



NATIONAL CONFERENCE 2019

BOOKLET ON “REDEFINING NURSING”

21st and 22nd November 2019



Organized by

MAHARSHI KARVE STREE SHIKSHAN SAMSTHA'S

SMT. BAKUL TAMBAT INSTITUTE OF NURSING EDUCATION

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Our Faculty



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CONFERENCE BROCHURE

Schedule (Day-1)

21 st November 19		
Time	Session	Resource Person
8:00-9:00am	Registration & Breakfast	
9:00-10:00am	Overview of redefining nursing	Dr. Meena Ganapathy, Principal, MKSSS.BTINE, Pune
10:00-10:30am	Inauguration of conference & Briefing about theme of the conference	
Tea Break		
10:45-11:30am	Redefining and optimizing the policy development	Prof. Swapna Joshi Vice-President, TNAI Mumbai
11:30-12:30pm	Redefining nursing practice	Dr Mrs. Phalakshi Manjrekar, Nsg Director, Hinduja Hosp. Mumbai
12:30-1:00pm	Lunch	
1:00-2:00pm	Plenary session 1- Impact of redefining policy and nursing practice- Mrs. Nupoor Bhambid & Faculty BTINE.	
2:00-3:00pm	Group activity and discussion	
3:00-4:00pm	Paper and poster presentation	
Tea Break		
4:15-5:30pm	Entertainment programme	

Schedule (Day-2)

22 nd November 2019		
Time	Session	Resource Person
8:00-9:00am	Breakfast	
9:00-10:00am	Redefining nursing education	Dr. Sharadha Ramesh Director, Symbiosis CON, Pune
10:00-11:00am	Rebuilding the nursing image	Ms. Ajitha PS, Chief Operating Officer, Avitis Institute of Health Sciences, Palakkad, Kerala
Tea Break		
11:15-12:15pm	Plenary session 2- Impact of redefining education and nursing image - Dr. Shubhada Ponkshe & Faculty BTINE.	
12:15-1:00pm	Lunch	
1:00-2:00pm	Group activity & discussion	
2:00-3:00pm	Presentation of group activity	
3:00-4:00pm	Panel discussion- Redefinition of nursing from nursing students' perspective.	
4:00-5:00pm	Valedictory Dr. Neelam Bansode ADHS, Maharashtra	



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ON**

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**MKSSS's SMT. BAKUL TAMBAT INSTITUTE OF
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NAAC Accredited

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Website: www.mkssbtine.ac.in



VENUE

**MKSSS's Dr. Bhanuben Nanavati College of Architecture
Auditorium, 4th Floor, Karvenagar, Pune.
Next to MKSSS. BTINE, Pune.**



"Women's education and national development are closely related"

MKSSS

Maharshi Karve Stree Shikshan Samstha, our parent body has been committed to "Empowerment of Women through Education" for over a century. Maharshi Karve Stree Shikshan Samstha was founded by the great visionary and social worker Bharat Ratna Maharshi Dhondo Keshav Karve in 1896. The Samstha runs 60 branches with 10 higher education institutes giving education to 30,000 girl students in various branches. It has maintained the standard of quality of education with a transparent administration.

MKSSSBTINE

The Maharshi Karve Stree Shikshan Samstha's Smt Bakul Tambat Institute of Nursing Education was started in the expansive campus of the Samstha in Pune in August 2000. The Institute is approved by the Indian Nursing Council, Delhi, Maharashtra Nursing Council, Mumbai, Government of Maharashtra and Maharashtra University of Health Sciences, Nasik. The Institute runs ANM, GNM, B. B.Sc. Nursing, P.B.B.Sc Nursing, M.Sc Nursing and Ph.D. in Nursing. Clinical learning is conducted in the parent

hospitals i.e Deenanath Mangeshkar Hospital and Mai Mangeshkar Hospital, Pune.

The Principal, faculty and students of MKSSSBTINE invite you for the conference on

"REDEFINING NURSING"

This is an era of constant, but mainly positive changes. Our society is changing. The paradigm of health care approach is changing rapidly from Doctor Centered Care to Patient Centered Care.

Technology has brought information to the door steps of common public. The public is more involved in their health practices, health decisions and health care they receive. The social determinants of health such as laws, policies, human rights, equality, and governance mechanisms are changing positively. However, the disease pattern is also changing and becoming more complex. The disease burden is increasing with regard to communicable and non-communicable, emerging and reemerging diseases.

India is implementing the National Health Policy (NHP) 2017. This policy has innovative concepts and actions such as Pradhan Mantri Jan Arogya Yojana (PMJAY), Wellness Centres, Single Entry into Nursing, Mid-level Health Providers, Nurse Practitioner etc... These concepts will affect the way in which the nursing is taught, learnt and practiced which in turn will impact the image of nurses in society.

There is an adequate amount of evidences to prove nursing workforce to health improvements such as decrease in morbidity and mortality, increased patient satisfaction, decreased length of stay, reduced hospital acquired infections. Nurses form the cost effective workforce who can provide excellent scientific based technical care with equal human care and compassion. So therefore we need to take time to rethink, redefine and reform the existing nursing education, nursing practice and image as per NHP. So let us get together and redefine nursing.

OBJECTIVES OF THE CONFERENCE

1. Redefining the nursing education to accommodate the changes of latest NHP, 2017, to ensure a competent, motivated nurse within effective and responsive health systems at all levels.
2. Redefining the nursing practice in building effective evidenced based nursing workforce with capabilities and potentials to work through collaborative partnerships at all levels.
3. Redefining and optimizing the policy development, effective leaderships, management and governance.
4. Rebuilding an effective image that defines the essence of a nurse and nursing to stakeholders and society at all levels.

Chairman	Shri. Promod Ghore MKSSS, Pune
Vice- Chairman	Prof. N.D. Patil MKSSS, Pune
Secretary	Dr. P.V. S. Shastri MKSSS, Pune
LMC Chairman	Dr. Dhananjay Kulkarni MKSSS.BTINE, Pune
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Organizing Secretary	Ms. Nupoor N. Bhambid. Lecturer, BTINE, Pune
Organizing core Committee	Dr. Shubhada Ponkshe Associate Professor, BTINE, Pune
	Ms. Bijayalakshmi Devi Associate Professor, BTINE, Pune
	Ms. Nupoor N. Bhambid. Lecturer, BTINE, Pune
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	Ms. Komal Awasare Clinical Instructor, BTINE, Pune
Accommodation Committee	Ms. Amruta Phale Clinical Instructor, BTINE, Pune
	Ms. Jyoti Karande Lecturer, BTINE, Pune
	Ms. Vimal Thorat Clinical Instructor, BTINE, Pune

**LAST DATE FOR REGISTRATION
15TH NOVEMBER 2019**

For details please contact registration committee

CONFERENCE FEES

CONFERENCE FEES Upto 15 th Nov	LATE REGISTRATION (After 15 th Nov)	SPOT REGISTRATION
Rs 2000	Rs 2300	Rs 2500

- Registration fees include registration kit, breakfast and lunch.
- Registration fees do not include accommodation.
- Accommodation available in campus.

REGISTRATION COMMITTEE

Registration Committee	Contact Number
Ms. Smita Lisham	9823646344
Ms. Komal Awasare	9561507476
Ms. Amruta Phale	9823641617

Registration fee should be paid by cash/RTGS

Bank Details

Bank Name	Syndicate Bank
Bank Account Name	Smt. Bakul Tambat Institute of Nursing Education
Bank Account No	53392010044961
Bank Account Type	Savings account
Bank IFSC Code	SYNB0005339
Bank Branch Name	Karvenagar

SCIENTIFIC COMMITTEE

Scientific Committee	Contact Number
Dr. Shubhada Ponkshe	9764761833
Ms. L. Bijayalakshmi Devi	9225504086
Ms. Ujwala Jadhav	7276832571

ACCOMMODATION COMMITTEE

Accommodation Committee	Contact Number
Ms. Jyoti Karande	9850140007
Ms. Vimal Thorat	9922594102

Guidelines for scientific paper presentation

- Scientific paper presentations are invited on topics relevant to the theme of the conference.
- Papers on projects conducted using various research methods are invited.
- All papers will be appraised by the conference scientific committee.
- Only registered delegates are allowed to present paper/ posters.
- Time allotted for each presentation would be 5 minutes.
- Abstract should be with in 300 words (excluding references) in TNR font 12 size, spacing 1.5.
- Abstract should be written in IMRAD format (Introduction, Methods, And Result and Discussion).
- Last date of submission is 5 October 2019.

GUIDELINES FOR POSTER PRESENTATION

- Flex material only, 1meter. width and 1 meter. height is recommended for poster.
- Graphs, Drawings and Illustration should be self-explanatory or have short notes.
- Space for display will be provided. Participants should make their own arrangement for other accessories.
- Only one poster per entry is allowed.

Note: Kindly mail the content of scientific/poster presentation on confbtine@gmail.com before 05th October 2019 as a soft copy and Power point presentation (up to 10 slides).

THE BEST PAPER & POSTER WILL BE AWARDED

EDITORS' AND ORGANIZING CHAIRPERSON'S DESK
MKSSS SMT BAKUL TAMBAT INSTITUTE OF NURSING EDUCATION, PUNE



We are highly delighted to host this National Nursing Conference on 21st and 22nd November on the theme of “Redefining Nursing”.

This is an era of constant, but mainly positive changes. Our society is changing. The paradigm of health care approach is changing rapidly from Doctor Centered Care to Patient Centered Care.

Technology has brought information to the door steps of common public. The public is more involved in their health practices, health decisions and health care they receive. However, the disease pattern is also changing and becoming more complex. The disease burden is increasing with regard to communicable and non- communicable, emerging and reemerging diseases.

India is implementing the National Health Policy (NHP) 2017. This policy has innovative concepts and actions such as Pradhan Mantri Jan Arogya Yojana (PMJAY), Wellness Centres, and Ayushman Bharat Insurance Scheme for 5 lakhs /PA to 10 crores poor families.

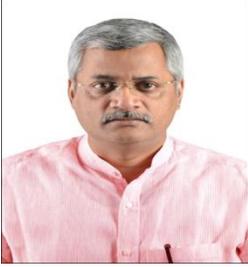
Nurses have a great role to play in the above schemes by being the frontline health work force as Mid-level Health Providers, and Nurse Practitioners to guide people to their best possible health.

There is an adequate amount of evidences to prove nursing workforce to health improvements such as health promotion, prevention of diseases, decrease in morbidity and mortality, increased patient satisfaction, decreased length of stay, reduced hospital acquired infections. Nurses form the cost effective workforce who can provide excellent scientific evidence based care at all levels with equal humane care and compassion.

So therefore we need to take time to rethink, redefine and reform the existing nursing education, nursing practice and image as per NHP. So let us get together and redefine nursing.

Dr Meena Ganapathy
Principal
MKSSS's BTINE, Pune

**MESSAGE FROM SECRETARY
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA**



It gives me immense pleasure to write a message for the National Conference on “Redefining Nursing” being held at Pune in the campus of Maharshi Karve Stree Shikshan Samstha. I cordially welcome all the delegates, participants and speakers who have come together to Pune to attend the conference.

As the Secretary of the Samstha, I totally understand the importance of Nursing Education and aptly titled conference “Redefining Nursing”. The conference will surely rebuild the image that defines nurse and nursing as a profession and will help in rebuilding the nursing education. It is needless to mention that the conference will be a major step towards this goal in the field of Nursing.

