon Ward, I have happy memories of that time, reversing our cloaks to show the red linings, and creeping around the ward filling the pillow cases on the ends of the children's beds. Spending the breaks on Stewart Ward which was not in use over this period, where delicious gifts etc. accumulated and were consumed. It was a magical time helping the children to unwrap their gifts. At that time all wards at the N&N, Jenny and West Norwich were profusely decorated for Christmas, each having an individual theme.

During our training we had to attend blocks of lectures and Practical Nursing, also having to attend an odd lecture whilst on duty or in our own time. They were held in the hall of Alexander Nursing home, the WNH or Hellesdon Hospital. Peter was able to pick us up from Hellesdon Hospital and take about seven of us back to N&N in his pick up truck ! At different times the same number of nurses were transported to and from Stomps at Vimy Ridge, Wymondham. It would be illegal today. Traveling in this way was very cold in the winter for those in the back. When Peter had a sow farrowing it was quite common to go to the farm after a dance to attend to proceedings. Being a nurse was very useful when the piglets received their first iron injections.

At times after an evening out ,and if a late pass was not obtained it would entail Peter having to help me through a window at Pym House or up a fire escape at the WNH, before this we had used Marjory Woods' window on the ground floor of Alexander Nurses Home.

We were engaged on May 5th 1961, my father only agreeing to this as long as I finished my training first. I was working on nights in the theatre at the West Norwich Hospital at the time and Jenny Firman was the first person I told. Later we planned to marry on 1st Dec 1962, one week after my finals results. My 21st birthday was in September 1962, my parents had a party at home and then we went on to a dance at the Norward Rooms. As I was on 'days off' at the time, but on duty the next morning, I had omitted to obtain an extra late pass. On returning to the hospital my friend Val and I crept in the main entrance past Night Sisters office. At the large radiator in the corridor I slipped and landed in a tangled heap, the twelve red Roses Peter had given me and my Mum's best vase crashed to the floor. We nervously giggled and looked up in time to see Sister Bucton looking round the corner and then disappearing. She never mentioned the incident, so we realised she sometimes overlooked some things!

One week later Peter rang me to say some of his pigs had suspected Swine fever, this was duly confirmed and all the animals had to be slaughtered. As there was no compensation at the time we were heartbroken. At the end of that week I was summoned to Matrons Office, I thought it was regarding the corridor incident. However I was wrong, Matron expressed how sorry she was to hear of our loss, and that if I did fail my finals I could re-take them, and a possible job on a ward would be available. I never did know how she found out about this.

The last three months I was working on the Orthopaedic Block with Sister Lee. I have very fond memories of this time and the patients on the balcony of this ward (these boys mostly had motor bike or scooter accidents which had resulted in shattered legs). With the help of the occupational therapist these patients made lampshades out of frames and raffia for our cottage. Telstar by the Shadows was in the charts at that time. Aubrey was a diabetic patient who had had both legs amputated, he wanted to see me married, which he did with the agreement of the hospital administrator. I am sure Sister Lee was instrumental in this arrangement. He came to the Church on a stretcher in a St John Ambulance with his son and then back to the ward. We have a lovely photograph of him at the Church.

I did pass my finals first time and did not return to nursing for 11 years .

Gillian Semmence

NORFOLK & NORWICH HOSPITALS – SCHOOL OF NURSING

R H Weston (Nee Black)

1967 – 1970

After a rather anxious interview by the Matron, Miss Watson, and receiving written confirmation to begin nurse training, I reported to Sister Grace at the Leicester Nurses Home in February 1967. There I met about twenty others who would be in my “set” for the next three years.

The following morning we began our six weeks Preliminary Training School under the direction and watchful eye of Sister Wordingham. We were taught the rudiments of nursing care and were gradually introduced to the wards to put what knowledge we had gained into practice. Proud of our new role and smart uniform, but always with a degree of apprehension, I started my training just as the central sterilisation of all dressings and equipment was beginning to be introduced.

Throughout the following three years we would be allocated to different wards for periods of about three months to gain an overall knowledge of nursing-care. Regular periods of “block training” (two weeks) in the School of Nursing enabled us to advance our knowledge in all areas of nursing, Orthopaedics, Medical, Surgical, Urology etc. During these periods of intense learning, the Consultants from those specialities would give lectures. Mr Chapallaz would see that the respective anatomy and physiology was duly learned and understood.

Small orange books, which listed all nursing procedures, were kept close at hand, so they could be dated and initialled by the Sister in Charge when we were considered proficient in those skills.

Attendance at Out Patient Clinics was also encouraged. Night duty was at first looked upon as an adventure but the nine consecutive nights on-duty and then five off soon brought you back to reality. Nevertheless, as a third year student-nurse holding responsibility for an acute ward of patients at night, it was the most rewarding and best confidence builder of all. When the night-sister did her rounds you were expected to know by memory the name of, and diagnosis for, every patient.

We all worked and studied hard towards our Hospital and State Final Examinations. It was a very proud moment when you received your hospital badge and staff-nurse cap, when you had passed all examinations. The last obstacle was learning to put together, and keep on your head, those well-earned frilly caps.

Specific memories of those three years include:

1. The respect given to all senior staff, always asking the permission of the ward sister to go off-duty or to go to coffee break.
2. Accepting fully that the cleaning of stainless steel bedpans, glass urinals, damp dusting and cleaning of thermometer pots were part of our duties.
3. Two-hourly “back” rounds.
4. The ward workbook, detailing individuals with responsibility for fluids, fluid-charts, observations etc.

Wonderful, wonderful days!

Roberta Weston

REFLECTIONS ON THE ROLE OF THE CLINICAL TEACHER IN THE 1970'S

I first became interested in the clinical teaching role whilst working in Canada in the mid sixties. I worked in a wonderfully progressive busy general hospital which welcomed the influx of British nurses to Canada at that time. We helped to run their wards allowing the Canadian nurses to take extended tours of Europe, or to complete their nursing degrees at McGill University in Montreal.

At that time clinical teaching was well established and ward teaching was well planned and conducted for students who were supernumerary but who also had some service commitment . When I returned to the Norfolk and Norwich Hospital I recall that it seemed like returning to the middle ages. However, considerable changes in nurse education were about to take place.

In 1972 I became a clinical teacher at the Norfolk and Norwich Hospital. Having completed a full time six months course in clinical teaching methods including an excellent course in normal and disordered body function and its relevance to patient care, also a wide experience of nursing in the general setting, I felt confident in the role. However I had greatly underestimated the resistance to change which existed at the dear old Norfolk and Norwich Hospital in the 1970's. Considerable changes were afoot, both in hospital management and in nurse education.

We were a very small group of clinical teachers. In the School of Nursing the senior tutorial staff tended to regard us with suspicion! Who were these inferior beings with dubious qualifications and abilities? A friend who joined the school in 1978 recalls that we were not even allowed to join the tutors for coffee. Actually we weren't unhappy about this and had lots of fun doing our own thing.

In order to teach in the wards it was essential to form a good rapport with the ward sister. I always had enormous respect for the ward sisters in those days whose wards were always full and crazily busy. The last thing the sister wanted was 'someone from the school' coming along and adding to the confusion by putting students out of the clinical situation for teaching at a time when they were being counted on for service.

For ward based teaching to be successful it was important that pre-arrangements were made. For me the following criteria formed useful guidelines. Ideally selecting patients for whom the students were to care was the joint responsibility of the ward sister and the clinical teacher—the teacher knowing the experience needs of the student and the ward sister knowing the needs and requirements of the patients. It was hoped that the ward sister and the teacher would be aware of and sympathetic with the objectives of the other!

