

Guide for the Training of Nursing Auxiliaries in Latin America



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
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**GUIDE FOR THE TRAINING OF NURSING
AUXILIARIES IN LATIN AMERICA**

Prepared by the participants at the
Seminar on the Training of
Nursing Auxiliaries

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TABLE OF CONTENTS

	<i>Page</i>
Introduction	1
CHAPTER I. GENERAL CONSIDERATIONS AND STANDARDS	
Section 1. Definition of the Term "Nursing Auxiliary" and the Functions She Should Perform	5
Section 2. Control of the Training and Practice of Nursing Auxiliaries ..	9
CHAPTER II. CURRICULUM	
Section 1. Duration	11
Section 2. Time Distribution	11
Section 3. Concepts and Assumptions on Which the Planning and Organization of the Curriculum is Based	11
Section 4. Objectives	12
General Objectives	12
Specific Objectives	12
Section 5. Formulation of the Study Plan	13
Unit 1—General Education and Personal Development of the Student ..	14
Unit 2—The Family as a Social Unit and Its Health Needs	14
Unit 3—The Patient and His Needs as an Individual and as a Member of the Family	15
Unit 4—The Mother, the Child, and Their Health Needs	15
Unit 5—Programs of Health Promotion	16
Planning and Organization of Learning Experiences	16
Section 6. Evaluation	17
CHAPTER III. ORGANIZATION OF THE TRAINING CENTER	
Section 1. Advisory Committee	19
Section 2. Leadership	20
Section 3. Personnel	20
Section 4. Teaching	20
Section 5. Students	21
Section 6. Committees	22

	<i>Page</i>
Section 7. Teaching Facilities	23
Section 8. Relationships with Other Institutions.....	25
Section 9. Records and Documents.....	25
Section 10. Budget	26

CHAPTER IV.

Summary	27
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ANNEXES

1. Number of Courses or Schools for Nursing Auxiliaries in Latin America, by Funding Institution or Service, 1962-1963.....	29
2. Number of Courses or Schools for Nursing Auxiliaries in Latin America by Admission Requirements, Duration of Course, Number of Hours of Theory and Practice, and Type of Nursing Personnel Trained, 1962-1963	30
3. Bibliography	31
4. List of Participants.....	34

INTRODUCTION

Little has been said of the fact that when Florence Nightingale first attempted to improve nursing care in England, she trained two types of nursing personnel: one group which was to give direct nursing care to patients, and the other, consisting of better educated persons who, in addition to providing nursing care, would teach the first group as well as direct and supervise them in the wards. To the second group she gave the name of "matrons," and they were the heads of the nursing team. Of this group, some went to other countries in Europe and to Australia, Canada, and the United States of America, to organize the first schools of modern nursing around the world. In Latin America, the first English nurses arrived at the beginning of the twentieth century, with the same purpose. But when they established new schools, the principle of two levels of training was overlooked. A relatively small group of young women of good education was trained for direct nursing care, but little was done to prepare the untrained "nurses" attached to the health services; the view prevailed that nurses could be trained to replace them in due course.

The fact that the health services would expand rapidly and require ever-increasing numbers of nursing personnel was not foreseen. This prevented the nurses from performing the duties they had been prepared for, that is, direct patient and community care. On the contrary, as soon as they left the classroom, they were appointed heads of wards, and even of hospitals with 1,000 beds.

Some, by natural aptitude, attained great success in their new field of endeavor, in spite of the fact that they had not been prepared for it; but most of them felt insecure in functions for which they had not been trained and took refuge in secretarial or other non-nursing activities which hospital administrations required of them.

With the swift expansion of health services and the increased demand for nurses, the latter have tended to remain in the large urban centers, and as a result, nursing in the hospitals and other health services located outside the capitals is still almost completely in the hands of personnel with little or no training. It is estimated that at the present time in Latin America there are approximately 100,000 untrained nursing auxiliaries which the public knows as "nurses."

In the search for a solution to this situation, Florence Nightingale's original plan was unconsciously adopted and the training of two types of nursing personnel concurrently, i.e., the graduate nurse and the nursing auxiliary, became the rule. Just as the decade of the 1850's marked a milestone in the history of nursing by the appearance of the modern nurse, so the 1950's marked a milestone in Latin America by the acceptance of nursing auxiliaries as members of the health team, and by the great expansion of courses for their training. All countries but one now have regular training programs for nursing auxiliaries, and training centers or courses continue to increase. There are at least 219 courses¹ or training centers for auxiliaries financed from various sources. They vary greatly in admission requirements, duration, and the duties for which the auxiliaries are being trained.²

Each country urgently needs to make a study of the present activities of its auxiliaries, both trained and untrained, in order to determine better the responsibilities with which they can be entrusted and to provide the necessary training.

The present Guide was prepared by the participants at the Seminar on the Training of Nursing Auxiliaries, held in Cuernavaca, Mexico, from 1 to 10 December 1963. The meeting was sponsored by the Government of the United States of Mexico and by the Pan American Sanitary Bureau, Regional Office of the World Health Organization for the Americas.

This group of nursing instructors from training centers and courses for auxiliary personnel, and heads of nursing services in which trained auxiliaries work, represented 10 Latin American countries and the United States of America, including Puerto Rico, and the Rockefeller Foundation. Nursing consultants from the Agency for International Development of the U.S.A. and from PASB/WHO also attended.