I am sure that the participants and delegates will gain from the sessions and deliberations by the designated speakers and experts in the conference and will pave their own paths in Nursing as profession.

I wish the conference a grand success and assure you that the conference will be great extravaganza in the field of health sciences.

Dr. P.V.S. Shastry
Secretary
MKSSS,
Karvenagar, Pune.

**MESSAGE FROM LOCAL MANAGING COMMITTEE CHAIRPERSON
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA**



I am very glad to note that our Nursing College is hosting a National conference on the theme “Redefining Nursing”.

Now-a-days change is the only thing which is unchanged in the world in all fields. Health care system is not exception to it. Every few days new concepts are evolved, lot of information is collected every day and technology also changes almost every day. Hence health care system has become more complex as compared to few years back.

Nurses are the most important pillar of the Health Care System. They are the first line health care professionals who spend most of their time directly with the patients, their families and communities. Hence it is the need of the hour to upgrade their knowledge, make them familiar with the new information, information sources and changing technology in the Medical field which will make them competent to handle varied responsibilities given to them. This is nothing but redefining the entire Nursing field.

To make our students aware of this fact and make them familiar with the redefined Nursing world is the main objective of the present seminar. These redefinitions would equip them to shoulder their responsibilities with full awareness and commitment.

The conference will have Nursing experts from all over the country delivering their thoughts on redefinition of the profession in various aspects. I wish the participants an enriching learning experience and a pleasant stay with us on 21st and 22nd November 2019.

With best wishes,

Dr Dhananjay Kulkarni
MKSSS BTINE, Pune.



Dr. Rathi Balachandran

Assistant Director General

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E mail : rathi bala@gov.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dated 10th October, 2019



Message

I am indeed very delighted to note that Smt. Bakul Tambat Institute of Nursing Education is hosting the National Nursing Conference on 21st and 22nd November 2019. The theme of this conference is "Redefining Nursing."

Changing health needs, growing public expectations, and ambitious new health goals are raising the bar for health systems to produce better health outcomes and greater social value. Nurses are an integral part of the healthcare system and are the major player in achieving high quality, effective and efficient health care.

Nurses must be prepared to meet diverse needs of the patients in the complex and evolving health care system. We must transform the care of our patients, across the whole range of health care settings. The compassionate care must resonate strongly with both staff and people who use our services.

I remain immensely proud of our profession, the way in which we continue to strive to improve care experiences and to ensure the very best in each situation.

It is my earnest appeal to nurse leaders in both education and service sectors that you train nurses to deliver world's best quality education and nursing care based on educational and practice standards and in line with regional, national and global health needs.

I admire and wish the organising team for selecting a significant topic. My best wishes for a successful conference and hope everyone attending this conference will have an enriching experience.

Regards,

Dr Rathi Balachandran

MESSAGE FROM VICE PRESIDENT, TNAI, WEST ZONE



With immense pleasure I write this message to convey my heartfelt greetings and blessings to nurses attending National conference on “Redefining Nursing”.

I am sure this conference will provide opportunity to Nurses to understand need of redefining, and sensitize nursing leaders to bring change in nursing profession positively which will upgrade our profession. Evidence based nursing practice will empower nurses paving the pathway for change.

My Sincere appreciation to all MKSSSBTINE team members for their contribution towards success of this conference.

Wish you all grand success.

Ms. Swapna S. Joshi.

Vice President

TNAI

West Zone

**MESSAGE FROM PRESIDENT
TNAI MAHARASHTRA STATE BRANCH**



I am very glad to know that Maharshi Karve Shree Shikshan Samstha's Smt Bakul Tambat Institute of Nursing Education is organizing National Conference on **“Redefining Nursing”** on 21st & 22nd November 2019. First of all, I would like to congratulate the organizers of this esteem institute for organizing national conference & choosing the apt theme of “Redefining Nursing.”

Nursing profession with its various components as nursing education, clinical practice, nursing research, nursing administration have seen dramatic paradigm shift due to innovative concepts and actions in National Health Policies, Health Management Information system, technological advancement and the greatest change in patients perspective towards health care professionals, consumer act, etc. which have direct impact on nursing profession. These changes make you rethink and act accordingly to redefine the nursing.

As MKSSS's BTINE is committed to “Empowerment of Women through Education” and when you think of nursing, you think of women. The deliberation through scientific sessions, group activities, paper presentation, poster presentation etc. will help the delegates to conceptualize the theme of conference and hopefully implement in their actions,

I extend my warm greetings to all the delegates and wish all a successful and fruitful scientific interaction, a comfortable stay and memorable time.

I wish the conference a great success and good luck to the organizers.

Mrs. Surekha Sawant.
President TNAI
Maharashtra State Branch.

MESSAGE FROM INTERNATIONAL COLLABORATION



The scope and image of nursing has changed from the days of Florence Nightingale. Today the health care paradigm is shifting to patient centered care and the need has emerged to define the role of nurse again. When we say patient centered care that means the patient is making informed decisions about their own care. The steering wheel of the care is in patient's hand. Health care providers are informing, advising, guiding and supporting them to make the best decision for themselves.

Nurses have been known and acknowledged for providing direct patient care but now the scenario is changing. Modern nursing is becoming very complex. To provide high quality patient care, along with compassion, professionalism, and integrity, the collaboration, communication and use of technology is also needed. Education has to be geared to prepare the nurses for this real world. Professional development scenarios are to be introduced in the curriculum where nurses are taught to "speak up"; they are taught to be assertive. They should fight for their own rights to be recognized as a "Professional" a team member and not a subordinate. This confidence will not only give them the strength to fight for themselves but also to prepare them for a new role as - patient advocate.

Nurses' role is changing to patient advocate - guarding patient's rights, becoming their voice. In the culture of caring trust between patient and caregiver is the key. Patients are fearful in the new unknown hospital environment and are scared about their diagnoses/ diseases. Nurses should explain, inform and comfort them to alleviate their anxiety and honor the decision they make about themselves. Nurses should be respectful and show empathy to the patients and listen. Care should be provided without any bias and non- judgmental. Make the patient feel that they are the most important and their care is the focus of everyone. We need to understand patients holistically, what do they want, what are their preferences for treatment. Nurses can become eyes and ears of physicians and in the process a strong communication bridge between the patients and Physician.

Another important aspect one shouldn't forget is the technology whether it is as patients or students, especially when we are dealing with Gen Y and Gen Z generation. Use of technology in classroom learning activities is to be introduced in addition to regular lecture power point presentations by the teachers. Simulation scenarios can be as real as clinical reality and may be

used to train nursing students so that they become more confident and very strong clinicians. Evidence-based practices can be part of standard care in hospital and we can start teaching them in college too.

Lastly and most important to remember with this changing new role is that every patient is your client. They have an option to go to another hospital so start thanking them for choosing your facility.

Now is the time to be strong, be powerful, be vigilant, be the voice of your patient and start the culture of caring.

Dr. Rajrani Sharma
Professor
Lone Star College, North Harris
Houston, Texas, US

OVERVIEW OF REDEFINING NURSING
‘Learn the past, live the present and create the future’



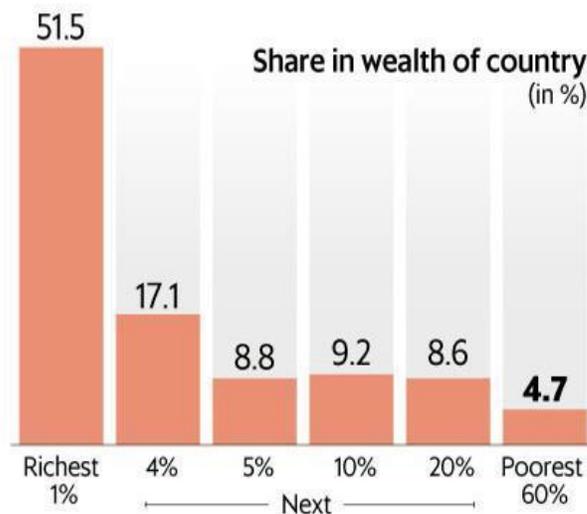
Dr. Meena Ganapathy
Principal
MKSSS BTINE, Pune

Introduction:

India has a growing population of 1.30 billion and ninety percent of its population falls under poor, lower, and middle income groups. The World Bank further estimates that a third of the global poor reside in India. According to the World Bank data 2014, a family spends sixty two percent of health expenditure through their income and seventy five percent through their saving. Though India is a welfare state health facilities are not free of cost. India delivers its primary care through its sub-centres, primary health-centres and rural hospitals in rural areas and through urban centres and urban dispensaries. The Primary care mainly concentrated on the reproductive and child care and caring for and limiting communicable diseases. Now with the emerging Non Communicable Diseases burden it has become a major challenge to the country. India's expenditure on the health sector has risen from 1.2 per cent of the GDP in 2013-14 to 1.4 percent in 2017-18.

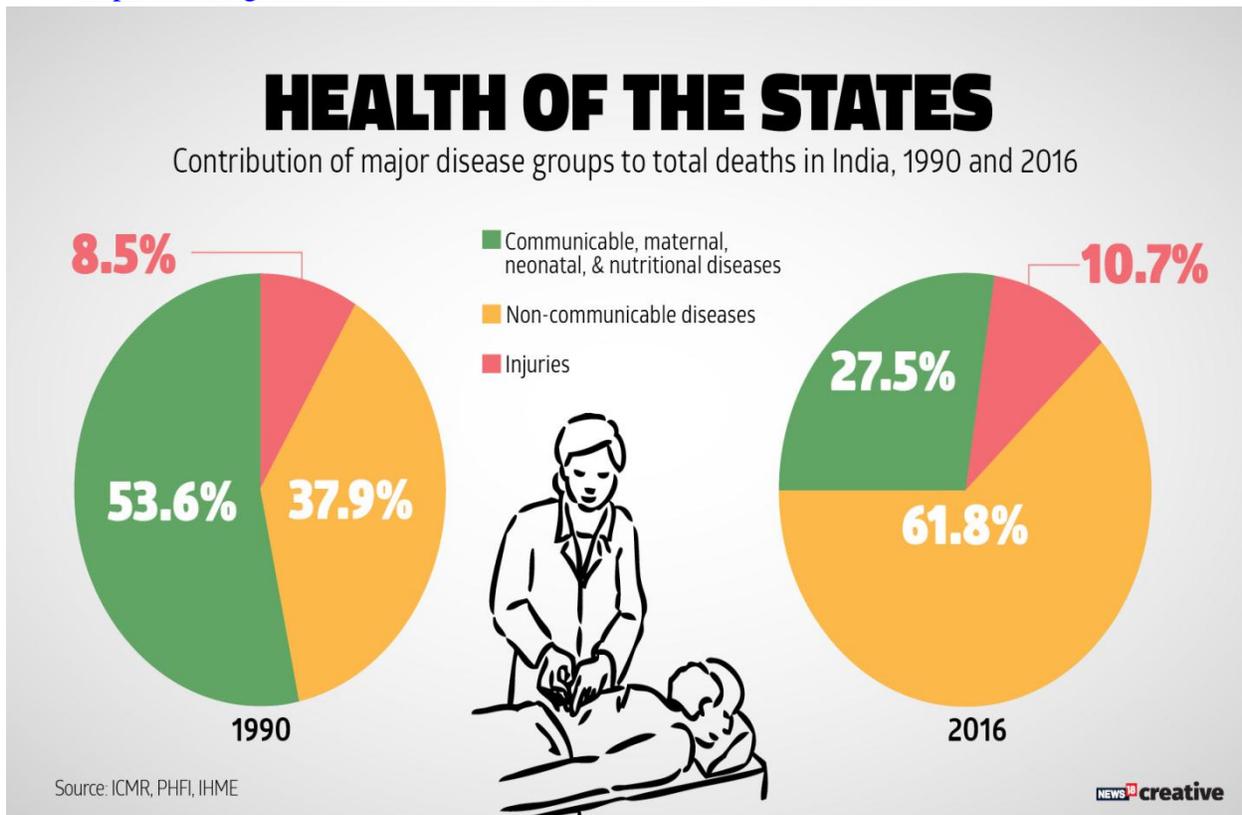
Chart 1
The Indian plutocracy

The richest 10% have 77.4% of national wealth; the poorest 60% have 4.7%.