Having too large an assignment was not conducive to learning whatever the situation and only resulted in frustration and anxiety for both the learner and the teacher. There was a need to find a time and a place usually in the afternoon during staff overlap for reflection and discussion concerning the care of patients nursed earlier, in order to make the whole experience meaningful. Freedom from interruption was almost impossible. Imagine trying to find a suitable place in the old nightingale wards of the Norfolk and Norwich Hospital in the early 1970's. We would find ourselves in bathrooms and cupboards and the occasional luxury of an empty side ward.

In the early days trying to plan ward teaching was sometimes like treading on eggshells, requiring tact and diplomacy! Links between the service areas and the school improved during the 1970's. The introduction of the four ward based practical assessments in 1973 helped the process and the ward sisters completed the necessary courses to become assessors themselves. Students frequently requested help from clinical teachers in order to plan and prepare for their assessments. Eventually we had our own designated link areas and began to feel part of the ward team.

In the 1970's much of the clinical teaching time was spent teaching basic practical skills to introductory course students and to students in study blocks prior to specific ward based experiences.

The School of Nursing was housed in two small buildings on Brunswick Road, where accommodation was limited. The clinical teachers shared one small 'office' with a round table in the middle, this also served as a library for pupil nurses. Part of our role was to keep the practical room equipped with laundry, trolleys, trays and packages needed to prepare for anything from intravenous therapy to lumbar puncture, to enemas etc.

Teaching introductory block students was very rewarding. In the early 1970's most students were just 18 years old and many were straight from school. On the whole they were well motivated and a pleasure to teach, and we laughed a lot. I met a former student fairly recently who always remembered me teaching her how to wash her hands and extolling the virtues of soap and water! How nice to be remembered for something!

I could continue with reflections and ramblings- as the elderly are prone to do- so to conclude I will say that in 1981 the clinical teachers still did not get to join the tutors for coffee!

By the early eighties and after another course I was able to join their ranks.

Pat Tungate 1972-1996.

NURSE EDUCATION IN THE SEVENTIES

This decade was a time of considerable change in Nurse Education. In the autumn of 1968 it was decided to start the general introduction of the Salmon recommendations with the result that the early seventies saw a major change in the management of Nurse Education. The head of the School of Nursing was Principal Nursing Officer (Education) and he/she was supported by Senior Nursing Officer (Education). Until this time Matron had been the official head of nurse training, though under Salmon the Principal Nursing Officer (Education) remained responsible to the Chief Nursing Officer (the post which replaced that of Matron).

Rules and regulations for training were set by the General Nursing Council (GNC). This body also set Examinations, intermediate and final.

There were two training schemes, 3 years for registration and 2 years for the Roll. Training was in the 'Block' system, an initial introductory block followed by a series of blocks of practical experience each preceded by a week in school in preparation.

For the Register.

In January 1971 the revised training syllabus of 1969 became compulsory. This saw a broadening of the practical experience of the nurse and an increase in the amount of teaching time. It required the inclusion of a specialism, either psychiatry/geriatrics/obstetrics or community care. By 1975 two specialist areas were to be included and by 1979 all four. There were changes also in the examination system. In February 1973 the practical examination was replaced by four ward based assessments to take place during the course of training, three involved the care of the patient the fourth tested the ability to manage a group of patients. By 1975 the GNC no longer required the hospital to conduct an intermediate examination and one of the two written papers was replaced by an objective multiple-choice paper.

By 1970 all schools were using the 1962 syllabus, this had introduced a fundamental change in that it required schools to prepare their own schemes of training which had to be approved by the GNC. This syllabus did not include the preliminary state examination which hitherto had been taken during the first 12-18 months of training.

In 1972 the Briggs report was published. This proposed many changes in education including the idea of one portal of entry. Very few of Briggs recommendations were implemented at the time though at different times over the following years a lot have been introduced. However it resulted in one major change, the demise of the GNC. This body was replaced by UKCC and four National boards, though the change did not take place until 1985.

For the Roll.

This two year training continued throughout the 70's. It was usually taught entirely separately from the three year course and by its own staff. Had the Briggs suggestion of one portal of entry been accepted this would have seen a dramatic change for the State Enrolled Nurse (SEN), but it was not to be until some twenty plus years later. There were however changes to the syllabus which to some extent mirrored those of the three year course. The syllabus was broadened to include specialisms and a similar examination system was also adopted.

Two other noteworthy changes occurred during this decade.

In 1970 the joint Board of Clinical Nursing Studies (JBCNS) was set up. This board was to establish and supervise post basic education in clinical studies for nurses and midwives on national basis.

In 1977 a directive of the European Economic Community (EEC) provided for the mutual recognition of diplomas, certificates and other evidence of formal qualification for general care throughout the community. This was implemented two years later.

Pamela Richardson 1978-97.

CHANGE OF TITLE

Discussion has taken place amongst committee members regarding the League title. As the United Norwich Hospitals no longer exist the committee would like to know your views on changing the title to The Norfolk and Norwich University Hospital Nurses League. If you are not coming to the AGM please let us know your views.

**SRN/RSCN TRAINING AT GREAT ORMOND ST HOSPITAL and
THE LONDON HOSPITAL, WHITECHAPEL. 1979-1982**

I left school in Norwich in 1976, aged 16. I knew I wanted to go into work involving some sort of child-care, so I applied to Norwich City College for their 2 year nursery nurse course (NNEB). It was a very enjoyable course and towards the end, I started to think about a career in nursing. Once I'd found out that courses in children's nursing existed, that seemed the logical next step for me.

In those days, you applied in writing to the hospital of your choice. Entry qualifications were minimum of five O levels. I applied to Great Ormond Street Hospital and after a fairly informal interview, I was offered a place on their integrated course of three years and eight months, leading to two qualifications of Registered Sick Children's Nurse (RSCN) and State Registered Nurse (SRN). I had to wait for six months for my course to start so I left home and obtained a waitressing job at Captain America's in Norwich, which was hard work but great fun too (to this day, I maintain that waitressing and nursing are very similar!).

January 1st 1979 saw Britain in the grip of ice and snow and I remember a very cold train journey down to London. Mum came with me and slipped on the thick ice at Russell Square tube station. My trunk had been sent in advance but it didn't have much in it - we were limited to one mug and one saucepan for home wares. Afternoon tea in the Charles West School of Nursing saw us welcomed by the Director of Nursing who, more or less, told us that we would become the 'crème de la crème' of children's nurses and that theirs was the best training in the country. Little did we know that within 15 years, diplomas and degrees would supersede our qualifications.

There were around forty two in our January 1979 set - mostly school-leavers, all female. We all had to 'live-in' for the PTS (Preliminary Training School) of six weeks. Even the girl who was married, had to live in! She did not last the course, I remember.

My room (no 340) in the Princess Alexandra Nurses Home was small but had a sink, desk and wardrobe and I soon made friends with others in the same corridor. We shared a kitchen and had 2 enormous cast iron baths and separate old fashioned loos between around twenty of us. A large Greek lady cleaner kept her beady eye on us as well as the elderly warden and her deputy. Main meals were taken in the hospital dining room (no doctors there - they had their own restaurant) and we would congregate with other 'sets' in the evenings in the communal TV room. Only three channels then and no daytime telly! After 3 months, I was able to buy a stereo music centre for my room, so I could entertain myself and friends with soul and disco 12 inch singles.

