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FINAL STUDY GUIDE FOR FINALISTS. 1965. Mr. Hutley

The object of this guide is to give some help during the period in which you must gain and consolidate the bulk of your knowledge for the Final Examination- the period between the 3rd Year and Final Revision Blocks.

The work of the Final Revision period is to review and confirm what you already know. The area covered by the Final Examination is potentially the whole of the fields of medicine and surgery, together with the allied subjects - pharmacology, dietetics, radiology etc - which are inseparable from them. To gamble on a last frantic "swot" is unrealistic, as the Final Revision Block can only offer you three clear weeks of study before your examination.
Too little and too late.

All students rely on a bit of luck to help them over the hurdle, but the point is that without 8 or 9 months of honest effort behind you, you want to be in a position to take advantage of the good luck even if it comes your way - and how much less will you be ready to cope with bad?

The time to begin your programme is now, on return to your hospital. Every fact you learn well in the next 20 weeks will relieve your mind of part of the burden and anxiety borne by the "last- minute Charleys" towards the end of the year. Go to it with a good will and without haste. The choice is simple. A long, cool walk to success, or a short feverish sprint into ..... ?

SUGGESTIONS FOR EFFECTIVE STUDY.

Effective study is that from which you clearly gain, and can demonstrate that you have gained to your own satisfaction.

Most students are acquainted with the feeling that an hour or so spent with a textbook has been sheer waste at times. Not a thing of any value has been retained. This is inneffective study, and it is a common problem.

Here are a few suggestions for improving the situation:

1) Study for a fixed time, and then stop. Not setting a limit can make you feel bored and exhausted almost from the beginning.

2) Do not exceed 2 hours at a stretch. This means that you should then get up, go out, eat, or relax in whatever way suits you. If you want to put in another hour later on in the day, that will still be valuable. But long periods without an adequate break are just so much waste effort. The brain acts like a bucket - once it is full, it runs over.

3) Study with a purpose.
This is a vital point, although students often miss it. Your purpose is not 'to study something' or 'to read up on medicine'. This leads you to open books at random, read at random, and fall asleep. Your purpose must always be as precise and definite as you can make it.

a) "Tonight I will memorise the causes of an intestinal obstruction. Then I will review the affects upon the patient, and make a study of the surgical and nursing care given".

b) "After supper I shall learn the main action, average dose, and toxic effects of:-

Morphine	Aspirin
Pethidine	Phenacetin
Codeine	Butazolidine

These are samples of good specific study assignments. The difficulty is in determining just what you intend to do before you open a book. And it is to overcome this difficulty that a series of suitable study topics are set out on following pages.

(cont)....

STUDY GUIDE FOR FINALISTS

Suggestions for Effective Study (cont).

4. Discuss what you learn. Go over the ground with colleagues or friends. Have a textbook handy and refer to it after asking (and answering) questions. In this way many errors arising from private study are corrected, interest is maintained, and laughter often finds a place. Don't worry too much that you don't seem to gain a lot from this method - learning takes place although you may not be aware of it at the time.

5. Repeat what you learn. The best way of doing this is by sitting down to answer an old examination question on the topic you have studied. It is not necessary to always do this in full, except for practice by the clock. Plan the answer, develop a page of headings and sub-headings, and make brief notes on what would go down beneath each heading. In this way you do not merely repeat the knowledge as you learned it, but apply it to a nursing situation, which is what you must do in your examination.

6. Be clear about the kind of learning required.
   a) Some things must be memorised.
   b) Some things require only a grasp of one or more essential points.
   c) Some things must be learned in full detail.
   d) Some things require your clear understnading only, and memorising or learning in detail is unnecessary.

Examples.

(of - a) Dosage of drugs. Memorising from textbook or experience in their use is your only course.

(of - b) Surgery of the prostate gland.
There are 4 surgical approaches to the prostate gland, and several different types of operation. It is only necessary to know the names of these approaches (transvesical, prevesical, perurethral, etc.) and briefly what is involved.

(of - c) Pre and post operative surgical and nursing care of a patient for prostatectomy.
This must be thoroughly learnt in detail.

(of - d) Anaemia
There are a great number of anaemias described. Once it is clearly understood that all severe anaemias produce the same basic signs and symptoms in the sufferer, then only the special effects of particular anaemias need be studied, and the common signs, once learnt, are applied to all.

A moments thought will usually suffice for you to decide into which of these categories any aspect of your study falls. Ask yourself the questions:
- Does this need committing to memory?
- Do I need to know it in detail, or just the main points.
- Can this knowledge be applied in many other situations?