In India cardiovascular diseases—ischemic heart disease and stroke—made the largest contribution to the total burden of mortality in India in 2016, at 28.1% and contribution of cardiovascular diseases to mortality increased by 34.3% (26.6–43.7) from 1990 to 2016. This is not surprising given rapid population ageing and significantly increasing levels of the main risk factors for cardiovascular diseases—high systolic blood pressure, air pollution, high total cholesterol, high fasting plasma glucose, and high body-mass index. The three leading causes of mortality—cardiovascular diseases, respiratory diseases, and diabetes kill around 4 million Indians annually (2016), and most of these deaths are premature, occurring among Indians aged 30–70 years.

DOI: [https://doi.org/10.1016/S2214-109X\(18\)30448-0](https://doi.org/10.1016/S2214-109X(18)30448-0)



National Health Policy 2017

India planned for its health care delivery through planning commissions and five year plans and national health policies (1983, 2002). Now with change of Government at center India plans for its healthcare delivery through Niti Aayog and National Health Policy, 2017. This latest policy has come with enhanced National Health Mission that provides equitable, affordable and quality health care to the needs of its people through Universal Health Care (UHC). The twelfth Five Year plan (2012–17) identified UHC as a key goal and had called for 70% budget allocation for primary care.

Universal Health Coverage is defined as ensuring that all people can use promotive, preventive, curative and rehabilitative and palliative health services they need of sufficient quality to be

effective, while ensuring that the uses of these services do not expose them to financial hardships.

The new NHP has three salient innovative ideas

- Involvement of Nurses and Ayurveda and Unani doctors as midlevel health providers in 1.5 lakh health and wellness sub centres catering 5000 population throughout the country
- Swatch Bharat mission – making people involved in their personal and environmental hygiene whereby communicable diseases can be prevented
- PMJAY's Ayushman Bharat- a scheme through which 10.74 crores below poverty line families will be insured for 5 lakhs per year for secondary and tertiary care in private hospitals

Health of India and Nurses

Nurses are the frontline workforce for promoting, protecting and caring for the health needs of any given population. Around Forty percent of the health workforce is that of nurses. Nurses are the vital workforce that can transform the health care delivery system. The essential activities of RCH, National Health Programs, disease control and prevention, management of epidemics in short major primary care to the country have been delivered by nurses in both urban and rural areas. Nurses have proved their capabilities by initiating innovative, nurse led model of care that have approachable access and improved care to the communities as done in some states such as Tamilnadu and especially in Christian Medical College's, Nursing college, Vellore.

Nurses have a central role in universal health coverage a transformed health care that provides wide access to all essential health services while improving quality and controlling the financial hardship. In short UHC can be achieved with maximum contributions of nurses. Nurses as mid-level health practitioners can meet the health needs of population in Health and wellness centres of primary care. Nurses as nurse practitioners can handle the secondary and tertiary care units as expert care givers whereby they can ensure quality and efficient care.

WHO has declared year 2020 as the “Year of Nurses “, on the observation of 200th birthday of Florence Nightingale. There is a new initiative of International nursing Council with WHO called Nursing Now. This initiative will concentrate on nursing leadership and governance. These initiatives are centered on achieving “Sustainable Development Goals” The Nursing Now will develop career pathways of Nurse lead care modules and holistic care.

Research evidence on Indian nurses shows a shows very upsetting trend of lack of clear career pathways, absent mechanism of promotion and poor pay, lack of sufficient nurses' workforce, lack of equipment, infrastructure and allotment of non-nursing jobs etc... Nursing profession lacks strategic representation at key decision making forums, and archaic Acts at INC and SNCs. Nursing needs a greater participation in policies concerning its workforce. The World Health assembly has given a mandate to WHO to strengthen nursing workforce to its members. WHO together with Global strategy on human resources for health workforce 2030 has planned four areas for nursing in 2016-2020. They are

- Ensuring quality nursing and midwifery workforce

- Optimizing policy development, effective leadership & governance in nursing
- Maximizing capacity of nurses through education
- Mobilizing political will for building evidence based nursing workforce

Investing on nurses and midwives is the good value for money. The report of the UN High Level Commission on Health Employment and Economic Growth concluded that investment in job creation in health and social sectors will result in triple return of improved health outcomes, global security and inclusive economic growth.

Redefinition of Nursing

Now with this transformative changes which addresses all the challenges that India is facing in delivering equitable, accessible and quality health services nursing need to redefine the way it is taught, learnt, and practiced.

- Redefinition is the action or process of defining something again or differently.
- Right definition will give the right path for the future for existing and future nurses.

Why Redefine?

- To adopt to changing situations or changed health policy (The current health policy)
- To be relevant & responsible to society, to the profession & self

Redefinition of policies governing nursing

- Reformation of Indian Nursing Council & its Act of 1947
- Indian Nursing Council working with Ministry of Family Welfare and Health on Nursing Policies
- HR cell for nursing
- Prime Minister Jan Arogya Yojana (PMJAY) initiating 1.5 lakh health and Wellness Centres in India with promotive, preventive, curative, rehabilitative and palliative care at door set covering RCH, communicable, Non-Communicable diseases of all specialties and mental and adolescent health.
- Mid-level health workers manning the sub-centres.
- PMJAY's Health Insurance Policy (Ayushman Bharat) covering 10 crores families below poverty line covering 50 crores people for 5 lakhs health insurance per annum
- Addition of preparation of mid-level worked in nursing curriculum
- Live registry of all nurses in India
- National Electronic health Records
- Nursing cell in ICMR

Redefinition of policies governing nursing education

- Competency based quality nursing education

- Single entry into nursing through B.Sc. Nursing for faster career progress into doctorate in nursing in all specialties
- Addition of mid –level practitioner course in under graduate nursing
- Improve quality of nursing faculty in teaching
- Redesigning/ up gradation of existing specialty programs as nurse practitioners courses i.e., all M.Sc (N) and PB diploma nursing
- National license exit exam (Piloted in Arunachal Pradesh)
- Integration of nursing education and practice (Dual role Piloted in Bangalore)
- Centre of excellence in nursing in each state
- Establishing nursing college for 20-30 lakh population
- Nursing research cell for pooling and utilization of nursing researches

Redefinition of policies governing nursing practice

- Reviewing nurses salary through a Bill
- Strengthening In service education through CNE/ e-learning modules
- Standardization of nursing procedures/ Clinical protocols
- NABH status for teaching hospitals
- Formulation of Nurse Practice Act
- Strengthening public health programs through expanding role of nurses
- Development of nurse HR management systems
- Periodical renewal of license linked with ongoing learning credits

Redefinition of image of nursing

- Political good will and support at center and state level
- Strong nurse leadership and positions at all levels
- Participation of nurse leaders in policy making
- Leadership training for nurses
- Exchange programs to promote leadership in nursing
- Strong affiliating bodies
- Strong nursing associations
- Better visibility and public image
- Better mass media projections
- Self-esteem and self-pride as a nurse
- Democracy at student level

Challenges to Implementation of Redefinitions

- Centre is an advisory or supervisory body whereas states are responsible for its health and education policy

- Though INC found 61% of institutes failing standards SNCs have gone ahead and permitted them leading to poor quality in all areas
- INC needs to become more transparent and strong body
- As NMC Act was passed INC act to be passed still in parliament
- We need strong associations voicing out nurses concern and their representations in policy making

Summary:

Rapid expanding knowledge, information, technology, complexity of health care, mandates that nurses possess sound knowledge, and critical, creative thinking and competencies to handle varied responsibilities that is given to them. They are the first line health care professionals who spend the most direct time with people and patients, their families and communities. The new NHP, 2017 is shift from earlier paradigm of health missions with the focus on quality, accessible and equitable care to all irrespective of their economic status concentrating on health and wellness and community approach. Nurses are the best workforce that can practice across multiple settings. These redefinitions will equip them to shoulder these responsibilities with full awareness and commitment.

Reference:

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REDEFINING AND OPTIMIZING THE POLICY DEVELOPMENT



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West Zone

A policy is solid set of instructions and determines present and future decisions. It assists policy administrators. It should be executed in an easy, quick, efficient, and effective manner so to comply with it in minimum time and effort. Written policies can prevent chaos, confusion and legal problems. Policy should be based on well-defined norms and standards of practice. It is the foundation for delivery of safe and cost effective quality care.

New continuing regulations and requirements demand a great need to understand the importance of policy and development of skills in setting up policy statement at organizational level. Effectively communicating policy to employee is important. Effective and reliable hospital policies and procedures are the asset for the foundation for providing quality care. Processes of policy include formulation, implementation and modifications as per needs. It is a moral and professional obligation of nurses to be engaged in policies/legislations that impacts their patients.

Unfortunately nurses have historically little involvement in policy that affects health care delivery. Nurses are vital to the development and implementation of health care policy.

Policies can be prepared at Regional /National level. Bridging disparities between political strategies, directions and actual clinical practice is required. Nurses should actively contribute to planning and decision making and development of appropriate and effective public health and nursing policies at all level. There can be top to down or down to up policy changes depending on situation or issues faced.

As per national health policy-recommendations:

- Current policy priorities are given to strengthen nursing sector in India
- Increase number of nurses.
- Increase status of nurses – salary working conditions etc.
- Leadership positions –nursing directorate at state level needs to be established.

Nurses as policy makers require competency, experience and should be vigilant enough to influence policy formulation.

There are various barriers in nursing which keeps nurses away from this vital role such as unawareness, apathy, non-cooperation from professional colleagues and time scarcity etc.

We need to engage and empower nurses through change. Nurses must see themselves as potential leaders in legislation and politics. We should bring our issues at national level through professional organizations like TNAI.

There is need to redefine nursing education and nursing practice standards.

2020 is declared as “year of nurses and midwives” by WHO. We need to voice ourselves for our profession and show our significant existence health care field.

REDEFINING NURSING PRACTICE



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The nursing profession tends to be associated with those who follow a standardized protocol, practice best practices and are patient centric. But there is another important skill that successful nurses share: - the ability to think critically.

Identifying a problem, determining the best solution and choosing the most effective method are all parts of the critical thinking process. After executing the plan, critical thinkers reflect on the situation to figure out if it was effective and if it could have been done better. As you can see, critical thinking is a transferable skill that can be leveraged in several facets of your life.

“Nurses use critical thinking on all occasions, Sollars says. “Critical thinking in nursing is a paramount skill necessary in the care of your patients. Critical thinking plays an important role to understand and anticipate changes in your patient's condition.”