'Visitors' were supposed to leave the nurses rooms by 10pm as the main doors were locked then. Anyone needing to get back in after that time had to go via the Porter's Lodge - they more or less turned a blind eye to boyfriends being smuggled in. It paid to keep friendly with the porters for this reason! I remember the nurses home fire alarm going off one night and the building being evacuated and all sorts of unidentified males coming out in varying stages of undress as well as the warden, in her curlers and thick dressing-gown!

On January 2nd, we started our PTS. We all sat in alphabetical order (same seats throughout the course, except for practical examinations) and had lectures in anatomy and physiology (A & P), microbiology, first aid and child development. I struggled a bit with A & P but along with another nursery nurse, was way ahead in our understanding of child development. Each morning for the six weeks, we took each other's temperature pulse and respiration and were shown how to chart them carefully. These were marked by tutors for neatness at the end of PTS.

Practical sessions with the clinical tutors taught us the art of the blanket bath, bandaging, the three types of bed-making required for the different times of day and lifting techniques (Australian, shoulder drag and cradle - all outlawed now). After three days, we were issued with our uniforms, which meant we were allowed on to the wards for two or three afternoons a week. There, we were taught by the clinical tutors how to feed and bath babies, how to test urine (test strips were limited then and sugar testing involved dissolving corrosive tablets in test tubes) and how to do basic observations on children and babies. Hand washing was important but there was more emphasis on the wearing of gowns to cover our uniform for feeding and infection control procedures - these had an invisible line on them with the top half being considered clean and the bottom half dirty. Hands had to be washed before tying the neck 'clean' ties and after tying the bottom 'dirty' ties around the waist. Hibiscrub was the only soap and together with the hard green paper towels, we all soon developed skin rashes on our hands.

We were all so proud of our red pin-stripe dresses and starched white aprons but we hated the hard starched collars, which were so uncomfortable and made us look like we had 'love bites' on our necks. Hair had to be worn above the collar and aprons were never worn outside the wards. Our 1st year hats were plain white starched linen but once we'd passed our 1st year 'Belt' examinations we progressed to a hat with a single red stripe. Third year caps were the hilarious 'sharks fin' perched on top of the head, with a piece of cardboard holding it in shape. Because of their complexity, these caps were rarely washed and were probably a repository for plenty of germs. If you were on the tall side (as I was), overhead baby heaters posed a potential fire hazard too! Thankfully, nurse's caps were consigned to the dustbin in the late 1980's.

After PTS, having learnt some of the basic ward routines, we were allocated our first ward and became part of the hospital's work force. My first ward was a medical ward - bewildering conditions such as blue rubber bleb syndrome and prune belly syndrome were nursed alongside children with chronic constipation and rare metabolic illnesses. Hours seemed incredibly long to me (the 37 ? hour week was still some 4 years away) - an early shift started at 0745 hrs till 1645 hrs, late shift being 1245 hrs till 2130 hrs. There were still some split shifts to be covered where you were sent home at 1300 hrs, to return at 1630 hrs to cover the rest of the late shift. Although hours were long, there was never any problem getting your break as the late staff covered the early shift's three quarter hour lunch and the early shift covered the late shift's afternoon half hour break. How different to today, where it is not uncommon to work twelve to fourteen hours without a break. The 'overlap' of staff also meant that any work that we hadn't completed in the morning could be done before going off-duty.

Ward routine was organised around some 'task allocated' care, which meant we had patients to look after but each student was responsible for certain daily jobs e.g. CSSD round (changing the dirty rubber suction catheters, cleaning the suction machines); the locker round (washing each locker and ensuring it was tidy and full of flannels, cotton wool, nappies); the Milton round (cleaning and changing each baby's Milton tank as well as the huge communal kitchen Milton tank).

There were more students in those days - typically on a shift were Sister or Staff Nurse, an enrolled nurse, a handful of students, a nursery nurse and one nursing auxiliary (only one auxiliary for the ward, who usually worked an early). Report was always in Sister's office (no nurses station) and care was ordered and updated by Sister from the Kardex in pencil - this was erased and changed as necessary. The 'Nursing Process' was at least a year away, whereby detailed information about the patient and his/her condition was noted on admission and some sort of plan of care started.

It was very hierarchical - we never spoke to the Sister unless spoken to first, likewise to 3rd year students in their wonderful caps. We viewed them as goddesses - real role models to look up to! The nurses we did talk to and get the most tips from were the 2nd warders who were senior enough in our eyes to have credibility yet only four months ahead of us on the course and thus very approachable. Of course, once we were on to our 2nd ward, we became the fount of all knowledge for the new intake of nurses.

My first year went very quickly. Ward allocations of 8-12 weeks were followed by a 2-3 week 'block' back in the School of Nursing. The length of the ward allocations meant that we were truly part of the ward team (albeit a lowly member) and got to know the patients and their parents well. Many of the parents were resident. I have memories of firework displays in the hospital car park on bonfire night, being given 20 mls of sherry in a medicine cup from Sister as a Christmas treat, of carols being sung round the darkened wards by nurses wearing their capes inside out showing bright the bright red lining. My friends remember Princess Diana and David Soul visiting (not together!).

My first two months were well known as the 'winter of discontent' with public service workers on strike - rubbish was piled up ten foot high on street corners and we washed up on the wards after meals. I joined a picket line on my lunch break once to support the cleaners out on strike and was quizzed by the Director of Nursing passing by as to what I was doing. 'Are you waiting for the transport nurse?' she asked. 'No, I'm picketing' I replied to her aghast face. I didn't face any repercussions, presumably as 'flying pickets' were a normal part of striking then!

I looked after the first GOS patient undergoing a bone marrow transplant. I managed to burst his TPN lines for three days in a row as no one had shown me how 3-way taps worked! Easy, once you know how. However, I do remember being terribly troubled at the enormity of his invasive treatment and thinking it would be better that he was left to die in peace. Defying the odds, this little baby survived and grew into a healthy lad.

Considering we were young and working in such intensive conditions, we had literally no teaching on death, dying, bereavement or any other sort of emotional care, for either ourselves or our poor patients and carers. Instead, great emphasis was placed on the physical care of our patients, the understanding of their condition and how our nursing care related to those aspects. I do feel sad, looking back at those days in which I could have done so much more for them. Maybe the Sister undertook that role - I never knew. At aged nineteen I thought I was very mature but to me now, it's too young for such responsibility.

At the end of our first year, we all were allocated our 'community' experience - one week in our home area of either district nursing or health visiting. My Dad was a GP in South Norfolk so I joined one of his district nurses as an observer. This was followed by our important first year 'Belt' examination - if you failed this, you had to leave the course - no second chances. I think it was a two hour theory exam and thankfully, I passed.

Next, I was allocated a year at GOS's sister hospital in Hackney - Queen Elizabeth's (QEH). This meant moving to a new nurses home in the East End, which was a bit of an eye-opener. QEH served a more local, working class population so rare, exotic conditions seen at GOS were replaced by more general medical and surgical illnesses. It had its own casualty so 'on-take' days were exceedingly busy. We only had 1 or 2 Ivac drip pumps per ward and these were reserved for children on TPN or aminophylline infusions so we became expert at regulating the number of drips per minute and fluid balance charts were only ever a few mls over or under each hour. Third year nurses were in charge on nights and looking

back, we had a great deal of responsibility. Nights were always seven nights on duty and seven nights off duty and 'hump night' (the fourth night, when you were over half way through), was celebrated with relief and great jollity. If you were in charge, you always had to do a round with night sister and the doctors on call but as a junior, you also had to be ready to do a separate round with night sister, demonstrating a thorough knowledge of all the patients on the ward.