If in real doubt, make a note and ask your tutor. You cannot afford waste effort.

Summary:

1. Study for a fixed time, and then stop.
2. Do not exceed 2 hours at a stretch.
3. Study with a clear purpose.
4. Discuss what you learn with friends.
5. Repeat and apply what you learn.
6. Be clear about the kind of learning required.

One more:
7. Do it often.
   A grand slam once a fortnight may ease your conscience, but does little else.

(cont).....

STUDY GUIDE FOR FINALISTS (cont).

SUGGESTED LIST OF TOPICS FOR STUDY.

Specific Study Assignments.

1. For a large number of conditions it is best at your stage of training to try to see disease and treatment as a whole. Thus in the study of peptic ulceration you should use both medical and surgical textbooks or notes; study the picture presented by the medical text; note the indications for surgery; and then turn to the surgical text. The general nursing care, investigations, observations, drugs, diet, and other therapy should be learnt and compared in order to see the logic that connects them wherever possible. Some of the topics below are planned for this form of study. (List B.)

Non-specific Assignments.

2. There are, however, a number of other topics of special importance to nurses which form very useful items of study separated from the consideration of any one specific condition - a selection of these is separately listed. (List A.)

LIST A. ITEMS. (Suggestion: Study one group a month).

1. Use of X-rays - types - straight
   i) meaning of term
   ii) preparation of patient and care during and after procedure.
   iii) Drugs used.
   iv) Purpose and information gained.

   -fluoroscopy
   -tomogram
   -bronchogram
   -arteriogram
   - Barium meal and enema
   - cholecystogram
   - pyelogram - I.V. & retrograde.
   - encephalography

2. Endoscopy

   - ophthalmoscopy, auroscopy
   - laryngoscopy, bronchoscopy
   - gastroscopy
   - proctoscopy, sigmoidoscopy

3. Renal Function tests.

   i) definition
   ii) procedure
   iii) information gained.

   - Blood urea estimation
   - urea clearance test.
   - urea concentration test.
   - concentration and dilution test.
   -cystoscopy and retrograde pyelogram

4. Urine

   Specimens - midstream, catheter, 24-hour.
   Examination - chemical abnormalities - sugar etc.
   bacteriology - common infecting organisms,- treatment, antibiotics and drugs used.
   Terms - retention, suppression, anuria, polyuria, pyuria etc.
   Testing, observations, reporting.
   Causes & treatment of:- Retention - acute, chronic.
   acute renal failure
   haemorrhage
   frequency

(cont).....

Suggested List of Topics for Study (cont).

5. Faeces

Specimens - normal, abnormal, Collection of.
Examination - occult blood, fat estimation
- common infecting organisms.
drugs and antibiotics used.

Observation and reporting. Safe disposal of faeces.

Causes.(common) and general treatment of:
diarrhoea
constipation
impaction.
absolute constipation

6. Vomitus

Normal gastric contents - abnormalities
Collection of a specimen.
Common causes of vomiting
General treatment and drugs used to control vomiting.
Terms:- effortless, projectile, retching.
alkalosis and treatment.

7. Haemorrhage

Primary, reactionary, secondary.
Common causes and treatment of:-
Haematemesis, melaena, haemoptysis, epistaxis, petechiae and purpura, haematuria.
Principles of Control of haemorrhage.
Use of - styptics, tourniquets
- heat, rest.
- ice.
- morphine
- ligature
- transfusions
- elevation and pressure

8. Infection

Terms - infection, immunity, inflammation, suppuration, ulceration, gangrene, fibrosis, infectious disease.
Spread of Infection in community.
Cross-infection - in hospital ward
Methods of control in community - in ward.
Isolation technique - barrier nursing - current and terminal disinfection.
Protection against Infectious Diseases by : vaccination, immunisation

9. Drugs in Common Use

Learn:

a) Rules governing prescription, administration, and storage of dangerous drugs.
b) Principles of treatment of poisoning and coma.
c) Rules for calculating: I.V. drip rate and time.
- dilution of a lotion
- dose from stock ampule or tablet.
- dose for child

(cont).....

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GROUP 5.

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Suggested List of Topics for Study (cont).

