

Editorial

The *Journal* has again had a very productive year. We received 495 papers and have published 286.

Dr Suhel Hasan was the successful recipient of the *JLO* Fellowship to attend the British Academic Conference in Otolaryngology held in Manchester in July. Mr R. M. Irving won the *JLO* Travelling Fellowship for 1995 and recently completed a successful visit to Professor Ugo Fisch in Zurich. His report will appear in a future issue. The 1995 *JLO* Visiting Professor, Nadaki Yanagihara, will visit the UK in May 1996 and will deliver three lectures, one of which will be at the Royal Society of Medicine.

I welcome Martin Bailey, Liam Flood, Pat Bradley and Nick Jones who will be joining the Assistant Editors in January and thank all the Assistant Editors, Pathology, Audiology and Radiology, and Statistics Advisers for all their hard work during the year.

The *Journal* particularly would like to congratulate Professor Valerie Lund on her appointment to a personal chair in Rhinology at the University of London.

The following have kindly acted as referees during 1995. I am conscious of their generous assistance and thank them all.

M. Bailey
P. Bailey
P. Bradley
G. Brookes
P. Bull
T. Bull
R. Carter
Professor R. Cartwright
R. Coles
C. Croft
Rosalyn Davies
G. Evans
R. Felix
L. Flood
M. Gore
M. Harries

T. Harris
M. Hawthorne
D. Howard
P. Johnson
J. Leigh
R. Maw
Grace McGee
D. McMillan
D. Mitchell
D. Moffat
Anne Moore
V. Novelli
G. O'Donoghue
A. Pahor
M. Patton

Alison Perry
Eva Raglan
Professor P. Riches
G. Robbins
G. Scadding
D. Shaw
Susan Snashall
N. Stafford
M. Stearns
J. Topham
M. White
J. Wilson
Elizabeth Wong
D. Wright
R. Youngs

Inga McKenzie, our sub-editor, retired during the year and has been replaced by Jennifer Almond. I am grateful to them both and in particular to Gillian Goldfarb, our production editor and to my secretary Lisa Hobden.

Finally, I wish to thank all our contributors and readers for their continued support of the *Journal*. May I wish you all a very Happy Christmas and a successful New Year.

Neil Weir
Editor

Editorial

Time to think about nurses in ENT

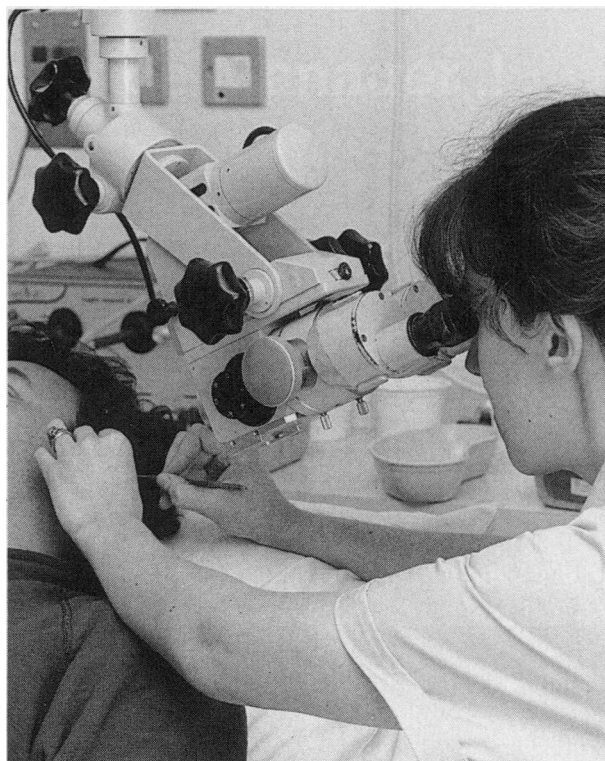
Nurses are seeking to redefine and to expand their clinical activities (Salvage, 1995). ENT surgeons need to consider the implications of the changing work patterns of nurses so that they may take advantage of the new opportunities that arise. The development of specialist nurses or nurse practitioners in ENT may have consequences for outpatient and inpatient activity. Some tasks presently performed by junior doctors may come to be seen as jobs for specialist nurses.

The nursing expertise available in ENT Outpatient Departments varies from hospital to hospital. In some departments specialized nurses carry out a great number of independent duties in a way that fully complements any medical treatment that may be needed. This work is satisfying and fulfilling. In the least fortunate departments an untrained auxiliary may be on hand to usher patients and to make tea.

Nurses should be encouraged to do nursing! Administrative tasks must not be most of their work. Clerical activity to match records, results of investigations and appointments is the province of clerks and medical records officers. Outpatient departments must have proper nursing treatment areas.

Nurses in ENT clinics should be trained to use head mirrors and the microscope for aural toilet. Might there not be some merit in limited nurse prescribing rights for aural preparations? If it is presently acceptable for nurses to remove nasal packs why should they not also receive instruction in the basic ENT surgery skill of inserting them? Is it really necessary for trained nurses to wash instruments all afternoon for want of a satisfactory system of sterile supply?

Contemporary ward admission procedures and the copious nursing notes associated with 'the nursing process' mean that the traditional list of questions asked during the medical clerking is something of a duplication. Indeed, patients (or their parents) are often puzzled by this and will say that they have already answered all of those questions before. There are examples from other specialities where, as an expedient to overcome the shortage of house officers, specialized nurses were successfully employed to clerk routine surgical admissions (Dowling *et al.*, 1995). In many day-surgery departments the formal house officer clerking has been abandoned to be replaced by a process which includes explanation and consent in the outpatient department, nursing admission and anaesthetist pre-assessment. This might form a model for the



admission process for other inpatients who are otherwise fit and well.

Junior doctors perhaps better described as 'specialists in training' have a great deal to gain from an increasingly collaborative approach from nurse practitioners. More of their time would be available for supervised clinical training in outpatient departments and in the operating theatre. Ward work will however continue to occupy much of the day, in addition to which close medical supervision of the newer aspects of nursing activity will be needed. The job satisfaction of the specialist nurse might be such that experienced nurses will find enjoyable and possibly well remunerated work that keeps them close to the patient.

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References

- Dowling, S., Barrett, S., West, R. (1995) With nurse practitioners, who needs house officers? *British Medical Journal* **311**: 309–313.
Salvage, J. (1995) What's happening to nursing? *British Medical Journal* **311**: 274–275.