I had my theatres experience at QEH - learning to be a 'runner' first then by the end of twelve weeks, we had all progressed to being a scrub nurse for simple lists. We all loved being at QEH; its smaller size to GOS engendering great camaraderie amongst all the different staff there.

Between our second year and state finals examination, we had to undertake our practical assessments as well as case studies on chosen patients. The Drug Round, Aseptic Technique, Total Patient Care and Communications assessments were huge ordeals to be fretted over in anticipation. The Drug Round was probably the hardest. You had to show a sound knowledge of a range of drugs, such as insulin (which came in varying unit strengths then), opiates and antibiotics. Dosage calculations had to be worked out and if your assessment happened to be on an operation day, then you had a whole list of pre-medications to work out and give.

All my friends remember waking, washing and dressing toddlers and babies at 5am and putting them back on a newly made day-bed, just in order to get all the work done by home time at 08:00 hrs. Not exactly patient-orientated care! We had such an unquestioning attitude - publications such as 'Paediatric Nursing' were still a few years away and general nursing magazines were not geared to our needs. Research wasn't covered at all on our course and nothing ever had to be referenced. However, I still think that that made for more interesting reading and I do sigh when I read articles now consisting of purely regurgitated references!

Towards the end of our second year, we were dispatched to our 'general' hospitals for eighteen months of adult nurse training. Our set was given the choice of The London Hospital in Whitechapel (now famously, The Royal London Hospital), UCH and Poole General in Dorset. Most of us who were already working in the East End wanted to stay in the area, so we opted for The London, which was just a mile or so down the road from QEH and served a mainly white, working class population with small Afro-Caribbean, Bangladeshi and Jewish communities dotted around. I moved into a council 'hard to rent' flat on Roman Road, with a couple of girls in my set who were also going to The London. Life at The London was a bit of a shock to the system - suddenly having to care for 'big people'! However, we soon settled in and found it a very friendly place to work. The nurses wore a beautiful lilac checked uniform with puffed sleeves and the standard of nursing care was very high. Wards were all single sex then and nights were exceptionally busy, made more so by having extra tasks to do, such as ordering all the supplies - medical, surgical and pharmacy.

You followed the same pattern of ward allocations, alternating medical and surgical wards and you had to choose between doing a casualty allocation or orthopaedics. I chose orthopaedics and had the time of my life on a male orthopaedic ward, full of young men who were on bed rest for weeks on end in various bits of traction. They amused themselves by ordering late night takeaways and I remember having shaving foam fights and dressing up an enormous teddy bear in stockings and suspenders to leave on one young man's bed. I am slightly embarrassed now thinking back but this was years before political correctness became the watchword.

Another choice we had to make was between a psychiatric or elderly care placement. I chose the latter and ended up at The London's long stay geriatric hospital, from which few patients ever went home. It was a truly awful place with the task of getting 20-30 elderly stroke/dementia patients, washed and dressed by lunchtime. When we complain about the cost of today's nursing homes, we forget what the alternative used to be -rehabilitation wasn't really part of the care there.

Life in London from 1979 -1984 was very exciting. In May of 1979, Margaret Thatcher was elected Prime Minister and she wasn't exactly popular with the public services. Ken Livingstone was leader of the GLC and introduced the 30p 'Fare's Fair' fee for all underground and bus fares (very handy). Princess Diana and Prince Charles held a huge firework party in Hyde Park a few days before their marriage causing the centre of London and the tube system to stop for the night as thousands of people came to celebrate - we had to walk all the way back to the East End afterwards but it was a warm, sultry night and everyone on the streets was cheering and singing.

Towards the end of our 'general' we were able to wear our 3rd year caps and undertake our obstetric training at Queen Charlotte's in Hammersmith. There we had eleven weeks of antenatal, postnatal, delivery and clinic experience plus 'school' - unfortunately, this was one week short of the required three month certificate you had to have in order to be able to practise abroad. I only saw one normal birth when I was there - epidurals were the norm almost. In clinic, we spent a lot of time pregnancy testing as this was well before the time of the home testing kits.

We were all sad to leave The London but looked forward to going back to GOS as final year students and finally being at the top of the pecking order! Allocations in cardiac and respiratory intensive care followed plus 'block' to practise for our

finals - this made our last few months quite hard going. By then, care planning was well established and most of us followed 'Virginia Henderson's Basic Components of Care', where you had to demonstrate care planning in all your answers. She had categorized nursing activities into fourteen components, based on human needs such as helping the patient with nutrition / hydration / elimination / rest / positioning / temperature control/ practising their religion and the prevention of hazards, - all the 'basics' of nursing care which seem to be never far from the news headlines these days.

I had passed all my formal assessments including 'communications' where I had run the ward for the morning, going on the doctors' round (something students never did), ordering specimens and giving report - pretty mundane in comparison to the complexities of running a ward today but I was very pleased to get this final assessment out of the way.

Finals entailed a two hour multiple-choice paper and a three and half hour written examination. We had practised on past papers and there was always a question on some sort of terminal care and usually a 'how would you help a student understand.', which then entailed you drawing a detailed diagram of a part of anatomy.

Thankfully, I passed both papers and seem to remember buying a bottle of gin on the way home from night duty to celebrate my success! There was no question of not getting jobs on qualifying - job turnover was quite high in London as many nurses took surgical and medical posts for only six months to a year then, in order to build up the 'all round' experience required to apply for a sister's post eventually. Most of my set obtained jobs on their preferred wards and were then able to wear the bright red belt and white sleeve 'cuffs' which signified the qualified nurse. I 'staffed' for a year at QEH on the Princess Elizabeth medical ward - the highlight of my year was having tea with Adam Ant on Christmas Day in the staff canteen in 1982. He'd come to visit the children on the wards and stopped off for refreshments. Brilliant! (This was at the height of his fame and well before his mental health problem became apparent).

I moved back to Norwich in December of 1983 and spent the next twenty years at The Norfolk and Norwich Hospital, in their paediatric department. So many changes were soon to follow - Project 2000 and the end of the Enrolled Nurse training, Primary Nursing, and the Named Nurse, re-grading, cuts to nursing intake numbers and of course, severe health service cuts - but that's another story.

Pip Pyper

MEMORIES OF MY TRAINING

From the age of seven years old, I always wanted to be a nurse, like my mother before me. That dream became reality when I started my training as a pupil nurse at Cromer Hospital within the Broadland School of Nursing on the 5th November 1979, having just turned 18 yrs old.

There were five girls based at Cromer Hospital and about fifteen girls based at the Norfolk and Norwich Hospital (NNH). Everyone would meet within the first week of the study block at the NNH. Being in the Cromer set I was to gain my nursing experience at Cromer Hospital and St Michaels Hospital, Aylsham. My paediatric experience was to be on Gannon Ward at the NNH.

I was to be resident for the first four weeks at the Fletcher Hospital in Cromer and so after my parents had dropped me off with my small suitcase, I was shown to my room. I was introduced to two other girls Mandy Craske and Linda Hardesty (nee Corke). The following day all five 'Cromer' girls climbed into the waiting taxi which was to take us to the NNH for the next four weeks for the introductory course. Thus this was to be the beginning of my nurse training to become a state enrolled nurse. Those four weeks contained the theory before being let out onto the wards. We were introduced to the fifteen girls at Norwich, and our tutors Mrs Trillian and Mrs Pat Tungate. At Cromer we also had Mrs Geater who though very strict was fair. As pupil nurses we were taught all basic nursing care, we were never encouraged to question as to why a procedure was done that way, if it worked then why change it!