As a nurse, you will inevitably encounter a situation in which there are multiple solutions or treatments and you'll be tasked with determining the solution that will provide the best possible outcome for your patient. You must be able to quickly and confidently assess situations and make the best care decision in each unique scenario. It is in situations like these that your critical thinking skills will direct your decision making.

Redefining Nursing practice needs the Nurse to critically think. This processes actions that lead to best patient care outcomes and eventually benefit the Health care system. Today this is the need of the hour in the Indian Nursing scenario.

Quality assurance in nursing care: structure and process of nursing care

Quality Assurance Programme will helps to improve the quality of nursing care and professional development. A Quality assurance program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met, A Standard device for quality assurance to ensure quality nursing care within the contemporary health care system is essential It will helps to improve the quality of nursing care and

professional Standards. Nurses are active participant of interdisciplinary quality improvement team and also Contribute innovations and improvement of patient care, Participating in improvement projects and patient safety initiatives. In-service and continuing educational program the update the Nurses professional knowledge and quality of nursing care. Quality assurance system motivates nurses to strive for excellence in delivering quality care and to be more open and flexible in experimenting with innovative ways to change outmoded systems.

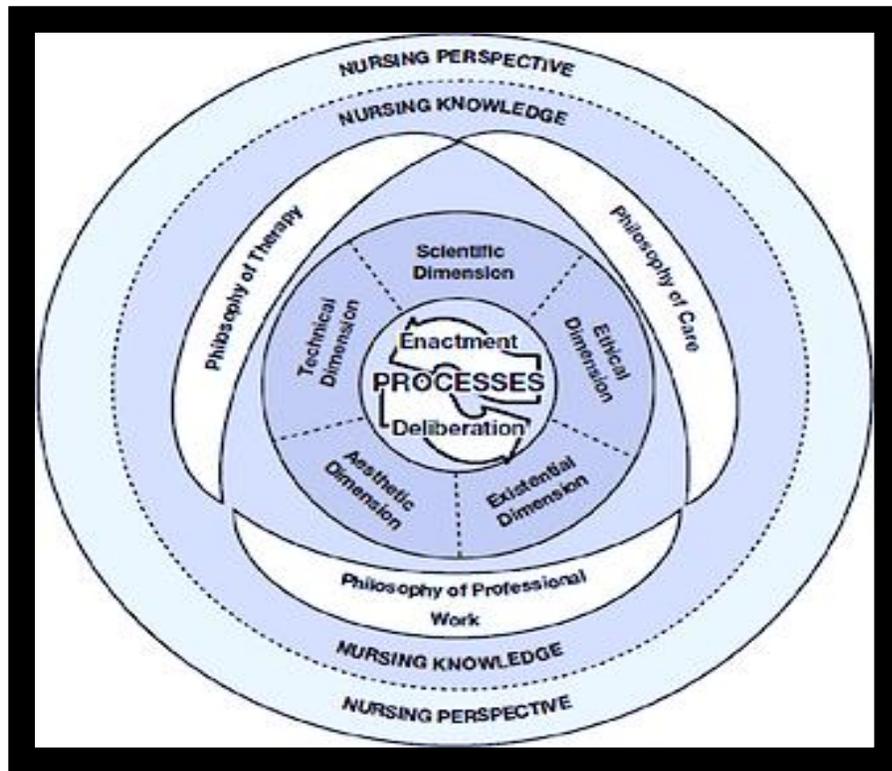


Figure: - Integrating Theory in Practice

Quality is based on a strong Theory base and Nursing practice needs to strongly bond with an in depth knowledge base to erect the practice module.

Conclusion:

The key to Nursing practice still remains to be a good interdisciplinary team led by strong leadership principles. The concept of redefining yet is hidden in the word that states to define the concept repeatedly to evolve. The End thus is infinity that’s limitless but immense, thus the key to progressive Nursing.

PLENARY SESSION I: IMPACT OF REDEFINING POLICY AND NURSING PRACTICE (MKSSS BTINE FACULTY)

Introduction:

Changing health needs, growing public expectations and ambitious new health goals are raising the bar for health systems to produce better health outcome and greater social values. India is implementing the National Health Policy (NHP) 2017. This policy has innovative concepts and actions such as Pradhan Mantri Jan Arogya Yojana (PMJAY), Health and Wellness Centres, Single Entry into Nursing, Mid-level Health Providers, Nurse Practitioner etc... These concepts will affect the way in which the nursing is taught, learnt and practiced which in turn will impact the nursing profession and society.

National Health Policy 2017 and its silent features-

The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions.

Aim:

Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

Principles of the Policy:

- **Professionalism, Integrity And Ethics-**The health policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care delivery in the country, supported by a credible, transparent and responsible regulatory environment.

- **Equity-**
 - ❖ Reducing inequity would mean affirmative action to reach the poorest.
 - ❖ It would mean minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers.
 - ❖ It would imply greater investments and financial protection for the poor who suffer the largest burden of disease.

- **Affordability-**

As costs of care increases, affordability, as distinct from equity, requires emphasis. Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption

expenditure, are **unacceptable**.

- **Universality-**

Prevention of exclusions on social, economic or on grounds of current health status. In this backdrop, systems and services are envisaged to be designed to cater to the entire population- including special groups.

- **Patient Centered & Quality Of Care-**

Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality. There is need to evolve and disseminate standards and guidelines for all levels of facilities and a system to ensure that the quality of healthcare is not compromised.

- **Accountability-**

Financial and performance accountability, transparency in decision making, and elimination of corruption in health care systems, both in public and private.

- **Inclusive Partnerships-**

- ❖ A multi stakeholder approach with partnership & participation of all non-health ministries and communities.

- ❖ This approach would include partnerships with academic institutions, not for profit agencies, and health care industry as well.

- **Pluralism-**

- ❖ Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community based practices.

- ❖ These systems among other things would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices.

- **Decentralization-**

Decentralization of decision making to a level as is consistent with practical considerations and institutional capacity. Community participation in health planning processes, to be promoted side by side.

- **Dynamism And Adaptiveness-**

Constantly improving dynamic organization of health care based on new knowledge and evidence with learning from the communities and from national and international knowledge partners is designed.

Organization of Public Health Care Delivery:

The seven key policy shifts in organizing health care services are:

1. In primary care from selective care to assured comprehensive care with linkages to referral hospitals.
2. In secondary and tertiary care from an input oriented to an output based strategic purchasing.
3. In public hospitals from user fees & cost recovery to assured free drugs, diagnostic and emergency services to all.
4. In infrastructure and human resource development from normative approach to targeted approach to reach under-serviced area.
5. In urban health from token interventions to on-scale assured interventions, to organize Primary Health Care delivery and referral support for urban poor. Collaboration with other sectors to address wider determinants of urban health is advocated.
6. In National Health Programmes integration with health systems for programme effectiveness and in turn contributing to strengthening of health systems for efficiency.
7. In AYUSH services from stand-alone to a three dimensional mainstreaming.

It is a matter of great concern that approximately 63% of India's population still pays for health and hospitalization expenses by their own pocket. The large part of our population use income, saving, borrow money or sell their assets to meet their health care expenses. To overcome with this Ayushman Bharat Yojana was launched by the Government on 23rd Sep 2018.

Ayushman Bharat Yojana or **Pradhan Mantri Jan Arogya Yojana (PMJAY)** or **National Health Protection Scheme** is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of Ministry of health and family welfare in India. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and promotive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness centres and National Health Protection Scheme (NHPS).

Features:

Ayushman Bharat consists of two major elements.

1. National Health Protection Scheme

- Ayushman Bharat-National Health Protection Scheme, which will cover over 10 crore (one hundred million) poor and vulnerable families (approximately 50 crores (five hundred million) beneficiaries) providing coverage up to 5 lakh rupees (\$7,100) per family per year for secondary and tertiary care hospitalization.
- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public or private empaneled hospitals across the country.

- It will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the SECC database. It will target about 10.74 crores poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data covering both rural and urban.
- One of the core principles of Ayushman Bharat - National Health Protection Mission is to provide co-operative federalism and flexibility to states.
- For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister. States would need to have State Health Agency (SHA) to implement the scheme.
- Covering almost all secondary and many tertiary hospitalizations.

2. Wellness centres:

Rs. 1200 crores (\$170 million) allocated for 1.5 lakh (150,000) health and wellness centres. Under this 1.5 lakh centres will be setup to provide comprehensive health care, including for non-communicable diseases and maternal and child health services, apart from free essential drugs and diagnostic services. The government will upgrade existing Public Health Centres to Wellness Centres. The list of Services to be provided at Health & Wellness Centre includes:

- Pregnancy care and maternal health services
- Neonatal and infant health services
- Child health
- Chronic communicable diseases
- Non-communicable diseases
- Management of mental illness
- Dental care
- Geriatric care emergency medicine

Major Impact:

AB-NHPM will have major impact on reduction of Out Of Pocket (OOP) expenditure on:

- i) Increased benefit cover to nearly 40% of the population (the poorest & the vulnerable).
- ii) Covering almost all secondary and many tertiary hospitalizations.
- iii) Coverage of Rs 5 lakh for each family (no restriction of family size).

Major Challenges in Implementation

- India has a paucity of doctors, hospitals and associated infrastructure to cater for the scheme. Public expenditure needs to drastically increase and private sector needs to expand fast to meet the requirement.
- A poor patient located far away from a hospital will neither know about this scheme or will be able to benefit from it.

- The amounts being offered for various procedures are not acceptable to the private sector health providers. For example, the proposed cost of a coronary artery bypass graft (CABG) is about Rs. 90,000. The Central Government Health Scheme (CGHS) rates for this in Delhi are above Rs. 1.1 lakh and private hospitals routinely charge above Rs. 3 lakh.

Controversies:

- There have been media reports of widespread misuse of the Ayushman Bharat scheme by unscrupulous private hospitals through submission of fake medical bills. Under the Scheme, surgeries have been claimed to be performed on persons who had been discharged long ago and dialysis has been shown as performed at hospitals not having kidney transplant facility.
- There are at least 697 fake cases in Uttarakhand State alone, where fine of Rs one crore has been imposed on hospitals for frauds under the Scheme. AB-PMJAY involves a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country.
- Many hospitals have been blacklisted and the constantly evolving fraud-control system will play a major role in streamlining the scheme as it matures. Initial analysis of high-value claims under PMJAY has revealed that a relatively small number of districts and hospitals account for a high number of these, and some hint of an anti-women bias, with male patients getting more coverage.

Progress:

26 states and union territories accepted the scheme except four states: Delhi, Odisha, West Bengal and Telangana. By 26th November more than 825,000 e-cards had been generated and there was a push to recruit more private hospitals to the scheme.

The Ayushman Bharat Yojana is the biggest program so far run and operated on global platform. It is obvious that after implementation the benefits will be unlimited for poor people. The process of implementation has to be monitored at state as well as central level to ensure that the program is implemented perfectly. Trained and competent human resources are essential for an effective health care delivery system. There is a pressing need to strengthen health sub centers to provide Comprehensive Primary Care including for NCDs.

CHO and nurse practitioner:

Qualified human resource may function as Mid-Level Health Care Providers and called 'Community Health Officers (CHOs)' and posted at health Sub Centers; which could be developed as 'Health & Wellness Centers.