Learn - one line a week

Learn - usual dose action, typical uses, toxic effects

These drugs are grouped for convenience of study.

a) Digitalis and digoxin
b) Coramine (nikethamide)
c) Aminophylline
d) Chlotride. (nikethamide)
e) Sulphamethazine. Sulphatriad. Pthalylsulphathiazole
f) Lederkyn. Urolucosil. Carbachol. Mist. Potass. Citrate.
g) Amyl nitrite, Tolazoline (Priscol).
h) Reserpine. Darenthin. Ismelin
i) Adrenaline. Noradrenaline. Ephedrine. Mephine. Aramine.
j) Heparin. Dindevan. Protamine Sulphate. Vit. K1.
k) Ferrous gluconate. Imferon
l) Vit. B12. Folic acid.
m) Mercaptopurine. Methotrexate.
n) Morphine. Pethidine. Omnopon, Codeine. Nalorphine.
o) Aspirin. Sodium salicylate. Phenacetin. Butazolidine.
p) Seconal. Soneryl. Amytal. Pentothal. Paraldehyde.
q) Phenagan, Chlorpromazine. Dramimine. Histamine
r) Picrotoxin. Megimide. Daptazole.
s) Atropine. prostigmine Propantheline.
t) Thyroid ext. Neo-mercazole. Lugol's iodine.
u) Cortizone. Prednisolane. ACTH.
v) Pituitrin. Pitressin. Stilboestrol.
w) Prophylaxis - in Diptheria, tetanus, pertussis, gas gangrene.
x,y & z) Common antibiotics.

General Principles of Pre and Post Operative Care.

A sample of these principles is given below.
Note: These are general principles. They must be thoroughly learnt, and then used as a basis in answering particular questions. The wording and intent of the questions will determine what additions, subtractions, or special emphasis must be made.

Pre operative management.

Steps - 1. Definition of condition.
2. Brief introduction of patients situation in ward and establishing Nurse - patient relationship.
3. Aims of pre-operative treatment.
4. General hygiene
Care of skin, Diet, Urine, Bowels, Charting.
5. Prophylaxis against complications.
a) Pulmonary - T.P.R.
Mouth, teeth
Breathing exercises
Time of meal pre-op.
b) Shock - B.P.
Correction of anaemia
Glucose fluids
Sleep, Sedation, pre-operative
Medication and allow patient to rest after injection
Reassurance
c) Urinary - Urine tests.
Fluid blaance chart
Bladder empty before going to theatre.
d) Sepsis - Care of skin - Care when shaving
Examine skin for lesions etc.
Diet - Vitamin C. proteins
Cleansing and aseptic
Skin preparation (include here romoval of jewellery etc. op clothes, canvas etc.)

e) Other investigations and Chemotherapy treatment may order as- Catheter in situ, Gastric suction, I.V.I. etc.

6. Preparations for transport to theatre
   a) check time with theatre before giving pre-operative medication
   b) check anaesthetic form is signed.
   c) complete filling in operation slip
   d) accompany patient to theatre
   e) present history, charts, X-rays, Pathology reports and operation slip to Anaesthetist.

   OR - if you wish you could give more detail in"general hygiene" covering prothylaxis against complications then -

7. Investigation, chemotherapy and other special treatment ordered by Doctor.

8. a) Preparation evening before operation.
   b) preparation morning of operation.

9. Preparation for transport to theatre.

Post operative Management

Steps - 1. Definition.
2. Aims of treatment.
3. Care of anaesthetised patient and observations (in detail)
4. General Management
   a) On recovery from anaesthetic.
   b) General Hygiene - Care of skin, mouth, urine, bowels, position and any other relevant details may be included here - as diet, fluid balance, prophylaxis against complications.
5. Observations for the onset of complications charts - T.P.R. & B.P.
6. Special treatment ordered by Doctor.
   e.g. a) Any special procedures as I.V.I. Gastric Suction etc. (Give the management)
   b) Chemotherapy - give dosage and state why each drug is given.
   c) Care of wound etc. - removal of sutures.
   d) Investigations - e.g. residual urine, blood urea etc.
7. Convalescence - when patient can swing legs, become ambulatory etc. and any other relevant details.

LIST B ITEMS For continuous study.

Study Note.

a) In general, signs and symptoms, causes, cause of disease and complications should be dealt with as quickly as possible, aiming for a clear and simple grasp of the condition and its outcomes.
b) For surgical operations, concentrate on the essential points only - nature of operation, name if common, position on table, incision area, provision of drain tubes as other special aspect, anaesthetic usually used.
c) Study carefully and fully all special aspects of medical nursing and surgical nursing care, including common investigations and tests, drugs, diet, radio or other therapy, prevention and treatment of complications, re-education and rehabilitation. The general principles of nursing care you should already understand, and be capable of applying intelligently.