During this time our learning involved anatomy, how to make hospital beds with envelope corners, sterile technique and preparation of trolleys for procedures. In addition we all had to experience sitting on a bed pan, so we had empathy as to how a patient might feel. After these first four weeks we received our uniforms, nursing hats and black and red capes, ready to start as a pupil nurse on the wards.

While the Norwich set stayed at the NNH the 'Cromer' girls and I started our first ward on the Medical Ward at St Michaels Hospital, Aylsham for eleven weeks. During my training of one hundred and four weeks I was to gain experience in medicine, geriatrics, night duty, and surgical orthopaedics at St Michaels Hospital, and accident and emergency, outpatients, theatres, general surgery, and community experience at Cromer Hospital. My paediatric experience was to be gained on Gannon Ward (surgical), where Sister Pauline Day was in charge. Our study block of one week was held every thirteen weeks in the teaching centre at the NNH. We would travel everyday by taxi from Cromer Hospital. After the study week I would pack my small suitcase and move to either St Michaels Hospital or Cromer Hospital. At Cromer I was

resident at the Fletcher hospital, or Morden House on Cliff Avenue where we had classrooms for teaching, or Hampshire House on the Mundesley road. It was quite an upheaval to move every eleven weeks.

At Cromer Hospital on the surgical wards we did regular pressure area care. Taking a trolley with a bowl, soap and water we would go to each patient in turn and attend to their needs treating broken skin with egg whites and oxygen. The cleaning of the sluice room was a trainee nurse's job, the bed pans and the machines were made of metal and very heavy but they all had to be scrubbed. During one of my stays at Morden House my friend Linda Corke and myself found an old skeleton in the teaching room, and as a joke we decided to lay it in the bath. The next day Linda and myself were called into Mrs Vincent's Office, who was the Nursing Officer at Cromer, to be told that Betty our cleaning lady had had a nasty shock in the bathroom when she discovered this skeleton lying in the bath. Betty had very poor eyesight and wore thick glasses so the poor lady had to get fairly close to the skeleton before she realised what it was. The surgical wards at St Michaels Hospital Aylsham consisted of long narrow corridors leading into four or six bedded rooms, along one of these long narrow corridors was a small alcove known as the nurses station. During the night while working night shifts we would sit there in between attending to the patients, those long nights would get cold and I would wear a cardigan. But when you hear the quick clip clop of heels along the corridor you would quickly remove your cardigan and stand to attention, because you knew the night sister was doing her rounds, and she was very strict! Towards the end of my training I was gaining experience in theatres at Cromer Hospital when the late orthopaedic surgeon Mr Hugh Phillips informed me that if I felt at all dizzy I was to fall backwards and not forwards onto the operating table. During one operation, an arthroscopy, he kindly let me observe through a small lens into the patient's knee. While doing this I asked what was this floating object within the knee joint, he quickly took the instrument to inspect himself but was unsuccessful in finding anything and I, a mere trainee pupil nurse, must have imagined it.

At the end of 1981 I had completed my nurse training and qualified as a State Enrolled Nurse. My first job was at Kelling Hospital near Holt. I lived in the Nurses Home which was within the grounds of the hospital. There was internal rotation involving gaining experience on male and female medical wards, psycho-geriatric and surgical wards. The hospital was originally for nursing patients with tuberculosis so to gain access to different areas you walked through the lovely gardens. During the summer we would wheel patients by chair or bed outside into the gardens to enjoy the fresh air. In winter we would wrap up the patients against the cold and snow and wheel them from ward to ward, or the X-ray department. After gaining two years' experience there, in 1984 I started a new post on Gannon Ward in the children's surgical unit, Mr Mike Flynn was the nursing officer. The children were from the age of two to sixteen years old. I gained experience in orthopaedics, general and plastic surgery and urology nursing over the eight years I was there. We coped with severely burned children some as much as 60% burned, though we were not a burns unit. All the nursing staff worked together as a team, under the guidance of Sister Julia Shirliffe. The nurses produced their own Christmas pantomimes with nurses from the children's medical ward and some of the doctors. One of the ward dressing trolleys acted as a bar at Christmas time for the parents with a good selection of wine and beer. It was customary for one of the consultants to come in on Christmas day with his family to carve the turkey and visit the children. During Halloween the nurses would dress up in fancy dress.

In the later years of the 1980's training ceased for the enrolled nurse but conversion courses were set up for those nurses wishing to enhance their career. I realised that if I wanted to aim higher I needed to become a staff nurse so I applied for the conversion course and was lucky to be accepted on the second intake. In 1991 I began a year's training to become a registered general nurse (RGN), this meant going back to nursing adult patients which I had not done for eight years. Towards the end of my training I realised that I wanted to specialise in children's nursing so on completion of my RGN I then started an eighteen month Registered Sick Children's Nurse course (RSCN) which I thoroughly enjoyed. This included gaining experience at King's Lynn Hospital. After qualifying I worked in the Accident and Emergency department where I gained experience in dealing with some very traumatised children and parents. Following that I worked at the Day Procedure Unit for a short while but I knew I wanted to work with neonates. I had worked on the neonatal unit as a student nurse studying for my RSCN and realised that it was a very different area of nursing that I wanted to experience and learn. So from 1994 I have worked in the Neonatal Unit which I have really enjoyed.

Nurse training as well as the care of the neonate has changed immensely and is still changing, as a nurse these days you have to keep updated with courses, study days, and apply yourself to research and computer skills. This surely is the way forward, but as a nurse I feel remembering basic nursing care is just as important in helping to underpin the knowledge that you gain while working as a nurse.

Mrs Karen Few (nee Wayte) SEN. RGN RSCN

TRAINING IN THE 1980's

Although it is many years ago now since my training at the Norfolk and Norwich Hospital I still have vivid memories of it in the early 1980's. I attended interview for my nurse training a year before a place was available. It was an all day occasion that involved interacting with the group, visiting a ward area and an individual interview. At that time the majority of intakes to the Broadland School of Nursing were of approximately twenty students; these took place every couple of months. Student nurses were predominately single females aged eighteen, very few mature students or male nurses undertook training at the time.

The day before we started it was with great trepidation that most of us moved from home for the first time to nursing accommodation known as "nurses homes", large buildings containing numerous small rooms that normally contained a single bed (with a well worn mattress), sparse furniture and a sink in the corner; these be likened to prison cells! Kitchen and bathroom facilities were shared on each floor

On commencement of our training we were given a three year plan of the wards allocated to us for our clinical experience. The majority of our training took place "on the job". We spent the initial eight weeks training in the school of nursing where we were taught anatomy, physiology and basic nursing skills, making only fleeting visits to the ward area to practise our newly acquired skills such as bed-making. After this time we were literally thrown in at the deep end, our first placement being a medical ward where we were introduced to the strict hierarchy that existed in nursing at the time. At no time were our colleagues' first names uttered within earshot of seniority for fear of reprimand. Students at all stages of training were left to care for the patients with only the more senior students to supervise. Communication with trained staff was only when deemed absolutely necessary and then via the most senior student on duty. Care on the wards was undertaken in a task allocation basis, students were allocated bed-baths and nursing care, observations and fluids, dressings, drips and drugs for the entire shift.