The main purpose in drawing up the Guide was to establish minimum standards for the training of auxiliary nurses. As the title indicates, it is only a guide to be used by the countries in the light of their own economic and social conditions. It is hoped that in the near future the nurses of each country will draw up a national guide based on their own resources and needs.

¹ See Annex 1, p. 29.

² See Annex 2, p. 30.

Chapter I

GENERAL CONSIDERATIONS AND STANDARDS

Advances in medicine and the expansion of health services resulting from Latin America's economic development and population increase have considerably enlarged the demand for nursing services and made it essential to provide a much greater number of trained personnel to carry on activities for the promotion, protection, and restoration of health. It would be uneconomical to use the nurses for simple tasks which can readily be performed by personnel with less training, when the nurse's time can be freed for more responsible duties.

In addition, the training and utilization of auxiliary nursing personnel and their permanent incorporation into the health team has become essential for the following reasons, among others: the shortage of nurses; insufficient funds to pay for professional services; unequal distribution of the national budgets; low salary scales; absence of planning in the health services, and so forth.

Because of the magnitude of the problem, it has become urgently necessary to determine, through national health planning, how great a nursing staff is required and what would be a suitable ratio between nurses and nursing auxiliaries. In addition, the number of auxiliary nursing personnel required has to be estimated in order to plan for the training of empirical persons at present employed and of new personnel in accordance with the country's capacity to absorb them.

It is a well-known fact that in almost all Latin American countries nursing services have been operating with a reduced number of nurses and untrained nursing personnel. As a result, thought has been given to the training of auxiliaries through educational programs conducted either in service or at training centers, in the certainty that such a measure would influence the quality of their work.

For the preparation of this type of personnel, it is necessary to establish *training centers*, which, for the purposes of this Guide, the participants at the Seminar agreed should be defined as places where regular courses of training are provided for nursing auxiliaries; or *training*

courses, which are courses for nursing auxiliaries planned and organized elsewhere than in the training center whenever the needs of the service demand it. Untrained personnel who do not meet the entrance requirements for the formal programs should receive in-service training. In-service programs are equally important for personnel who have already been trained, for the purpose of bringing their knowledge up to date.

Regardless of where the training is given, the place should have suitable premises, teaching materials and equipment, and transportation facilities. Consideration should also be given to the advisability of recruiting, selecting, and training such personnel in places close to their work so as to avoid uprooting the students and to prevent the concentration of training centers in the large cities. Especially in rural areas, social factors and cultural patterns should be taken into account.

The success of such training will largely depend on having adequately prepared nursing instructors who know the cultural patterns of the locality and the students' background. Another important factor is to plan the training program in accordance with the educational level of the students and the responsibilities that will be assigned to them. A proper balance should be maintained between theory and practice, and the students should be imbued with the concept of teamwork from the very beginning.

In order to establish common policies on the training of nursing auxiliaries, minimum standards should be established. These might include:

1. Definition of auxiliary nursing personnel, as established by the participants at the Seminar.
2. Acceptance of basic principles, which should include:
 - (a) Philosophy of nursing with regard to the care of the individual, the family, and the community.
 - (b) Direction and supervision of nursing auxiliaries by nurses.
 - (c) Advancement of nursing auxiliaries through incentives and facilities for improving their training.
3. Establishment in each country of a single type of nursing auxiliary who must successfully complete a basic program of training.
4. Need for training programs to be based on the concept of integrated health services; additional training to be provided for functions in specialized fields of nursing.
5. Importance of establishing a precise differentiation between training centers for auxiliary nurses and schools of nursing in the matter of mini-

imum admission requirements, curriculum content, and duration of the course.

6. It is desirable that:

- (a) the objectives of the training program for auxiliaries be clearly expressed and based on sound educational principles;
- (b) the curriculum for training auxiliaries be reviewed and approved by the official educational agency responsible for their supervision;
- (c) greater emphasis be given to practical experience than to theory in any training programs planned;
- (d) nursing auxiliaries be taught mainly by trained nurses prepared for the purpose, in collaboration with other specialists if necessary;
- (e) the teaching at all stages and in all its aspects be evaluated frequently, in order to determine whether or not the stated objectives and minimum standards are being met, and that this be considered an important phase in the conduct of these courses.

I. Definition of the Term

“Nursing Auxiliary” and the Functions She Should Perform

In view of the above-mentioned standards and the educational objective of preparing responsible persons capable of taking their place in the health team, the Seminar considered the need for agreement on the definition of the term “nursing auxiliary” in order to select her learning experiences and to determine what functions should be assigned her in accordance with her level of training.

Since a variety of terms are used in the countries to designate this kind of personnel, it was decided to approve the following definition:

A nursing auxiliary is a person who has been trained in an officially recognized program to participate, under the direction and supervision of a nurse, in those health service activities that require less scientific knowledge and technical ability than is required of a nurse.

Considering that “function” means a broad area of responsibility carried out through different activities, the functions of an auxiliary were classified as follows: ¹

¹ The nursing activities which auxiliaries perform are those which the graduate nurse considers she can entrust to them, but always in accordance with the established standards of the institution in question.