Course Outline: The Certificate Programme will be rolled out by IGNOU. Theory classes and hands-on Practicum training will be organized at Program Study Centers and Health Centers (District Hospitals, CHCs, PHCs, Sub Centers, etc.) identified and accredited by IGNOU.

ELIGIBILITY FOR COMMUNITY HEALTH WORKER

a) Bridge Program on Certificate in Community Health for Nurses: Diploma in General Nursing (GNM) RNRM

b) Bridge Program on Certificate in Community Health for Ayurveda Practitioners: Bachelor of Ayurveda Medicine and Surgery (BAMS)

Medium of Instruction: English/ Hindi for teaching as well as assessments

Course Duration: Six months

Academic Session: 1st January and 1st July of each year.

POST TRAINING DEPLOYMENT

♣ The candidates who successfully complete the bridge programme may be deployed at Health & Wellness Centres or Sub Centres to be upgraded.

♣ In case the candidate is not able to successfully complete the course in his/her 1st due attempt, in-service candidates may continue with his/her previous position, but fresh recruiters for Health & Wellness Centres may not be given continuation.

RECENT UPDATE FOR C.H.O.

NHM Maharashtra CHO Syllabus 2019 & Exam Pattern	
Organization Name	National Health Mission(NHM), Mumbai
Post Name	Community Health Officer (CHO)
Total Vacancies	5716 Posts
Category	Exam Syllabus
Selection Process	<ul style="list-style-type: none"> • Written Test • Personal Interview
Job Location	Maharashtra
Official Site	nrhm.maharashtra.gov.in

NHM Maharashtra CHO Exam Syllabus 2019

Aspirants going to write the NHM Maharashtra Community Health Officer Written Test candidates must know the Exam Syllabus. By knowing the syllabus candidates can easily write the exam and also get good marks in the exam. All the applied candidates refer to this article for more details.

NHM Maharashtra CHO Selection Process 2019

The selection of the candidates for the post of Community Health officer is by conducting Written Test by the officials of NHM, Maharashtra. Candidates need to gain cut off marks. To gain good marks in the written exam aspirants must know the NHM Maharashtra CHO Syllabus 2019. Those aspirants need to face the final round that is Personal Interview.

NHM Maharashtra CHO Exam Pattern 2019

Before going to take any exam it is mandatory to know the Exam pattern of the particular exam. Because it helps you to know about what subjects are included in the question papers. And also how many marks allotted per each question, how many questions are there in the Exam Question Paper. So to help the aspirants we had provided NHM Maharashtra CHO Exam pattern in this section.

- The written exam will be objective type **Multiple Choice Questions**.
- There are totally **50 questions** in the written test.
- Each Question carries **2 marks**.
- Time Duration for the written exam is **2 Hours**
- There is **No negative mark** for the wrong answer.
- The question paper will be based on syllabus recommended by NHSRC Delhi which includes Basic concepts of Public Health, Basics of Human Body, **Child Health, Adolescent Health, Maternal Health, Family planning, Communicable Diseases, Non-communicable Diseases, Nutrition & skill based questions.**

NHM Maharashtra CHO Test pattern 2019		
Name of subject	Number of Questions	Number of Marks
<ul style="list-style-type: none">• Child Health• Adolescent Health• Maternal Health• Family planning• Communicable & Non-communicable Diseases	50	100
Exam Type: Objective Multiple Choice Questions		
Time Duration: 2 Hours		

Nurse midwife practitioner:

Today the health care paradigm is shifting to patient centered care and the need has emerged to define the role of nurse again. When we say patient centered care that means the patient is making informed decisions about their own care. The steering wheel of the care is in patient's hand. Health care providers are informing, advising, guiding and supporting them to make the best decision for themselves. Modern nursing is becoming very complex. To provide high quality patient care, along with compassion, professionalism, and integrity, the collaboration, communication and use of technology is also needed.

Redefining policy governing in nursing practice to maintain standards in nursing practice:

Nursing services are an integral part of the clinical services of any health care organization. The aim of nursing services is to provide comprehensive nursing care in terms of health promotion, prevention of diseases and therapeutic nursing care to the patients in Health care organizations as well as to the community.

As the nation's hospitals face increasing demands to participate in a wide range of quality improvement activities, the role and influence of nurses in these efforts is also increasing.

In recent years, emphasis on improving the quality of care provided by the nation's hospitals has increased significantly and continues to gain momentum. Because nurses are integral to hospitalized patients' care, nurses also are pivotal in hospital efforts to improve quality. As hospitals face increasing demands to participate in a wide range of quality improvement activities, they are reliant on nurses to help address these demands.

The objective of the nursing professional:

To provide safe, competent and ethical nursing care with compassion, comfort and collaboration with the patients, the family, the community and the clinical care team.

The Nursing professionals are the cornerstone of any quality related programme in a health care organization since most of the delivery and monitoring of health care is carried out by them.

Their knowledge, clinical judgment, skills, attitude, communication and other soft skills thus make all the difference in the ultimate delivery of health care to the patients.

Points to improve nursing practice STANDARDS:

- Strengthening nurses confidence by updating their knowledge
- Standardization of nursing procedures/protocols
- Nursing excellence standards formulated by NABH

Strengthening nurses confidence by updating their knowledge

- In-service education by hospital
- Continue nursing education
- E-learning modules
- On job training and higher education facilities

Standardization of nursing procedures/protocols

- Every hospital should arrange orientation programme which will include the policies of the hospital.
- There must be standardized procedure manual and staff should demonstrate and re-demonstrate these procedures till they get the appropriate skill.
- There must be standard protocols in each department.
- Nurses should be strictly following these protocols.

Nursing excellence standards by NABH

The 1st edition of nursing excellence standards is divided into 07 chapters, focusing on various professional, administrative and governance aspects of nursing. Seven chapters are further divided into 48 standards. Put together there are 216 objective elements incorporated within these standards.

Outline of NABH Nursing Excellence Standards

1. Nursing Resource Management (NRM).
2. Nursing Care of Patient (NCP).
3. Management of Medication (MOM).
4. Education, Communication and Guidance (ECG).
5. Infection Control Practices (ICP).
6. Empowerment and Governance (EG).
7. Nursing Quality Indicators (NQI).

About NABH

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations.

NABH has been established with the objective of enhancing health system & promoting continuous quality improvement and patient safety.

Benefits OF NABH for Nursing Staff:

- An environment that recognizes and rewards competence
- Professional growth and development by educational opportunities and support
- A structure that encourages decision making at the bedside over clinical issues
- High job satisfaction
- Low turnover and more stability
- Focus on professional autonomy
- Enhanced Interdisciplinary collaboration
- Professional growth opportunities
- Leadership opportunities

- Opportunity to practice professional nursing with strong interdisciplinary teamwork that support autonomous practice of nursing
- A culture that supports you to be the best nurse you can be!

Nursing Resource Management

The goal of nursing resource management is, to acquire, provide, retain and maintain competent nursing staff in right numbers to meet the needs of the patients and community served by the Organization.

Standards of Nursing Resource Management

- The organization will have a documented system of nursing resource planning.
- The organization possesses structures and processes for induction.
- The organization will have process in place in- service education and Continuing Nursing Education (CNE) Programmes.
- There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.
- An appraisal system for evaluating the performance of nursing staff exists.
- There should be a provision for acknowledging outstanding performances/ contributions of nursing professionals.
- There will an established process in place to identify and manage problems related to incompetent, unsafe or unprofessional conduct.
- The organization will demonstrate workplace safety for nursing professionals.
- The organization will have a documented and established grievance handling system.

Nursing Care of Patient

- Proper nurse patient ratio.(As per INC norms)
- Staff should be mixed to meet the care.
- Job description with particulars of the activities of staff as per their position.
- Induction programme within 15 days of joining
- In service education and continuous education programme
- BLS,ACLS training for staff
- There can a process for credentialing system before providing care without supervision
- Performance appraisal system as well as Award system
- has to be practiced
- Staff should be well aware about ward management

Common areas to train the staff

- Patient safety
- Nursing process
- Ethical and legal issues in clinical practice

- Pre-post-operative nursing management and protocols
- Stress management
- Medication administration safety
- Human relations in nursing
- Material management
- Conflict management

Workplace safety for nursing professionals

- Management should provide resources related to workplace safety for nursing professionals.
- There shall be sufficient change rooms, washrooms & dining facilities.
- Management shall ensure that there is a mechanism whereby any safety related issues are duly reported.
- The Management should promote a culture of reporting of safety related issues such that there is no victimization
- This also includes setting of a gender harassment committee to ensure workplace safety from sexual harassments.
- A record of corrective and preventive actions shall be maintained wherever appropriate, with due consideration given to anonymity.
- The organization should have a documented and established grievance handling system.
- The organization should have a well-defined process for handling nurse (s) grievances
- The nursing professionals are educated about the mechanisms available for addressing grievances.
- Grievance Cell, AIIMS ,BBSR

Nurses Rights

The head of the nursing service protects nurse (s) rights:

The nursing professionals Right to practice in a manner that fulfills their obligations to society.

- Right to practice in environments that allows them to act in accordance with professional standards and legally
- Right to a work environment that supports and facilitates ethical practice
- Right to freely and openly advocate for themselves and their patients without fear of retribution (punishment)
- Right to fair compensation for their work
- Right to a work in an environment that is safe for themselves and their patients
- Right to negotiate, either as individuals or collectively, the conditions of their employment are educated about their rights.

CHALLENGES FACED BY HUMAN RESOURCE DEPARTMENT

1. **The nursing shortage**
2. **Less Retention**

Strategies to overcome the challenges:

- **Establish hiring and screening policies and procedures** to attract and recruit the best possible pool of job seekers.
- **Bring in the best applicants for interviews** following the initial job application and screening process. Test applicants to measure their strongest talents and skills.
- **Selecting, training and orientation programme:** These programmes help in reducing the skill gaps for new employees. Training helps the employees to adjust to rapidly changing job requirement and it builds satisfaction and trust.
- **Job satisfaction and creating trust:** Lower job satisfaction translates into higher resignation rate with resulting loss of valuable competent nurses. The most effective way of building trust in the workplace is to work together through team work, honesty and fairness. It will form the foundation for effective communication and motivation.
- **Empower each nursing personnel:** It is essential to empower each employee in the organization irrespective of her position in the hierarchy to create a sense of belongingness in each member. Each staff will enjoy autonomy while doing the job and ensure accountability.
- **Recognize employees:** In order to retain the nursing personnel, focus should be there that should not be dissatisfied. Attention should be given on innovation. Special career needs, determining their other needs and help them.
- **Professional Development:** It can also involve encouraging nurses to attend patient care conferences or other nursing-related conferences and offering tuition reimbursement for undergraduate or graduate degrees. Other professional development options include allowing nurses to give presentations at workshops, conferences and staff trainings or to have access to clinical instructors, medical libraries, electronic databases and other resources. Continuing education opportunities, flexible schedules, mentoring programs and recognition programs are all excellent ways to improve retention.