Night duty played a large part of the clinical experience. It was allocated several weeks at a time the work pattern being eight nights on duty, seven nights off duty. On night duty students were very often left to manage the wards with the night sister covering several areas. Everyone lived in fear that they would be the one to be picked to do the night round with the night sister which involved remembering each patient's name, diagnosis and treatment.

Each clinical placement was of approximately ten weeks duration followed by an eight week period "in school" learning about medical conditions and their nursing care. The range of experience was vast, time being spent in specialist areas such as the children's ward, maternity care, accident and emergency, theatres, psychiatry and the community. Each year of training was denoted by a change in belt colour and to attain this a practical assessment had to be completed satisfactorily. There were four of these assessments: total patient care, aseptic technique, a drug round and ward management.

Although the training was physically and emotionally tiring there was little time assigned for study most of this being done on days off. To qualify at the end of three years training you were required to pass the state final examination, which comprised of essay questions and a multiple choice paper. On completion of training there was no guarantee of employment and as now more nurses than jobs! In fact many things have gone full circle, the frightening thing being I now hear myself saying "things were never like that in my day"!

Jane Snasdell.

Sister, Norfolk and Norwich University Hospital.

MEMORIES OF INTRODUCTORY COURSE IN STUDENT NURSE TRAINING

At just 18 years old I entered a new and mysterious world with eager anticipation. I was awestruck by the aura of the Royal and Ancient Hospital of St. Bartholomew, by its history, its traditions and the extent of its stone buildings all within the buzz of the City of London. I remember observing the hospital's inhabitants who walked smartly and purposefully about their business with an air of accomplishment.

In September 1984, along with the rest of Set 29, the latest group of Student Nurse recruits, I collected my uniforms from the sewing room which was located in the bowels of the hospital. I was handed a pile of uniforms which contained heavy cotton drill dresses, separate crisp white collars, dress studs, belts and heavily starched aprons along with white linen squares and a heavy wool cape. Each item of uniform was marked with my personal number. It was quite unlike anything I had worn before and was to be worn the following day. Full uniform would require the mastery of a skill not unlike macramé, whereby a complex sequence of folds should transform the linen square into a Nurse's cap. I remember the anxiety which accompanied this first challenge. Later that evening the bonding process began between the members of Set 29, as innocent young things from the length and breadth of the country, the majority fresh from school, struggled with the task of producing the cap. It must look tidy and contain the hair. Hours later, after much struggling our problems were solved. With the assistance of an established student and an empty shortbread tin Nurse's caps were created in abundance!

The rules of appearance were impressed upon us. Nails were inspected and no nail was to be visible with palms facing uppermost. Hair must be contained within the cap and must not touch the collar. Eating or drinking was not permitted in uniform outside designated areas. We were mindful of the hierarchy and our low status and the respect which must be shown to our superiors, though this message was subliminal. Consultants and Sisters had their own separate dining rooms. Staff Nurses were allowed to have coffee in sister's office and senior students were also occasionally afforded this privilege. The uniform itself also became progressively sculptured and more flattering with seniority. The Senior Staff Nurse had a more graceful cap & the Deputy Sister or "Pink" wore a uniform in a universally flattering shade of pink cut like the attractive Sister's uniform.

Equipped with our uniforms we were reminded of the hospital's historic and prestigious reputation by our Clinical Tutor who would act as a role model for the introductory course. The initiation was marked quite deliberately by photographs in the Great Hall whose walls bore murals by Holbein which were interspersed by oak plaques bearing the names of eminent and respected Surgeons and Physicians throughout history.

The uniform provided the necessary authenticity and the eight week introductory course introduced the tools of the trade, the basic nursing skills which we would develop and hone over the forthcoming years. Wearing the uniform was associated with pride and it was imperative that we developed the skills to warrant the identity. During the introductory course we carried a specific stigma. Around our slender waists were fluorescent belts warning of our status. This provided an incredible incentive. At the end of introductory block the fluorescent belt would be cast aside and swapped for the grey belt of the first year student nurse, provided of course we were deemed to be of the necessary calibre.

Introductory course involved both theory and practice and the acquisition of an entirely new language. The essential qualities of a nurse in the execution of her role were woven into every aspect of care. We practised our nursing skills on a mock ward with models as patients with differing problems and needs. I clearly remember Daisy Puffalot: the breathless patient. We learnt about the orthopnoeic position, oxygen therapy, mouth care, sputum collection, types of sputum and their association with breathlessness of cardiac or pulmonary origins. I remember preparing and administering the Nelson's inhaler to Miss Puffalot (use of first names inferred a lack of respect!). The Nelson's inhaler, a large pottery vessel, must be placed inside a cloth bag to prevent burns and delivered in a monumental container and as always must be presented to the patient on a tray.

Bed-making was an essential skill if we were to have any value as real nurses. The essentials of bed-making were a fundamental aspect of patient comfort. Pillows must be vented away from the door to prevent draughts. Hospital corners required almost protractor accuracy and umbilical bends which did not reach the patient's shoulders were scorned. Sitting on beds was also considered most unhygienic. It was suggested I attend an extra bed-making session to ensure I was up to speed!

Patient hygiene was rehearsed and discussed to include catheter care, hair care, male shaving and of course the blanket bath itself which took on theatrical proportions. It must be performed effectively and with consideration for privacy and dignity whilst incorporating principles of reducing cross infection.

I can no longer recall the names of the other patients on Gloucester Ward as it was termed but I do remember being introduced to the serving and administering of appetising food and drinks, assisting the vomiting patient and understanding types and terms associated with describing and recording this phenomenon on fluid balance charts and kardexes. We were also equipped with the essential skills of observations, temperature, blood pressure, pulse and respirations which would help us make a contribution to patient care.

Communication was important not merely in our interactions with patients but also with nursing and medical colleagues. We had to rehearse our patient's symptoms and feedback information without the aid of notes. This ensured the utmost concentration and was helpful when we entered the wards for real at the end of the introductory course.

I vividly recall Miss Fairhurst our Clinical Tutor. She was demure, precise and refined as she described types of stool. Her description of collecting a hot stool specimen for ova and parasites provoked some amusement. The new language provoked titters and giggles born out of embarrassment and juvenile humour. These were not well received by Miss Fairhurst. Nurses in their very privileged position must control their emotions. Miss Fairhurst was our role model and we copied her with precision.

Back at the Nurses Home facilities were basic and functional but we all had single rooms with shared bathrooms and kitchens. Doors were locked at 10 pm and all visitors were signed in and out. A sense of camaraderie developed as we shared cups of tea, wine from boxes and simple meals. The evenings would usually include a sketch involving Miss Fairhurst, a persona we had internalized verbatim!

At the end of the introductory block only two of the original 40 students departed. One was deemed unsuitable, the other deemed herself unsuitable.

We had entered the world of nursing and moved our first step on the hierarchical ladder. Ahead of us was a plethora of allocations to medical and surgical wards, to paediatrics, maternity, theatres, casualty department., psychiatric and geriatric wards. Our progress, suitability and ability would be assessed in each area. Also more theory weeks in school were required to cover necessary underpinning knowledge. These however would prove to be a holiday in comparison to the physically demanding work of nursing on the wards for real. Practical assessments (A-D) must be completed, under the scrutiny of Miss Fairhurst or one of her contemporaries. (A : Aseptic technique, B: Drug administration, C : Total patient care and D: Ward management.) After three years and following successful progression through all these aspects we would be put forward for hospital finals to gain the hospital badge and similarly the national finals for the purpose of registration.