The auxiliary who will be called on to work in such special services as public health,

1. To provide nursing care to the patient, the family, and the community under the direction and supervision of the nurse in the health services, in accordance with the needs and resources of the country.

(a) To help the healthy or sick individual and his family to adapt to the situation which brings them into contact with the health service.

Activities which may be entrusted to the trained auxiliary after she has been given the necessary instructions in the specific work situation:

- i. To admit the patient.
- ii. To interpret to others the routine and regulations of the institution.
- iii. To help provide a comfortable and safe environment.
- iv. To help patients who are transferred from one service to another.
- v. To explain to the patient what she is going to do.

(b) To help maintain the organic functions of the individual, through procedures authorized by the nurse or by the institution.

Activities:

- i. To give personal hygiene care according to the condition of the patient.
- ii. To help in feeding the disabled and children.
- iii. To prepare simple formulas for the artificial feeding of the newborn.
- iv. To assist patients in dressing, undressing, or changing clothes.
- v. To help patients change position, get up, or lie down.
- vi. To help maintain normal body temperature.
- vii. To help patients with elimination.
- viii. To change the linens or make up the bed with the patient in it.

(c) To assist in activities relating to diagnostic tests, therapeutic procedures, and rehabilitation.

Activities:

- i. To collect samples for diagnostic tests and examinations (feces, urine, sputum, blood, thick smear).
- ii. To record weight, height, and vital statistics.

psychiatry, tuberculosis, etc., will receive specific training after her general training is completed.

When an auxiliary is assigned to tasks for which she has not been previously trained, the assignment will be accompanied by precise instructions which are within the range of her comprehension.

- iii. To observe, note, and report to the appropriate person any symptoms, reactions, attitudes, and changes she may notice in both well or sick individuals.
 - iv. To prepare examinees according to the kind of medical care they require.
 - v. To assist the physician in examinations and treatment.
 - vi. To assist the physician during inspection of schoolchildren and to keep the health records of these.
 - vii. To help the physician and to make rounds with him.
 - viii. To seek the advice of the nurse and, in her absence, of the physician in evaluating the needs of the patient.
 - ix. To observe patients while they are eating and to report thereon.
 - x. To carry out orders concerning medication and treatment, including those which involve the use of apparatus such as a suction pump.
 - xi. To give treatment as indicated.
 - xii. To give injections according to medical orders.
 - xiii. To apply enemas and rectal catheters.
 - xiv. To carry out medical orders concerning pre- and post-operative patient care.
 - xv. To help individuals reincorporate themselves into their families and the community.
 - xvi. To take an interest in seeing that patients carry out the exercises prescribed by the physician or physiotherapist, and/or to help the patient to perform them.
- (d) To assist with health education, according to the needs of the well or sick individual and his family, at the level determined by her training.

Activities:

- i. To give basic health advice to the patient, his family, and the community.
- ii. To demonstrate simple nursing procedures relating to disease prevention and health promotion to individuals and groups (mothers' clubs and others), and to make home visits to families, previously selected by the nurse, for purposes of health education (to demonstrate how a newborn is bathed; to teach the correct way of preparing and administering formulas; to teach mothers to recognize abnormal signs in themselves and their families).
- iii. To help with first-aid lessons.
- iv. To help with health education and community development programs.

(e) To tell the patient, the family, and the community about the resources both in the institution and outside it, and to guide them on how to make better use of these services.

Activities:

- i. To guide mothers toward social and other institutions, if necessary.
 - ii. To inform the patient and the family as to the benefits which accrue to them from existing laws.
2. To participate in any administrative activities which the nurse may assign to her.
- (a) To participate in preparing the plan of nursing care for the patient, family, and community.
- (b) To perform simple administrative duties relating to the planning of her activities, such as reports, records, requisitions, and control of the environment.

Activities:

- i. To participate in the reports given at the change of shifts or, in the absence of the nurse, to handle them herself.
 - ii. To prepare the patients' diet list and deliver it to the kitchen.
 - iii. To ask for clean linens.
 - iv. To fetch laboratory test results.
- (c) To handle materials and equipment correctly and to assist with their care, maintenance, and conservation.

Activities:

- i. To prepare materials and equipment, including that to be sterilized, and to maintain stocks of these.
- ii. To operate the autoclave.
- iii. To clean, wash, and disinfect medical and nursing equipment as well as other equipment and materials (thermometers, gloves, apparatus).
- iv. To clean and keep tidy the patient's unit and generally to help the nurse in keeping the wards clean and tidy.
- v. To replenish the supplies on the treatment cart.
- vi. To prepare the consultation rooms.

3. Other responsibilities.

(a) To promote good personal relations and public confidence in the institution.

(b) In services used as practice areas for the training of auxiliaries, to cooperate with the instructors in demonstrating certain field practices previously selected by them.

2. Control of the Training and Practice of Nursing Auxiliaries

At the national level in the countries of Latin America there should exist a controlling body to define and enforce standards for the training and practice of auxiliaries. This in turn requires the enactment of legislation on nursing auxiliaries to be included in existing legislation on nursing.

In countries where there is no such legislation, an agency composed of nurses should be established at the national level, with the aim of controlling the activities and practice of auxiliaries.

For effective control, it is important that there be a National Nursing Board responsible for ensuring compliance with the law and for regulating practice.