GROUP I

The Head and Neck Medical/ Surgical

a) Head injury and skull fracture.
Fracture of jaw.
Cerebral abscess. Cerebral tumour. Meningitis.
Epilepsy. Convulsions. Hydrocephalus
Craniotomy. Cerebro- vascular accident.

(cont).....

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Group 1.

The Head and Neck (cont)

b) Sinusitis - antrostomy
Septal deviation - submucous resection
Cleft lip and palate.
Tonsillitis and quinsy. Tonsillectomy.
Laryngitis. Laryngeal obstruction. Tracheostomy

c) Otitis. Mastoiditis, myingotomy, Mastoidectomy
Otosclerosis - operations for Labyrinthitis.

d) Conjunctivitis. Blepharitis. Iritis.
Cataract. Glaucoma

e) Thyrotoxicosis. Thyroidectomy. Myxoedema.
Cysts of neck. Torticollis. Cut throat. Broken neck.

GROUP 2

The Chest — Medical Surgical

a) Laryngo - tracheo - bronchitis.
Bronchitis and broncho-pneumonia. Pneumonia.
Asthma. Atelectasis. Bronchiectasis. Emphysema.
Tuberculosis - Pleural effusions.
Thoractomy . Lobectomy

b) Chest injury - pneumothorax
Pulmonary embolus.
Cancer of bronchus.
Cancer of breast - radical mastectomy

c) Atrial fibrillation and flutter.
Coronary disease. Mitral stenosis.
Sub - acute bacterial endocarditis.
Cardiac asthma. Congestive heart failure.
Aortic aneurysm. Heart block.
Hypertension. Gangrene

GROUP 3 .

The Abdomen. — Medical/Surgical

a) Peptic ulcer - partial gastrectomy.
Haematemesis. Pyloric stenosis (infant and adult)
Ca. stomach. Hiatus hernia.

b) Appendicitis. Appendix abscess. Peritonitis.
Paralytic ileus. Intestinal obstruction. Hernias.

c) Diverticulitis. Ulcerative colitis. Ca. colon.
Colostomy. Ca. rectum.
Haemorrhoids. Imperforate anus.

d) Cholecystitis. cholecystectomy. Jaundice.
Liver abscess. Scirrhosis. Pancreatitis.

GROUP 4.

Renal and Pelvic — Medical/ Surgical

a) a) Acute nephritis. Nephrotic Syndrome. Chronic nephritis. Uraemia.
Pyelonephritis. Hydronephosis T.B. Cancer of Kidney. Renal calculi.

b) Cystitis. Papilloma of bladder. Prostatic obstruction. Prostatectomy
Urethral stricture. Hydrocoele.

c) Menstrual disorders, Ectopic pregnancy.
Uterine displacement. Vaginitis. Salpingitis.
Abortion. Ca. cervix. Hysterectomy. Radiotherapy.
Cystocoele and rectcoele. Swabs and smears.

(cont).....

GROUP 5.

Miscellaneous.

Skin and bone, and joint.

a) Hyperpyrexia and hypothermia.
b) Scabies. Ringworm. Thrush Impetigo.
Eczema. Dermatitis. Acne. Urticaria.
Rodent ulcer. Lupus vulgaris.
Burns and scalds. Skin grafting.

b) Rheumatic fever. Rheumatoid arthritis. Osteoarthritis.
Fracture of ribs, skull, spine, pelvis, femur,
Slipped disc. Slipped epiphysis. Meniscetomy

c) Blood
Anaemia. - iron deficiency. Haemmorrhagic, Pernicious
haemolytic, aplastic, Polycythaemia.
Leukaemia - acute and chronic. Agranulocytosis.
Purpura - Thrombocytopenic. Symptamatic.
Haemophilia.

d) Muscle - Sarcomas Neuritis.
Nerve Myasthenia. gravis. Poliomyelitis.

e Nutritional and Metabolic

Vit. B, C, D, K deficiency.
Malnutrition. Obesity. Steattorrhoea.
Diabetes mellitus. Addison's disease. Acidosis.
Cushing's syndrome. Tetany. Gout.

f) Common infectious diseases and fevers.

One Last Word:

This guide taken as a whole seems a very big order indeed, Its very size and length may incline you to throw it aside. Don't be tempted.
Remember that it is a selection made from a vast field to aid you in your work of preparation. Take it like strong medicine - a little at a time, and you will benefit from it.