- **Build a positive work culture and environment** by clearly defining roles and responsibilities, being responsive to changes in staffing, communicating regularly and openly with staff, developing effective processes and ensuring that team members work together in a supportive manner.
- **Collaborative and inter-professional teaming** can be another effective management technique. These types of team structures, sometimes called collaborative practice or interdisciplinary collaboration, encourage partnership and a multidisciplinary approach to patient care. They can also help nursing staff meet patient needs more effectively and efficiently while simultaneously improving employee retention rates.
- **Collaborative hiring:** Collaborative hiring is a hiring method in which both HR teams and teams from other departments work together to find and hire talent.
- According to research and every recruiter and HR professional everyday work experience, the current job market is 90% candidate driven.
- Inbound Recruiting is a recruitment marketing strategy where you proactively and continually attract candidates with the goal to make them choose you as their next employer. Your goal in inbound recruiting is to attract, convert and engage candidates.
- Experience: Candidates who had a positive (feelings, behaviors and attitudes) in your recruiting process will more likely accept your job offer, reapply in future and refer others to your hospital than negative candidate experience.
- Social recruiting : The term refers to different ways of using social media networks (such as Facebook, Twitter, LinkedIn etc.) and websites (blogs, forums, job boards and websites like Glass door for example) to find, attract and hire talent.
- Data-Driven Recruiting and HR Analytics are expressions used to demonstrate recruiting methods in which planning and decision making are based on data acquired through HR technology such as Applicants Tracking Systems and Recruitment Marketing Platforms.
- Offer an attractive salary and benefits package. Nurses want to work for organizations that invest in their employees.
- Nurture your best new hires and share their success stories with staff. Promote your best performers into more challenging roles to stretch their limits.
- Invite veteran nurses to be preceptors and mentors for younger workers. Leverage the skills of your best employees to help others.
- Keep current on research findings and best practices. Establish statistical and other measures to quantify how your employees are doing.
- "We don't own them." Gone are the days when facilities could cage their nurses in one department because they feared another facility would "steal" their nurses. Today, smart facilities have learned that they don't *own* their nurses; so, if they don't offer experience and learning opportunities, other organizations will.

- "Neither do sign-on bonuses." To encourage employees to stay at the organization, there are often clauses in the contract whereby if the employee quits before a specified period, they must return the signing bonus.

Nurses Registration and Tracking System (NRTS)

The purpose of maintenance and operation of the Indian Nurses Live Register mandated to be maintained by the council as per section 15-A of the Indian Nursing Council Act 1947.

This process is carried out for all the nurses who are working in the health/ nursing establishments/ institutions both in private and public sector. Each registered nurse will be provided with the Nurses Unique Identity (NUID) number.

Objectives of Nurses Registration and Tracking System (NRTS):

- Free enrolment of nurse- Hassel free registration and linked with Aadhaar based biometric authentication.
- Simplified registration and has integrated uniform system across the country.
- Empower nurses with National Unique Identity Number (NUID).
- Renewal of license once in five years linked with 150 hrs. of continuing Nursing Education (CNE).
- Candidates getting NUID card will get the incentive of 30 hours of CNE for the first time.
- Facilitate for effective manpower planning for policy makers at state and national level.
- Uniform issuance of nurses' passbook comprising of complete history of nurse midwifery.

The benefits of the NRTS will be:

- Online availability of data of active and registered nurses/midwives across the country through a computerized live register to all the stakeholders.
- Standard application form and procedures for clearances of application forms.
- Online filling and submission of registration application forms.
- Appropriate MIS reporting framework.
- Non duplication of nurses /midwives data.
- Unique identification or nurses/ midwives resulting in ease in verification process.
- Quick verification process by the hospitals/privates clinics before employing any nurse/ midwife
- Facilitate stakeholders with requisite information regarding registration services of INC.

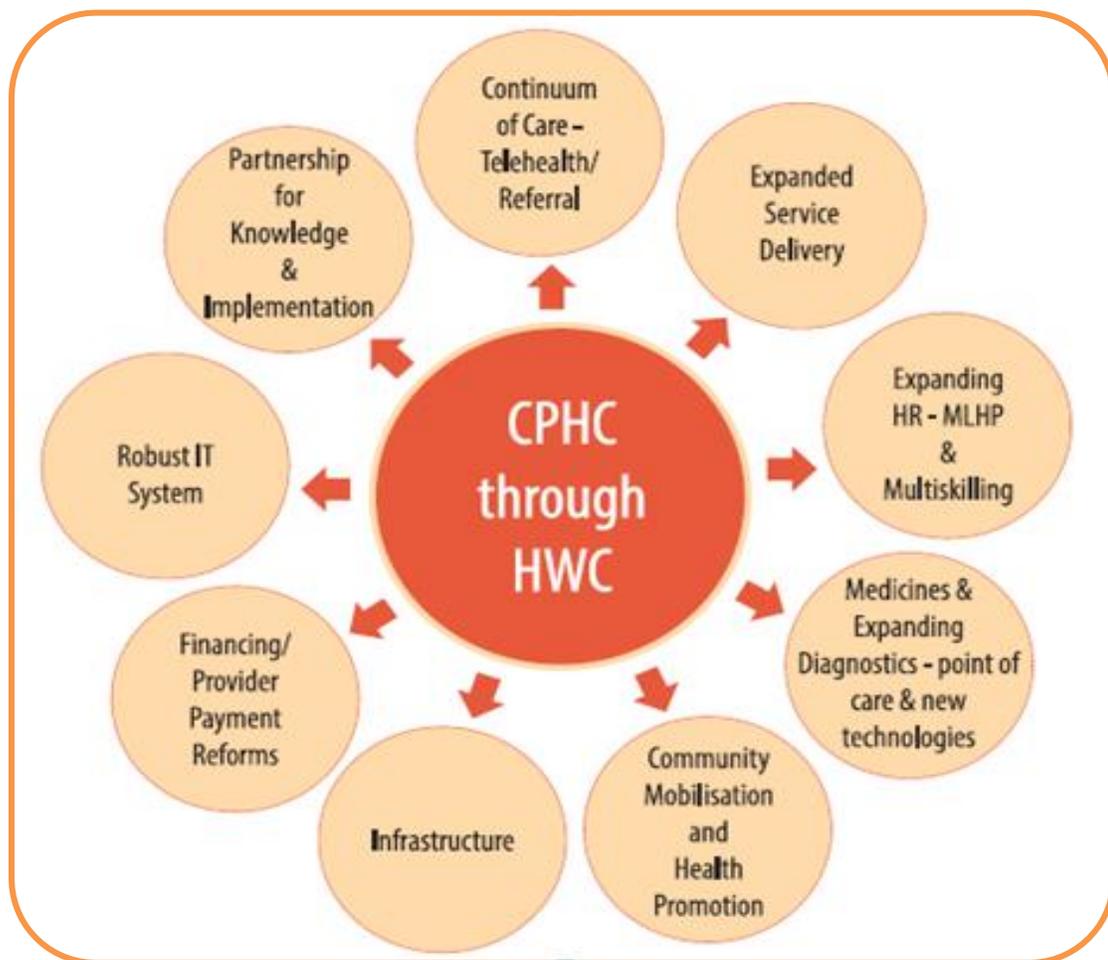
Live register:

Through the live register accurate data of active and registered nurse will be made available online. This will help the government in better manpower planning and for making policy level decisions for the nursing professionals in India.

Foreign recruitment: TNAI'S recruitment agency for nurses is available on the following link <https://tnairecruitment.com/>. This will be helpful for the nurses.

Plenary Session Team:

- Mrs. Nupoor Bhambid
- Mrs. Shailaja Mathews
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REDEFINING NURSING EDUCATION



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Introduction:

Health care system is undergoing transformative change. Nurses are the single largest licensed health professional group and they practice in nearly every setting of the health care system, including hospitals, long-term care, home health, ambulatory care, diagnostic and treatment facilities, and clinics. In these settings, nurses will assume important new roles to improve care, advance health and increase value. New roles will require that nurses be adept at recognizing the impact of community characteristics on patients and populations; understand the complex needs of older patients; design and implement care coordination programs; leverage data and technology to enhance patient care and collaborate effectively with diverse teams of health professionals.

Nursing education needs to incorporate the competencies required for nurses to be successful in new roles, through entry-level and continuing education programs. Educators need to pay particular attention to designing programs that enable nurses to seamlessly gain new skills and competencies; preparing faculty and preceptors to teach in ambulatory and community settings; and leveraging emerging educational modes such as flipped classrooms and online education. Policymakers need to modernize regulations to allow nurses to practice at the highest level of their knowledge. Now is the time to mobilize educators, nurse leaders, policymakers, and employers to advance nursing's capacity in a transformed health care system.

Why Nursing Education to be redefined?

The health care system is undergoing rapid changes that put new emphasis on population health, quality of care, and the value of the services delivered. These changes present both opportunities

and challenges to the registered nurses. The changing roles nurses have in the delivery system and assess the educational, policy and regulatory structures that must change with them.

How can we create the right mix of nurses in the right locations, specialties, and practice settings, with the skills and competencies needed to meet these goals?

Health care payers are shifting away from fee-for-service payments that reward volume toward paying for value, including improved population health outcomes. 50 percent of Medicare payments will be tied to value through alternative payment and care delivery models, such as Patient Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs).

As payment models shift, health care providers—including hospitals, clinics, physicians' offices, and long-term care settings—are redesigning how they deliver care and how they redeploy the workforce in new roles and settings. Health systems and payers are increasingly focused on “upstream” preventive and primary care and the health workforce is shifting from acute to outpatient settings.

In redesigned health care systems, nurses are assuming expanded roles for a broad range of patients in ambulatory settings and community-based care. New job titles and roles are emerging, particularly in population health management, patient coaching, informatics design and analysis, geriatric care, and managing patient care transitions. Nurses are increasingly employed as “boundary spanners,” connecting patients with services in health and community settings.

Nurses are increasingly called upon to collaborate as members of interprofessional teams. These emerging and expanding roles for RNs will require the application of nursing skills in new ways, as well as the development of new skills. However, current educational programs vary considerably in their ability to prepare nurses for the evolving health care system, a system that will emphasize accountability for the health of populations and place nurses in roles that address the increasingly complex needs of patients with multiple chronic conditions. Addressing the unique needs of this “invisible workforce” will be a major challenge in the transformed health care system.

KEY DIMENSIONS TO THE PREPARATION OF THE EMERGING NURSING WORK FORCE:

- **Population health:** Today, there is growing recognition that many individual health problems have antecedents in the community, and can be prevented through improved population health programs. In serving their patients and communities, nurses and other health care providers must understand and navigate the social, political, and economic factors that influence individual and population health. For nurses to be effective in care management and coordination roles, as well as in primary care in general they will need to address how the community affects each patient, and how interventions at a broader

level—either for a patient panel or community—can improve individual outcomes. This perspective demands greater knowledge of epidemiology, sociology, and social determinants of health. “population health” has emerged to refer to accountability for the longitudinal care and outcomes of an identified group of patients whose health care needs are typically addressed across multiple sectors (e.g., primary care, hospitals, post-acute settings, home, and hospice). Newer models of health care delivery, share incentive structures that tie “value” to health indicators in these patient groups, identified by their clinical conditions and/or non-clinical characteristics such as socioeconomic status.