The legislation, which should include a chapter on nursing auxiliaries, should cover the following aspects:

1. Definition of an auxiliary.
2. Functions of the auxiliary.
3. Separate salary schedule for auxiliaries.
4. Registration.
5. Rights and obligations.
6. Minimum standards for training and practice of auxiliaries.
7. Certificates.
8. Penalties.

To achieve the desired educational purposes, it would be advisable for the training centers which are now under health ministries or private institutions, to be progressively made part of an official educational agency staffed with qualified nursing instructors and sufficient financial resources to sustain them.

Regardless of which agency finances the training center or course, it is essential that the funds allocated be sufficient and constant, to guarantee that the training program will be carried out.

In special cases the program may be financed by institutions interested in the training and advancement of auxiliaries.

Chapter II

CURRICULUM

1. Duration

Bearing in mind the functions to be discharged by auxiliaries in the health services, it is recommended that their training extend over a period of not less than nine months,¹ which will be used for general training in both the preventive and the curative fields.

Additional training under the responsibility of the respective services is recommended for auxiliaries who are to work in special fields.

2. Time Distribution

The number of hours devoted to theoretical and practical instruction should not exceed 40 per week, or approximately 1,440 hours for the course. Of these, about one third should be used for the theoretical aspects, and the remainder for field practice.

3. Concepts and Assumptions on Which the Planning and Organization of the Curriculum Is Based

It was considered that:

1. The nursing auxiliary is a permanent and necessary member of the health team.
2. She has definite functions in nursing, for which she must be trained.
3. For such training the curriculum must be planned and organized in accordance with the basic principles of teaching and learning and must balance her needs and those of the activities she will perform.

¹ Many Latin American countries allow more than nine months for the training of auxiliaries. It is hoped that the general training courses may in the future be extended to 12 months.

4. The teaching and training of nursing auxiliaries should primarily be the responsibility of the nurse.

4. Objectives

General Objectives

To train nursing auxiliaries capable of effectively participating in the health services, according to the nursing needs and resources of the country.

Specific Objectives

A. In relation to the activities of the nursing auxiliary, to give the student the opportunity to acquire the knowledge and develop the necessary skills:

1. To recognize the importance of practicing good health habits, and of transmitting that knowledge to other persons.
2. To understand that both well and sick persons have physical, spiritual, emotional, and social needs.
3. To understand that the physical and emotional environments have a bearing on the health of individuals and of the community.
4. To collaborate in programs for the prevention of disease and the promotion and recovery of health.
5. To understand the importance of maternal and child care, and to participate in such programs in the community.
6. To provide nursing care to patients in the hospital, in the home, and in other institutions.
7. To give first aid.
8. To understand and identify problems relating to diet, and to collaborate in the teaching of individuals, the family, and community groups in this regard.
9. To carry out techniques of asepsis, and to sterilize materials and equipment.

10. To correctly handle the materials and equipment used in the services.

11. To understand her role as an auxiliary and the contribution which society expects her to make.

B. In relation to the student as a person:

1. To contribute to her development as a person and a citizen.

2. To lead her to understand the importance of acquiring attitudes which will help her to establish and maintain positive human relations that will contribute to her personal efficiency and success in her work.

3. To give her the opportunity to expand her general knowledge and her social and cultural interests, in order to attain a more productive and satisfactory life.

5. Formulation of the Study Plan

The curriculum for training nursing auxiliaries should be drawn up in accordance with the basic principles which govern any educational program. It should consist of a series of selected, planned, and inter-related learning experiences, and each area of the program should be taught in the light of the general objectives of the course.

In line with the stated objectives, the following areas are considered essential to a curriculum for auxiliaries: (1) general education and (2) nursing.

These areas could include the following aspects of education and nursing care:

1. General education and personal development of the student.

2. The family as a social unit and its health needs.

3. The patient and his needs as an individual and as a member of the family.

4. The mother, the child, and their health needs.

5. Programs of health promotion.

The extent to which the subject matter in each of these units should be studied will depend on the degree of importance it may have for

health, and on the duties that auxiliaries are to perform in each individual country.

Unit 1: General Education and Personal Development of the Student

1.1 Orientation to the training program, and the role of the auxiliary in the field of nursing and in the health programs.

1.2 General and applied ethics; etiquette; civics.

1.3 Home economics.

1.4 Motivation of behavior.

1.5 Means of communication and interpersonal relations.

1.6 Language.

1.7 Arithmetic.

Unit 2: The Family as a Social Unit and Its Health Needs

2.1 Constitution and organization of the family.

2.2 The human being as a biological-physical-social unit and his basic needs.

2.3 The concept of health and characteristics of the well person.

2.4 Structure and functions of the human body.

2.5 Influence of the environment on health.

(a) Basic knowledge of microbiology and parasitology.

(b) Environmental sanitation.

2.6 Health needs of the family.

(a) Personal and home hygiene.

(b) Nutrition.

(c) Accident prevention.

(d) Role of the auxiliary vis-à-vis the family she attends.

*Unit 3: The Patient and His Needs as an Individual
and as a Member of the Family*

3.1 Sickness.

- (a) Concept.
- (b) Characteristics of the sick person.
- (c) Principal causes of disease.
- (d) Most common diseases in the country, and main causes of death.

3.2 Concept of communicable diseases.

- (a) Most common communicable diseases in the country.