Julie Mansfield

HOW THINGS WERE IN THE 90'S

I commenced my nursing training in Norwich during October 1993. There were many applicants for each place on the course. I was told in the March of that year that the course was full. Finally, I was interviewed two weeks before the course commenced. I met with my academic advisor to be, and another nurse tutor. The interview took place in the clock tower at the old Norfolk & Norwich Hospital. I was then shown round Felthorpe Ward.

The first day of the course we all met at the student buildings at Hellesdon Hospital. I believe there were about seventy of us. We were the third intake under the Project 2000 scheme. The first few weeks we did not go into the School of Nursing much, as there was terrible flooding, so we had to do private study at home!

The first eighteen months consisted of time in school and placements across the four branches of nursing: adult, children, mental health and learning disabilities. Initially placements were just two days, building up to three weeks, the further into the eighteen months we reached. Reflecting on these short placements, I do remember at the time thinking, is it worth just going somewhere for two days, but I did learn from these short placements and still value the experience of getting to work in these different areas.

The last eighteen months were branch specific and as a result more time was spent on ward placements. We were not required to spend much time working night shifts, but it was compulsory in Accident and Emergency. I was due to start nights on a Friday, and remember quite well, that I never did them as I developed chicken pox. I never returned to finish my placement in A&E!

Looking back, I did value all the various placements I had throughout my training. At the time placements in the other branches did not seem particularly interesting at times, but I have since found the time spent at these placements to prove helpful. I still feel however, that the course should have had more emphasis on anatomy, physiology and pathophysiology. At school, I was very keen on the sciences and so did my A Levels in the sciences. This helped me prepare for our anatomy and physiology sessions, but a lot was left for private study.

I did enjoy my training but I did not feel part of university life as we rarely went to the main campus. I also continued to live at home, as it was only a few miles away.

The training I received varies greatly to that of the students today but I think I would still prefer to have the placement experience that I had.

Jane Knights

Deputy Ward Sister, Norfolk and Norwich University Hospital.

COMMUNICATION

Moving with the times we are interested to know if you would like to receive information via e-mail! Let me know at " lavinia@gordongray.co.uk

THINK AHEAD to 2010

Think training, think Norwich, think Nurses League and put a date in your diary for the 80th League Reunion and AGM in 2010.

THE MODERN DAY NURSING STUDENT

Ever since the days of playing doctors and nurses when I was five years old I knew I wanted to become a nurse. Eleven years later at the age of sixteen I began to apply to start my nurses training at diploma level. As I knew I couldn't begin the course until I was seventeen years and six months I decided to stay and continue my education and take A-levels in the sixth form, which have really helped me during my nursing course. I applied to the University of East Anglia, through a system called the Nursing and Midwifery Admission Service (NMAS). This was a detailed application form including a personal statement of why you wanted to apply, any current experience and qualifications, how you thought you would find the training and any special interests you may have. After this had been processed I was invited for interview.

The interview was actually a selection day to which I was invited to meet the admissions staff. I was also expected to pass a maths and English examination and take an active role in a group discussion on a subject provided, mine happened to be on Agenda for Change (the new development programme for Health Service staff excluding doctors). Then there was an interview with a panel of interviewers asking questions to ensure you understood what the course consisted of.

On the first day I arrived in a huge lecture theatre filled with people. Being the first intake in the new nursing and midwifery school - The Edith Cavell building - was special. As the days and weeks went on we all got more and more used to it, with introductions to nursing and lectures in the first few weeks. Then it was time for our first assignment. This was a community based essay: we had to review all the resources and facilities available to the population living in a defined area and suggest how this could be improved. This was our only essay without a placement alongside it!

My first placement was in a nursing home and having had no previous clinical experience in nursing this was an ideal start. This enabled me to learn all the basic care needed for the beginning of my nursing career. After this seven week placement it was straight back into the university for seven weeks theory in the classroom. This theory time enables us to get to grips with anatomy and physiology, frameworks and policies in preparation for our next placement. Each week in groups we are given a scenario, much like in practice, in which we each take a small part and research the subject. Once a week we do a presentation on our given subject, effectively learning from each other. This is known as enquiry based learning (EBL). We have all found this extremely useful, as not only do you learn your subject well you also learn from others. It gives the weeks at university more realism, as the case studies are based on real patients

Then it's back on yet another placement. This time was my first ever ward placement! Although it was a scary thought we had been well prepared in university, ready for our first time of doing injections and other clinical procedures. Only this time, we didn't only have a placement we were working thirty seven and half hours a week, and we had an essay to complete and a portfolio to keep. This portfolio is a record of all of our skills development, critical incidents, professional awareness and interactions with other members of the multidisciplinary team throughout our training. These are all in the form of reflections so we can keep an account of our learning and see how we have progressed.

Whilst on placement each student gets assigned a clinical mentor who works with you and guides your learning. They oversee everything that is done by a student, from administering drugs, to inserting a catheter and managing your own patients. During the seven week placement three interviews are held with your mentor to discuss progress and how you could improve. At the end of the placement you and your mentor decide on a grade to score your progress over the seven week period. Having a mentor is a brilliant opportunity as it gives you as a student the chance to ask questions, guide your own learning, and knowing someone is watching over your shoulder is a huge relief. They are a great support for a student making you feel comfortable, guided and safe.

The placements and essays then continue, alternating with seven weeks on placements and then seven weeks at university. Each placement is a different area so you can try a variety of nursing settings: different specialist wards, district nursing placements in the community, critical care placements such as accident and emergency or intensive care unit and even two days with the paramedics on the ambulances. It is really good to have the opportunity to try all areas to build a huge variety of skills. During the second year, providing specific criteria are met such as high enough grades, there is an option to transfer into the degree programme. There is an interview in which you need to prove that you are working at and can continue to achieve a high standard of theory and practice work. I am very pleased to say that I have been accepted to work at degree level for my final year and hopefully qualify as a degree graduate in February 2009.

The past two years have been a truly brilliant experience for me and I definitely know now that nursing is the right career for me. The course is far from an easy three years, trying to juggle placements and essays together with a portfolio and a social life, but I have enjoyed every minute of it. I have learnt so much since giving my first ever injection, and being able to give care in my first last offices was truly an honour. Being the youngest person in my intake and having no experience before beginning my training I thought it was going to be the hardest three year of my life, but being able to do something you really enjoy helps you to try your hardest. It tests at times physically and emotionally but I have learnt so much in the two years and met some amazing people. I am looking forward to continuing this journey for many years to come.

Laura.

Student Nurse, Norfolk and Norwich University Hospital.

THE MOVE INTO HIGHER EDUCATION AND BEYOND

During the 1960s and 1970s, a growing number of higher education institutions in the United Kingdom began to offer undergraduate nurse education and thereby set the scene for academic development within the profession; however, it was not until the early 1990s that nurse education began to move en masse into higher education. This move was driven by a report compiled by the English National Board for Nursing, Midwifery and Health Visiting and known as Project 2000. Prior to this, nurse education had been provided in schools or colleges, and students remained employees of the Health Authority. Project 2000 highlighted the need for nurse education to undergo radical revision in order for nurses to continue to be fit for practice during a time of unprecedented change in health needs and the delivery of health care. In particular, the report recognised that this unprecedented rate and complexity of change meant that nurses must become proficient in a number of areas that hitherto had not been so essential. These included being able to:

- acquire new knowledge and skills as 'lifelong learners'
- adopt a more critical and questioning approach to nursing practice and health care
- critically appraise and apply the rapidly developing body of nursing research, as well as initiate and participate in original research
- become agents for change.