- **Complex older adults and their family caregivers:** The rapidly-growing population of older Indians will demand more health care services in general, as well as more long-term care. A growing share of long-term care is being provided in home- and community-based settings, through home health, adult day care, and other support services.
- **Innovations:** A number of innovative state-led reforms in the provision of long-term services and supports are being tested. In addition to providing valuable clinical care to older adults, the nursing workforce will be central to meeting this growing need in the following ways:
 - assessing the long-term needs of individuals with physical and cognitive impairments
 - developing customized care plans
 - coordinating care across providers and settings
 - overseeing the adequacy of services
 - leveraging nurses to improve care transitions
 - Preventing physical and cognitive decline while ensuring that older adults can live in the community.
- **Care coordination and transitional care:** Care coordination involves working with patients to help organize the services they receive, ensure that their preferences and needs are met, share information across health care providers, and facilitate the appropriate delivery of health care services. Many types of interventions fall under the umbrella of care coordination, including care transitions, guided care and collaborative care models. Numerous programs have demonstrated the value of care coordination, as well as the capacity of nurses to design, implement, and participate in care coordination projects and practices.
- **Transitional care model:** care coordination is more broadly defined to encompass both health care and social services, including the physical, behavioral, social, and economic dimensions of care. The use of evidence-based models to guide system transformation is growing. 59 percent of clinicians or clinical leaders from nearly 600 distinct health care sites (e.g., hospitals, home care agencies) reported use of the Transitional Care Model, a

proven nurse-led team based approach, as a foundation for system change. The roles and optimal mix of clinical and non-clinical professionals in coordinating care RNs and other employees (including clinicians such as social workers and support staff such as medical assistants and peers) were responsible for care coordination in roles such as care managers, care coordinators and patient navigators. Their functions varied considerably. Some also were employed as health coaches, helping patients understand and manage their conditions, including patient education activities, motivational interviewing techniques, providing referrals to community-based services, and visiting patients in their homes. Quality revealed limited evidence of improved patient knowledge, behavior change, health outcomes, and cost effectiveness.

- **Electronic health records (EHRS) and patient registries:** Use of Data, Evidence, and Other Performance Improvement Skills: nurses are using data from electronic health records (EHRs) and patient registries to identify unmet health needs and to target population health interventions. Health information technology allows health care providers to access patient and community information rapidly, as well as supports efficient communication between providers. When designed well, these systems improve care coordination, increase quality of care, and lower costs. Telehealth systems allow health care providers to remotely monitor and communicate with patients, allowing for timely identification of emerging issues and consultations that are convenient to patients. Effective use of health information and telehealth systems are considered essential for successful care coordination. Data embedded in EHRs can be used to rapidly assess the effectiveness of interventions for specific patients, as well as to assess broader relationships between care processes and patient outcomes. Nurses can leverage these systems both to better meet immediate care needs and to guide organization policies toward care improvement.
- **Interprofessional collaboration:** A hallmark of the transformed health system is a new level of collaboration across the health professions, including physicians, nurses, social workers, physician assistants, pharmacists, and medical assistants. Nurses' clinical knowledge and presence across all care settings will likely make them primarily responsible for navigating interactions between patients and providers along the continuum of care. They can play a key role in developing systems to ensure that primary care patients receive appropriate specialist consultations, physical therapy, nutrition counseling and education, medication reconciliation with pharmacists, and assistance with socioeconomic issues that affect patients' abilities to care for themselves.
- **Inter professional collaborative practice:** Inter professional Education Collaborative has developed the following core competencies for

- Values/Ethics for Interprofessional Practice (work with individuals of other professions to maintain a climate of mutual respect and shared values)
- Roles/Responsibilities (use the knowledge of one's own role and those of other professions to appropriately assess and address health care needs)
- Interprofessional Communication (communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach)
- Teams and Teamwork (apply relationship-building values and the principles of team dynamics to perform effectively in different team roles).

➤ **Redesigning education, regulation, and policy to support new roles:** health care licensure, certification, and accreditation requirements need to better reflect emerging roles and accountabilities. Ricketts and Fraher (2013) have called for better connections between education and practice so that the transformative changes underway in front-line care delivery systems are incorporated into the curriculum and clinical placement requirements for nurses, physicians and other health professionals. Dower et al. (2013) have noted the importance of restructuring the regulatory system to accommodate the more flexible deployment of the workforce that will be needed to staff new models of care.

➤ **Education:** Nursing curricula need to incorporate the competencies (knowledge, skills, and behaviors) described above to prepare the workforce to undertake population health initiatives, support older adults and other complex patient groups, provide care coordination, manage care transitions, analyze and act upon data from EHRs, patient registries and other sources, optimize the use of evidence and performance improvement skills, and work as members of teams within and across settings. Educational redesign needs to focus not only on revising the curriculum for nurses in the pipeline, but also on retraining the 2.9 million nurses already in the workforce. barriers to implementing care coordination roles in new models of care identified lack of work experience as a challenge to hiring new nurses and also as a barrier to moving already employed nurses to new roles. Nurses will need a more flexible educational system that promotes seamless academic progression and allows them to gain and refine skills and competencies throughout their career.

One of the biggest barriers to preparing the nursing workforce is the lack of faculty and preceptors who are familiar with the new roles demanded of nurses in new models of care. Educational programs may face challenges in identifying faculty and preceptors who can teach key skills across a variety of care settings. Educational programs also will face the challenge of continuing role ambiguity. Educators will need to navigate shifting roles and adjust competencies needed according to the complexity and diagnoses of patients and settings in which nurses will work.

Barriers faced by educational institutions are the lack of community-based practices in which to place nursing students. Nurses to learn to practice in new models of care, clinical rotations need to include exposure to high-performing teams in ambulatory settings, and provide longitudinal experiences with patients and family caregivers.

Traditional nursing education models will need to include more online education, simulation and flipped classrooms. Many online educational programs, both continuing education and degree programs, are highly regarded. New education opportunities are likely to emerge for nurses to develop skills and knowledge specific to emerging RN roles.

It is recommended that nursing schools do more to educate students about issues specific to care of older adults, such as managing cognitive impairment and multiple chronic conditions. Nursing educational programs should leverage opportunities to advance faculty expertise in geriatric care.

REGULATION AND POLICY:

Regulatory and policy changes are needed to support nurses practicing in new roles to the full extent of their education. Restrictive state regulations regarding scope of practice hinder access to care, lower the supply of providers, and increase costs. Employers and health care providers often have internal rules that are more restrictive than state laws. Hospitals, clinics, and medical groups need to ensure they are using RNs at the top of their ability and at the top of the legal authority.

“Top of the license model” in which physicians and nurses jointly care for a panel of patients with nurses taking on many of the tasks formerly done by physicians, including collecting and entering information into EHRs about a patient’s history of the present illness, reviewing past problems and treatments, discussing medication lists, assessing a patient’s social history, and updating preventive care needs. Adoption of this care model depends on scope of practice laws that allow such task shifting to occur.

Insurance reimbursement rules also can hinder nurses from delivering optimal services. New provisions for insurance coverage of wellness and behavioral telehealth visits and care coordination for patients with multiple chronic conditions will bring more attention to the role of nurses in these areas.

Conclusions: 3 major conclusions

- (1) Nursing educational systems effectively form professional identity and ethical compartment in students;
- (2) Clinical practice experiences are powerful learning opportunities for students, yet the disconnect between education and practice is leaving students unable to adequately address ever increasing demands in clinical practice; and
- (3) Nursing programs are not effectively teaching science, humanities, and technology.



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REBUILDING THE NURSING IMAGE



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The nursing community has been constantly striving to create a positive public image of the profession. Webster's dictionary defines image as "character projected by someone or something to the public". Certain image has been formed in the public mind based on certain inputs and experience, which the society goes through from time to time. On one hand, the public has fun with the stereotypical image of the nurse as the ministering angel, the naughty nurse, or the doctor's handmaiden. On the other hand, the Gallup opinion poll on honesty and ethics in United States placed nurses at the top of the list every year. In our country as well, the image of nurses in the public mind varies from a person with a syringe in hand to doctor's helper to a caring assistant.

What are the multiple images that we want to come to the mind of public about a nurse? Ideally, it should be around professional attributes such as critical thinking, therapeutic intervention skills, caring behavior and communication.

The fact of the matter is that there is no clear image of nursing that encompasses our diversity of roles and activities we do at present. As nurses transitioning into administrative roles, we know there is so much more to us than any of the images held by the public. Today, nurses' areas of expertise include acute care, various clinical specialties, quality improvement, Medical informatics, risk management, perioperative care, hospice care, education, and nursing administration. Our one commonality as nurses is our commitment to quality patient care. We know, both individually and collectively, that nurses are regarded as honest and valued by our patients. How can anyone develop a single, all-encompassing image that can adequately convey to the public who and what a nurse is?

In fact much of the work we nurses perform is invisible to all but the patients and organizations that we serve. Nurses do not have a strong relationship with the media. When the media approaches nurses, it focuses on human-interest stories rather than on our professional abilities.

By publicly sharing aspects of our work, nurses will gain more recognition and thus help to enhance the public image of nursing. In order to be appropriately valued in healthcare and by the public, it is critically important for nurses to be more visible in every role and place of employment. Promoting our accomplishments, becoming actively involved in professional organizations and community issues, participating in committees, and writing articles for professional journals are ways to achieve visibility. Collaboration between bedside nurses, nursing administrators, educators, and researchers will provide opportunities for nurses to be recognized for their professional contributions.

Unfortunately, we can't ignore the disconnect that exists throughout the nursing profession that affects our image. Working together to acknowledge achievements will promote unity throughout the nursing profession. We must celebrate one another's contributions. Providing conflict resolution skills, improving communication, and promoting team building are ways nurses can enhance the image of nursing.

From an educational perspective, a unified entry academic level into the nursing profession will help our image which will be hopefully implemented in the near future. The image of nurses will be enhanced when we will be seen as professionals who care for each other and support one another's professional growth. Continuing education is essential and must be encouraged to develop professional nursing practice.

Public opinion shapes political agendas. As public opinion is often based on inaccurate images, nurses must participate in the political arena to shape our image. If not, we run the risk of being excluded from important political decisions that would affect the practice of nursing. More nurses at the policy-making tables would result in increased visibility and representation for nursing and healthcare issues.

In addition, although the nursing profession has some strong organizations, political activism is a weakness of the profession as a whole. Very few nurses are members of national nursing organizations. These low numbers influence our nursing image and ability to become politically effective.

Clark's 5 Cs model of political action (communication, collectivity, collegiality, commitment, and challenge) provides a framework for nurses to become actively involved. Clark notes that nurses need to be active members in coalitions supporting critical policy issues. Nurses working together and becoming actively involved in social policy issues will successfully challenge and overcome opposition in the political and policy-making arenas.

Nurse executives are creating practice environments that encourage the best attributes of each nurse. The image of nursing will continue to evolve with the influence of skillful nursing leaders who help shape the direction of our image. More nurses, who are academically advanced,

socially engaged, politically conscious and professionally successful should come forward to guide the way, to foster growth, to be the mentors, and most of all support one another, to advance the nursing profession.

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PLENARY SESSION II: IMPACT OF REDEFINING NURSING EDUCATION AND NURSING IMAGE (MKSSS BTINE FACULTY)

Issue 1: Single entry admission to nursing.