3.3 Community resources for patient care and rehabilitation.

3.4 Nursing care and the role of the auxiliary.

- (a) Principles and procedures of medical and surgical nursing.
- (b) Diets most frequently used in the treatment of medical and surgical patients.
- (c) Nursing techniques used in first aid.
- (d) Isolation techniques.

*Unit 4: The Mother, the Child, and Their
Health Needs*

4.1 The mother as the family nucleus; her interests and needs.

- (a) Essential information on conception, pregnancy, birth, and postpartum.
- (b) Nursing care and procedures to be used by the auxiliary in caring for the mother during pregnancy, delivery, and postpartum.
- (c) Laws to protect mothers.

4.2 The child and its interests and needs.

- (a) Essential information on the newborn, premature, and nursing infant, the weaned infant, the preschool and school-age child, and the adolescent.

(b) Preventive measures for preserving the health of the child; role of the auxiliary.

(c) Laws to protect children.

4.3 The sick child.

(a) Physical and emotional needs.

(b) Most common childhood diseases.

(c) Nursing care and procedures used by the auxiliary in caring for the sick child.

Unit 5: Programs of Health Promotion

5.1 Community health promotion resources; organization and operation of these services.

5.2 Essential knowledge of statistics used by health services.

5.3 Role of the auxiliary in preventive programs; basic nursing techniques.

Once these units have been accepted as a basic part of the curriculum for nursing auxiliaries, the next step is to determine how to teach these units so as to develop in the student an understanding of the concepts implicit in the units.

The students should understand the concepts that must be applied in giving care, which subsequently must be expanded and given greater depth during practice in the health services.

Planning and Organization of Learning Experiences

If the aim of education is to produce changes in the students' conduct, then the experiences furnished to them should give students an opportunity to practice the kind of behavior that is desired.

In organizing learning experiences in the health services, the objective of each practice should be established in relation to the general aim of the program and should obey the same principles as any other teaching.

The experiences planned should be adjusted to the students' capabilities and should be arranged in a logical order which brings out their sequence, continuity, and close connection with theory.

In connection with the units suggested in the program, the following experiences were recommended:

- (a) In relation to Units 1 and 2, observation visits to: health centers, hospitals, water treatment plants, sewage and garbage disposal services, pasteurization plant, and public markets and slaughterhouses.
- (b) In relation to Unit 3, practice in internal medicine, surgery, and communicable disease wards; as well as practice in outpatient department, admission service, central supply, operating room, dietetic service, and emergency service.
- (c) Unit 4 should include practice in maternal and child care services, including experience in the following areas: prenatal service, labor and delivery rooms; postpartum service; nurseries or rooms for the newborn; well baby service; pediatric ward.
- (d) In relation to Unit 5, practice in the preventive services, including experiences in: immunizations, home visits, clinics, and individual and group education.

The duration of each of these practices will depend on the total number of hours in the course, the complexity of the experiences, and the role which the auxiliary is to play in health programs.

The practice hours should gradually be increased until students work a complete shift.

It is further recommended that students acquire experience during the various shifts in the hospital, so as to gain a view of patient care during the full 24 hours, and to learn the various routines of the service.

For greater effectiveness of these practices, there should be perfect coordination between training centers and practice areas. The latter must be aware of the objectives pursued in each type of practice.

It is also essential for the students' practice to be supervised and evaluated by the instructors of the training center jointly with the nurses of the various services.

6. Evaluation

Evaluation is an important part of any and every educational process. Evaluation consists in objectively measuring to what degree the obtained results correspond to the planned goals.

In evaluation, one of the most difficult problems is the selection of methods capable of measuring objectively the total development of the student.

The most commonly used methods are: oral and written tests, the practical experience, interviews, reports, and presentation of papers.

In every evaluation made by the teacher it is advisable that the student participate actively.

Another way of gauging a student's progress and the effectiveness of the curriculum is to evaluate the quality of the work performed by the students who have completed the course.

The process of evaluation of both students and curriculum should be the object of continuing study by the faculty. They should also attempt to improve the methods used so as to gain a better appreciation of the students' development, introducing wherever necessary changes in the objectives, content, and method of teaching for the continued improvement of the educational program.

Chapter III

ORGANIZATION OF THE TRAINING CENTER

Most of the auxiliaries who work in health services entered them without having received the kind of training that ensures effective nursing care. Aware that this lack influences the quality of their work, it is the nurse's constant concern to provide these auxiliaries and new employees with opportunities to prepare themselves for the performance of their duties. An auxiliary should possess the knowledge, attitudes, and aptitudes that will allow her to participate intelligently in the health service. The candidates selected should therefore be capable of psychological and intellectual development and they must be provided with a favorable climate for such a development. This aim is attainable when training is planned and organized according to the same basic principles as underlie any good program intended to prepare persons for service. The name that will be given to such a training institution will depend on the terminology accepted in each country. For the purposes of the Seminar, as already stated in Chapter I, the term Nursing Auxiliaries Training Center was adopted.

I. Advisory Committee

It is recommended that there should be an advisory committee composed of persons representing education and health services, as well as the agencies financing and controlling the practice of nursing.

The authorities responsible for organizing the training center should promote the establishment of such a committee, which could be composed of representatives of the following groups: institutions which sponsor the educational program; the faculty, including the director; the agency responsible for controlling nursing education; and nursing staff of the practice areas.