A move into higher education was seen as a way of enabling these abilities. Students would no longer be employees of the Health Authority and so the tensions arising from being both a student and an employee would no longer compromise learning. In addition, participating in higher education would enable nursing to develop and validate its own body of knowledge through research and thus improve the quality of patient care, something which must always remain the ultimate goal of nurse education. However, this move was not without objection, both from nurses themselves and some leaders of the nursing profession who were concerned that nurses would become too 'academic' and not know how to apply their knowledge in practice. This concern has been addressed by curricula that remain practice focused throughout and require students to experience practice at first hand for half of the three year course leading to registration. In addition, higher education institutions and local health care providers work collaboratively in a mutually beneficial way. This ensures that nurse education remains relevant and practice remains informed by contemporary knowledge. In this way, students remain 'knowledgeable doers'.

Locally, the move into higher education began in 1992 when the Norfolk College of Nursing and Midwifery first offered a Pre-registration Diploma in Higher Education [Nursing] which was validated by the University of East Anglia. The relationship with the University developed through a number of collaborative projects and in 1995 the College became part of the University of East Anglia. Since then the School has been incorporated into the new Faculty of Health, which also includes medicine and the professionals allied to medicine. A pre-registration degree course commenced in 2001 and is becoming the first choice for many, although the diploma course still attracts a significant number of students. The move into higher education has enabled pre-registration students to become the 'knowledgeable doers' described in Project 2000. This move has also enabled a wide range of post-registration courses to be offered at all academic levels, including that of doctorate. Thus, qualified nurses not only remain 'knowledgeable doers', but also develop nursing knowledge through original research.

The School now offers a range of innovative teaching and learning strategies from a 'state of the art' building adjacent to the Norfolk and Norwich University Hospital and which enables students to take advantage of the most recent developments in technology. The 'flag ship' of these innovative approaches is something known as 'enquiry based learning'. This approach to learning enables the curriculum to be organised and delivered through a series of 'real world' nursing scenarios in which students learn to be self-directing and capable of 'lifelong learning' under the guidance of experienced facilitators who include practitioners as well as lecturers, before benefiting from further tuition provided by practicing nurses who supervise them during their associated placements in hospital or community settings. Thus, theory and practice remain inextricably linked and nurse education remains firmly rooted in practice, which it also strives to inform and develop. Another important educational innovation aimed at improving health care is that of inter-professional learning, whereby students from all the Schools in the Faculty of Health learn together in order to enable them to work collaboratively and more effectively in practice.

A thriving research department lead by a Professor of Nursing ensures that the School continues to inform and influence nurse education and nursing practice locally, nationally and even internationally. This is achieved by undertaking commissioned and self-generated nursing research. The research department also supervises postgraduate students undertaking doctorates in nursing. Many of these students now come from Thailand and other far eastern countries. In addition, the research department stimulates other 'scholarly activities' and many lecturers exert an influence beyond the School through the papers they present at national and international nursing conferences, the textbooks they write and papers they publish in professional journals. To this end the School also undertakes consultancy work with institutions in other countries. These include Cameroon, where the School has been commissioned by the British Council to develop the existing provision for nurse education; and Guernsey, where the School's pre-registration nursing curriculum is being implemented.

In conclusion, we must remember that the influence and state of excellence currently enjoyed by the School, and confirmed in recent inspections by the academic and professional authorities to whom the School is accountable, rests on a firm foundation laid down by previous generations of local nurses and nurse educators and to whom the School will always be grateful.

CHANGES TO MEMBERSHIP (since publication of 2007 journal)

NEW MEMBERS.

Mrs B. Brown, nee Deacon (Service)
Mrs M. Campbell, (School of Nursing)
Mrs R. Z. Chapman, nee Ollett (Service)
Mrs J. Curtis, nee Hatton 1967-69
Mrs P. Jones, nee Jones 1969-72
Mrs V. A. F. Lingham, nee Harper 1967-69 (conversion 2000)
Mrs E. L. Ray, nee Sculthorpe 1969-72

DECEASED MEMBERS.

Mrs B. E. Askew, nee Dent 1931-34
Mrs R.M. Askew, nee Watts 1931-34
Miss J. E. Cowles, 1935-38
Miss M. P. (Pat) Green, 1940-43
Mrs A. M. Hill, nee Prior 1932-35
Mrs B. Latham, nee Shearing 1942-45
Mrs V.M. Mobbs, nee Barnes 1953-56
Miss M. I. Ranson, 1939-42
Miss L. M. Rawlings, 1927-30
Mrs K.L. Simmonds, nee Willis 1934-37
Mrs M. E. Steven, nee Lack 1931-34
Mrs K. Taylor, nee Fleming 1938-41
Mrs G. G. Whines, nee Hindle
Mrs E.M. Fenning, nee Miles 1938-41

If any one has information regarding Mrs M. E. Shutes, nee Lawson 1940-43, could they please let me know. I would also like to know of any changes of addresses so that I can keep the membership list up to date. A revised list will be published after the AGM and reunion, copies will be available from me for £2:00. Cheques made payable to The United Norwich Hospitals Nurses League.

Thank you,
Betty Lee.

Miss B.M. Lee, Membership Secretary,
119, Cambridge Street,
Norwich. NR2 2BD.
Tel No 01603 622 085.

OBITUARIES (2008)

Miss Josephine E. Cowles 1935-38.

On completion of nursing and midwifery trainings Josie entered service with the Salvation Army. She left for India in 1944 spending almost thirty years there and in Pakistan, holding senior nursing posts in hospitals and schools. Eventually retirement led to a return to her home county of Suffolk. A League member for many years, she appreciated receiving the Journals.

Miss Muriel Patricia Green 1940-43.

Pat as she was always known will be remembered for her many years of service to the League. Although she left nursing for the family clothier and outfitters business Pat maintained her interest in nursing and was an enthusiastic and loyal League member.

Always with us at the re-unions, including last year. She will be much missed.

Mrs Beryl Latham nee Shearing 1942-45.

Some of us will remember Beryl who as Sister Shearing oversaw the opening of the new operating theatre by HRH the late Princess Margaret at the east end of the Orthopaedic Block in 1952.

Marriage meant moving to Devon but she was a long time and interested League member.

Mrs M.E. Steven nee Lack 1931-34.

Following her marriage Mrs Steven lived in other areas of the country for many years, returning to Norwich when her husband retired.

Recently she had become very frail but had a lively mind and appreciated our visits, giving her the opportunity to reminisce about the 'old days'.

Mrs Ruth Askew nee Watts 1931-34.

Ruth was born on the Canadian prairie at Gadsby, Alberta on 11th February 1913, but times were hard and the family came back to Norfolk in 1919. They settled at Aston Farm, Pulham St. Mary and Ruth and her younger sister Margaret were sent to school at All Hallows Convent in Ditchingham.

After leaving school, she trained at the Norfolk & Norwich Hospital 1931-34 and then at some point went into private nursing in Southwold – which apparently she did not particularly enjoy.

In 1938 she married Charles Askew and went to live at Wood Farm, Grundisburgh near Woodbridge. Charles and Ruth had 2 children – Denise born 1941 and Julian born 1942. On their retirement in 1980, they moved to Ipswich. Then, after Charles' death in 1997, Ruth went to live at Manson House, the Royal Agricultural Benevolent Institution residential home, in Bury St Edmunds where she spent 10 happy and active years until her death aged 94 on 5th August 2007.

WINSOR BISHOP

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