Functions of the Advisory Committee

To solve the problems submitted to it by the director of the training center; to support the decisions she takes for the good of the program; and to promote the center's progress by every possible means.

2. Leadership

The director of the training center should be a nurse who is a graduate of a recognized school of nursing, has had experience in nursing—preferably in both preventive and curative services—and has also had advanced education and/or has experience in administration and education.

It is the duty of the director to promote the efficient administration of the training center; to draw up and revise its rules and regulations, jointly with the faculty, and ensure that they are complied with; to coordinate the activities in practice areas with the director of the school of nursing, so as to avoid conflict in the use of the training areas by nursing school students and students of the training center for nursing auxiliaries, to preside over the student selection committee, the advisory committee, and other committees that may be organized; to plan the curriculum jointly with the faculty; to draw up reports on the tasks accomplished; to ensure that there is a student health service; and to prepare and submit to the appropriate authorities the budget for the training center.

3. Personnel

The size of the training center will determine the number of personnel needed for direction, teaching, administration, and service. That number will be affected by the type of facilities it is decided to offer to the students (for example, whether or not it will be a boarding institution).

4. Teaching

The faculty should be composed of nurse instructors who are suitably oriented in the training of auxiliaries, who have worked in the field

of nursing they teach, and who have demonstrated teaching ability. It will be important for the training center to maintain an in-service education program, especially for nurse instructors with insufficient teaching experience, and to invite speakers or use other means to improve and promote the advancement of teaching.

The number of full-time instructors should be proportionate to the number of students; 10 students per instructor is the recommended maximum.

It may sometimes be desirable to invite representatives of other disciplines to lecture on certain subjects in the curriculum; for example, health education, environmental sanitation, nutrition, and so forth.

The duties of the nurse instructors are as follows: to participate in the planning and evaluation of the curriculum; to draw up and implement the program of the area for which they are responsible, in accordance with the general objectives of the curriculum; to plan, organize, and evaluate all educational experiences of the students under their responsibility; to interpret the objectives of the training center to the community; and to submit the reports on their activities to the director.

In addition to their specific duties of teaching in classroom and practice areas, the instructors should contribute to the social development of their students through frequent and constructive contacts so as to influence their personal appearance, manners, vocabulary, and other individual characteristics.

The faculty's working conditions should be in keeping with their responsibilities so that the training center may attract well-qualified members of the profession to the teaching staff.

5. Students

It is recommended that the minimum requirement for applicants should be six years of schooling. Candidates should be tested to determine whether their educational level corresponds to the certificates they present. Test results may be used for selection or to guide teachers on how much individual assistance a student will need.

The student must be healthy to enable her to absorb what she will be taught and to meet the physical demands of the work. Candidates should be required to undergo a medical examination at an official service selected by the training center.

Chronological age is not necessarily an indication of a person's degree of development. The desirable degree of emotional and intellectual development in a nursing auxiliary is generally reached by age 18 in Latin American countries, although some persons attain it even earlier. It is recommended that in no case should a person under 16 years of age be admitted to training, and that the decision in this regard should bear in mind the applicant's personal characteristics and the labor laws of the country concerned.

The applicant should be informed about the regulations governing the training program, and she should state in writing that she understands them and that she also understands the commitment she is assuming with regard to the agency sponsoring her studies, in cases where the agency requires repayment in the form of a fixed period of work in one of its institutions.

The regulations should specify the type of uniform to be used by students during training.

A check should be made to ascertain if a student has any home problem which would prevent her from taking the course or from adapting to the situations she will encounter.

The training center should promote all activities which will have a positive influence on the cultural, social, and spiritual development of the auxiliary. For example, a student organization should be promoted.

6. Committees

The director of the training center should be empowered to organize whatever committees she may deem necessary to improve the coordination and development of its activities.

1. Selection committee:

This committee should be composed of the director and the nurse instructors of the training center. Its purpose is to select applicants in accordance with established requirements.

2. Other committees:

As an example, a student health and welfare committee is suggested.

7. Teaching Facilities

The following minimum facilities are required for conducting a training program for nursing auxiliaries:

A. *Premises and Location*

The training center should be located in an environment propitious to study and to the physical and mental development of the students. Its capacity, facilities, and location should be adjusted to the number of students expected to attend and to the decision with regard to residence. It should also reflect the needs of the area.

In selecting a building, special attention should be paid to proper ventilation, light, temperature control, sanitary facilities, etc.

The premises should provide office space for the director, for the faculty, and for secretarial personnel. There should also be a room next to the director's office for receiving the public.

Demonstration Rooms

The training center should consider providing demonstration rooms for nursing and dietetics, and should as far as possible use the community resources needed for conducting the teaching program.

Classrooms

The capacity and equipment of classrooms should be estimated in terms of the number of students to be admitted and should allow for the possible growth of the center once the program is under way.

Library

The discussion on bibliography brought out the fact that there is a marked lack of textbooks for teaching nursing auxiliaries. It will therefore be necessary to prepare suitable teaching and reference material.

A library should be established in each training center. It should have a favorable environment with sufficient space, light, and other amenities conducive to study. A reasonable timetable should be established so that both students and teaching staff may make the broadest possible use of this facility.

Rooms for Recreation and Rest and Outdoor Areas

Consideration must also be given to rooms for recreation and rest, and to outdoor areas for sports, to promote the physical and mental well-being of the students and the staff.

Health Services

These should include equipment and material for the health education of the student and facilities for physical examinations, immunizations, and care in cases of illness not requiring hospitalization.

Dining Room

A space should be available for meals or snacks, depending on the conditions of the institution.

Sanitary Facilities

Sufficient sanitary facilities should be provided and located in suitable places.

Other Facilities

In addition to the facilities mentioned, there should be storage lockers for materials and equipment, additional areas for cleaning equipment, for laundry, lockers for the students' uniforms, and shelves for teaching material.

When the institution boards students, there should be a kitchen and other services, and dormitories and recreation rooms proportionate to the number of students. For day students a room with individual lockers, provided with a padlock and keys, should be available for storing their personal belongings.

B. Transportation

Transportation should be available to take students and faculty to the various places in which activities are planned.

C. Teaching Materials, Equipment, and Facilities

The training center should have, in addition to the premises, the necessary material and equipment for administrative and teaching activities required to achieve the goals of the training program.

8. Relationships with Other Institutions

Health services with well-organized nursing departments whose personnel can assist with the teaching of students should be selected for practice areas. They should offer complete care to a sufficient number and variety of patients.

To ensure that all necessary learning experiences are available, good relations should be promoted with other institutions. This will permit a better interpretation of the objectives to be reached, and will promote a healthy interchange of ideas between the personnel of such institutions and the teaching center.

9. Records and Documents

The training center should prepare and keep up to date the records of all students, of the faculty, and of administrative and service personnel. Such records should be kept at the center for a reasonable period of time, and a summary of the more important data should be placed in the permanent files.

1. Students:

The documentation on students should include: personal data on admission, health, evaluation, personal interviews, and grades obtained in theory and practice.

2. The faculty:

There should be a file for each member, which should contain: information on educational background and experience; general data, including health; date of appointment, promotions, and membership in professional organizations; job description. A list should also be kept of resource personnel that can be called upon to assist in carrying out the training program.

3. Administrative and service personnel:

The records should include personal and health data, date of appointment, promotion, if any, and a job description.

10. Budget

Because of the variety of economic, social, and cultural resources in the different Latin American countries, it has not been possible to arrive at uniform conclusions about the financing of the training center.

In each country the agency responsible should formulate a long-range plan, for at least three years, for the training of nursing auxiliaries in accordance with the country's capacity to absorb them.

The afore-mentioned plan would serve as a guide for the sponsoring agency regarding the budget allocations necessary for teaching and future placement of auxiliaries in the services.

In preparing the annual budget for the center, the following factors should be taken into account: number of students to be trained per year; facilities to be offered (fellowships, uniforms, transportation, food and lodging, laundry, etc.); salaries of the faculty, both full time and part time, which should be calculated in accordance with their qualifications and duties, bearing in mind the number of each category that will be needed according to the number of students; salaries and number of both administrative and service personnel, according to the size of the training center; and social benefits and allowances for all the paid staff (retirement, termination, social security, bonus, etc.).

An estimate should also be made of rental costs if the building is not owned; maintenance, furnishings, and equipment; future purchases of teaching and recreational equipment and materials; expendable supplies; costs of telegram, telephone, and postal services; transportation; laundering of uniforms; food, where applicable; and health services.

An amount not exceeding 5 per cent of the total budget should be added for contingencies.

When this administrative step has been taken, it will be possible with a well-managed budget to establish the actual cost of training a nursing auxiliary. Such information will aid in estimating the funds that will be needed in the future. In making the estimate of the cost per student, every investment made in each student should be borne in mind regardless of whether or not it is financed from the center's budget. Thus the estimate should include the rental of premises, even if the building is owned, and the salary of any employees paid by other institutions, and so forth.

Chapter IV

SUMMARY

A summary of the principles governing the training of nursing auxiliaries set forth in this document is as follows:

1. The nursing auxiliary is regarded as an essential and permanent member of the health team and forms a part of the nursing team.

2. A nursing auxiliary is defined as a person who has been trained in an officially recognized program to participate, under the direction and supervision of a nurse, in those health service activities that require less scientific knowledge and technical ability than is required of a nurse.

3. Auxiliaries should be prepared in training centers having programs of not less than nine months' duration. If a nursing auxiliary is called upon to carry out an activity for which she was not trained, she should receive additional specific training under the responsibility of the service in question.

4. Through national health planning, the country's needs for nursing personnel should be determined. A suitable proportion between nurses and auxiliaries should be established and an estimate made of numbers of the latter which will be needed in order to proceed with the training of presently employed untrained auxiliaries and of sufficient additional personnel for new positions, according to the country's capacity to absorb them.

5. The training of nursing auxiliaries should be the direct responsibility of nurse instructors. They should be assisted by nurses in the services, and by representatives of other disciplines, whenever desirable.

6. The training program should be planned and organized according to the basic principles of teaching and learning, and should preserve a balance between the skills and aptitudes required for the development of the student as a person and those required for carrying out her functions as an auxiliary.

7. The geographic location of the training center should be selected bearing in mind the needs of the area and the existence of minimum acceptable conditions for teaching.

8. To avoid uprooting the students, they should be recruited, selected, and trained as close as possible to their future place of work.

9. A training center should be located in suitable premises and should have appropriate teaching materials and equipment, as well as transportation facilities.

10. Both students and curriculum should be constantly evaluated by the faculty in order to introduce needed changes in objectives, content, and teaching methods for the continued improvement of the educational program.

11. Training centers for nursing auxiliaries should be supervised by an official educational agency.

12. Regardless of which agency finances the training center or training courses, it is essential that the funds allocated to them be constant and sufficient to ensure the operation of the training program.

13. There should be an agency at the national level, composed of nurses, to define and enforce standards, and to guide and control the training and practice of nursing auxiliaries, in accordance with the country's needs and resources.

14. A section on the training and practice of nursing auxiliaries should be introduced into the nursing legislation of each Latin American country.

Annex 1

Number of Courses or Schools for Nursing Auxiliaries in Latin America, by Funding Institution or Service, 1962-1963

Country	Total	Ministry of Health	Ministry of Education	University	Nursing School	Hospitals	Private and religious groups	Other (e)
Argentina	7	6	—	1	—	—	—	—
Bolivia	2	1	—	—	—	—	1	—
Brazil	61(a)	—	30	—	—	3	15	3
Chile	26	23	—	1	—	—	2	—
Colombia	25	4	1	2	1	12	4	1
Costa Rica	1	1(b)	—	—	—	—	—	—
Cuba	19	19	—	—	—	—	—	—
Dominican Republic	2	2	—	—	—	—	—	—
Ecuador	3	1	—	—	—	—	—	2
El Salvador	4	4	—	—	—	—	—	—
Guatemala	8	7	—	—	—	—	1	—
Haiti	No regular training for this type of personnel							
Honduras	2	2	—	—	—	—	—	—
Mexico	16	16(c)	—	—	—	—	—	—
Nicaragua	2	—	—	—	—	—	—	2
Panama	1	1	—	—	—	—	—	—
Paraguay	2	2	—	—	—	—	—	—
Peru	10	8	—	—	—	—	1	1
Uruguay	2	2	—	—	—	—	—	—
Venezuela	26	26	—	—	—	—	—	—
TOTALS	219(d)	125	31	4	1	15	24	9

(a) Data for Brazil are incomplete and do not refer to short courses for auxiliaries in the public health services. Some data were received on 61 schools. No information on these items was received from 10 schools. Schools sponsored by the Ministry of Education also received financial assistance from national or local health services, state governments, religious groups, or international agencies.

(b) Also receives financial assistance from the Social Protection Board.

(c) Fifteen of these also received financial assistance from State Coordinated Services and international agencies.

(d) Information on these items not available on 10 schools in Brazil.

(e) Includes state or provincial health departments, national training service, social security, social assistance and welfare board, and military hospital.

Annex 2

Number of Courses or Schools for Nursing Auxiliaries in Latin America by Admission Requirements, Duration of Course, Number of Hours of Theory and Practice, and Type of Nursing Personnel Trained, 1962-1963

Country	Admission requirements: number of years of schooling	Course duration, in months	Minimum and maximum hours for the course in each country			Total	Number of courses in which auxiliaries are trained for service in:		
			Total hrs. Min. Max.	Theory Min. Max.	Practice Min. Max.		Hospital	Public health	Polyvalent
Argentina	7	9-11	1,045-1,588	175-480	870-1,297	7	1	—	6
Bolivia	6	9	446-1,153	196-543	250-610	2	—	—	2
Brazil	5	18	1,298-2,727	225-421	1,020-2,472	60(1)	60(1)	—	—
Chile	9	9	2,002	380	1,622	26	16	10	—
Colombia	5	12(2)	1,144-1,750	600-622	522-1,150	25	1	—	24
Costa Rica	8	9	1,210	250	960	1	1	—	—
Cuba	6	8	1,212	340	872	19	19	—	—
Dominican Republic	8	9	834	323	511	2	1	—	—
Ecuador	4-6	6-9	.....	.....	.....	3	1	—	1
El Salvador	6	12	1,300-1,400	400-500	900	4	4	—	—
Guatemala	6	4-10.5	806-1,249	263-385	438-959	8	7	1	—
Haiti	.....	.....	.....	.....	No regular training for this type of personnel	.....	.....	.....	.....
Honduras	6	6-9	928-1,940	175-400	753-1,540	2	1	1	—
Mexico	6	3-6	565-1,026	143-371	422-655	16	16	—	—
Nicaragua	6	6-9	1,350	430	920	2	2	—	—
Panama	9	8	1,303	722	586	1	—	—	—
Paraguay	6	9	1,515-1,320	495-570	950-1,020	2	—	—	2
Peru	3-8	6	860	260	600	10	9	—	1
Uruguay	10	12	1,660	770	890	2	1	1	—
Venezuela	6	4-10	674-2,628	194-900	480-1,728	26	25	—	1
TOTALS	4-10	3-18	446-2,727	143-900	250-2,472	218	165	14	39

- (1) No information available on one school, and no data on short courses for auxiliaries for public health services.
(2) Of the 25 courses, the duration of three is as follows: 13 months (1,890 hrs.), 15 months (2,380 hrs.), and 20 months (3,200 hrs).
... No data available.

Annex 3

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