Introduction:

As we know that after 12th Board Exam, students can apply for General Nursing and Midwifery (GNM) course. This is a 3 years diploma course in nursing. After completing this course, students will get registration form respective Nursing Council and can join in Hospitals. According to the notice of Indian Nursing Council, the last admission in GNM training program will be 2020-2021 academic year. **After that, no admission will be made to the GNM program.** According to notice published by Indian Nursing Council with the notice number 1-5/2018-INC dated 28th February and 14th March 2019 INC is phasing out GNM training program, and there will be only one entry-level course for nursing which is B.Sc nursing. Students can take admission on B.Sc. nursing course after completing their 12th Board Exam. This is a graduate level course. However there is no problem for students, who want to take admission for GNM nursing training program till the 2020-2021 academic years. They can easily complete their GNM course without any issues. This notice of INC regarding phasing out of Nursing Diploma and making nursing program as a single entry level nursing course that is combining G.N.M with B.Sc. nursing has raised many quarries.

Queries raised in the forum of nursing professionals:

- Which eligibility criteria will be considered

The GNM course is a three-year diploma which is open for non-science backgrounds while B.Sc nursing is a four-year course with eligibility as 12th pass in science. Can eligibility of B.Sc. Nursing course will be changed to students with non-science backgrounds.

- Which syllabus will the council implement?

For example the GNM course is a three years diploma is designed to help the students to acquire knowledge, attitude and practice the skills in providing care to client which consist of 880 practical hours for core subject of nursing that is nursing foundations. Whereas basic B.Sc. nursing course consist 650 practical hours with same purpose. Hence this pattern of hours distribution is suggestive that GNM course is more practical oriented.

- Will there be separate entrance exam?
- Presently for GNM course medium of instruction is English, Marathi or Hindi language, if GNM merge in to B.Sc. which language will be used for medium of instruction?
- After completion of B.Sc. degree course what designation or type of work fresh pass out will perform?
- Will there salary scale will be different than the GNM (diploma holders), if so what old generation diploma holders will do?

- What type of professional growth options will the ANM have?

Issue 2: lack of nursing competencies

Introduction

According to me many nursing colleges have issues related to hospitals,(Hospitals do not give permission for hands on practice to student nurses, hence students do not get adequate hands on experience, other side expectation of hospital industry (employer) that nurses (employee) work in the health industry should have excellent clinical competency, adequate social sense and emotional quotient.

The field of nursing education has not advanced. The INC has been the same, structurally and functionally, since the Indian Nursing Act of 1947 came into force. The act has not been reviewed or revised significantly for approximately 72 years now, while, unarguably, the state of health care has drastically changed.

The private health care workspace is characterized by higher exposure to technology, accountability and transparency; continuous up skilling; tight working schedules; contractual bindings; and lesser competitive compensations. Therefore, while at one hand nurses are not reaping the competitive professional advantages, there is a significant need for nursing education to advance to remain competitive and relevant for the current technological environment. Furthermore, health care is increasingly getting patient-centric, and the education systems need to address this.

Solutions to improve nursing care competencies:

- Integration of various practical aspects of EBP into the curriculum.

EBP involves the integration and implementation of the best available evidence, including clinical expertise and patients' values and circumstances, in clinical decision-making. Traditional EBP is a five-step process: Ask; Acquire; Appraise, Apply and Assess. This method of teaching and practice improves patient outcome and critical thinking skills of students.

- Simulation based practical teaching.

Simulation-based clinical education is a useful pedagogical approach that provides nursing students with opportunities to practice their clinical and decision-making skills through varied real-life situational experiences, without compromising the patient's well-being. Simulation experience reflects or mimics reality.

Today, many options are available for simulation equipment, from low-fidelity anatomical models used by students to practice injections and other skills, to high-fidelity manikins that reproduce physiologic functions and are programmed to respond to interventions in real time.

Nurses can hone their abilities and skills—and commit every possible error—without harming real patients. Simulation has long been utilized to train nurses and other providers in CPR.

Clinical simulation is an important teaching and learning innovation that bridges classroom and clinic by allowing students to build clinical competence, confidence, and judgment over time.

This may solve the issue of not getting hands on practice in the private hospital.

- Competency based education.

Mastery learning approach also called as outcome based teaching learning approach. In this approach criteria of outcome is predefined and students are tested against this criteria. This technique comprises quality learning experiences that are provided by considering individual differences. This approach consist formative test and immediate feedback on subject learning and understanding of the student. Prominent feature of this method of teaching is students are taught and re-taught with a different method and tested and retested till the student achieve the predefine criteria.

Issue 3: less research efforts by nursing faculty.

Introduction:

Research studies in the nursing sector can pave the path for improved recognition of the profession. The role of doctoral education is to prepare nurse scholars who will contribute both to the development and application of knowledge in nursing for enhancing quality of nursing education, research, practice and dissemination of nursing knowledge. The function of nurse scholars are to: assume leadership roles in complex healthcare and education systems, develop a theoretical and empirical base for nursing practice in both current and emerging health care systems, conduct nursing research and participate in developing healthcare policies. The entire thrust is on professional preparation in Nursing that could lead to evidence based practice for clinical effectiveness. Unfortunately these functions are not fulfilled up to the mark. Reasons, why the nurse scholars are behind in full filling their functions specifically research.

Reasons for less research efforts by nursing faculty:

- No self-motivation.
- Less support from institute.
- No research funds.
- No incentive for nursing scholar.
- Special cell for nursing research at institute and university level is not available.
- No scope for translating research findings to clinical nursing practice solutions to improve research in health and nursing area.

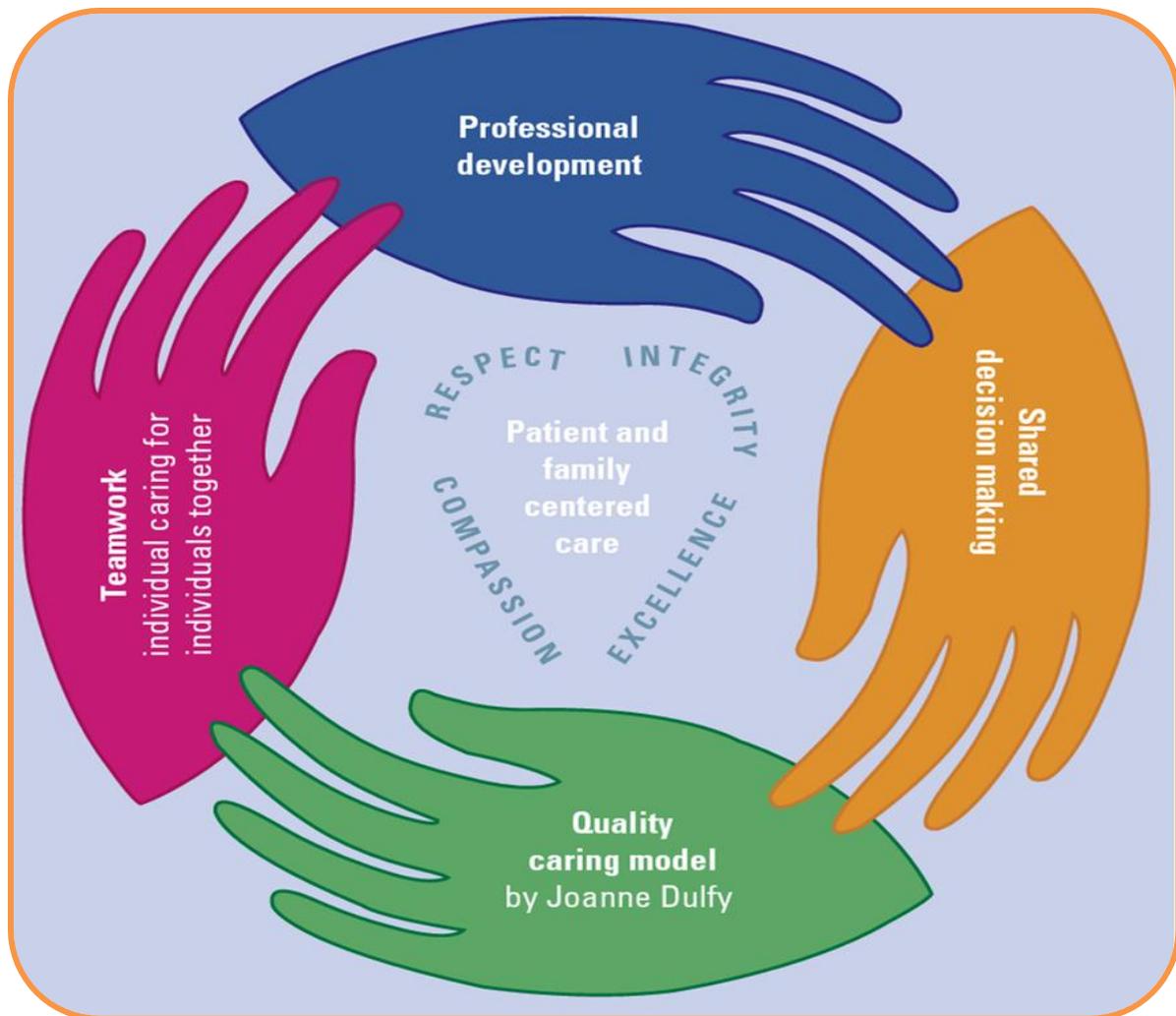
Solutions to improve our research in health and nursing area:

- Nursing Practice Act need to be developed in order to spell the scope of nursing practice based on qualification, designation and license.
- Exchange programs to promote leadership in nursing.
- All nursing research conducted by the scholars need to be pooled under one website to guide the future researchers and to apply the findings of new knowledge in the nursing profession.
- There should be a separate Nursing cell (wing) in ICMR to promote nursing research in the country.

- Research conducted by nursing scholars to be designed with sole purpose of improving healthcare delivery as a whole along with improvement in nursing as a profession. Can be done in collaboration with private sector.

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- Mrs. Meena Sonawane
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Professional Practice Model Characteristics and Attributes of Nurses

PANEL DISCUSSION: REDEFINITION OF NURSING FROM NURSING STUDENTS' PERSPECTIVE NURSING IMAGE

What is nursing image in view of all?

Image is a part of profession it is a way a person appears to other, or in the case of profession, the way profession appears to other disciplines and to the general public –consumer of health care.

Nurses have become healthcare professionals in their own right who possess a great deal of knowledge. However, the public does not always value the skills and competences nurses have acquired through education and innovation.

Public image is predominantly based on misconceptions and stereotypes, which finds origin in distorted images of nurse in media. In that always media shows negative image of nurses, such as appearance, way of communication, behavior, intellectual capacity which adversely impact on public. All this is not suitable for nursing, as being 'Nobel profession'.

Some studies show that the image of nurses in public is partly self-created by nurses due to their invisibility and their lack of public discourse. Nurses derive their self-concept and professional identity from their public image, work environment, work values, education and traditional social and cultural values.

Nurses should work harder to communicate their professionalism to the public. Use the same media like internet, TV can be used to show the public what they really do. To improve their public image and to obtain a stronger position in healthcare organizations, nurses need to increase their visibility. This could be realized by ongoing education and a challenging work environment that encourages nurses to stand up for themselves.

Although Florence Nightingale saw nursing as an independent profession that was not subordinate but equal to medical profession. Studies have shown that the nurses have always been strongly aware of their subordination to the medical profession and are still experiencing high levels of dissatisfaction with their professional status. However, old mindsets still persist and there is certainly poor public perception of nursing profession and as such, they are grossly undervalued as a professional. Even within the confines of health care system, they become easy targets for the location of guilt and blame for poor practice by a failing and dysfunctional system.

What needs to be done to improve Nursing image?

- Better projection of nursing profession.
- Respect each other. Maintain unity within profession.
- We need to create and maintain profession, organizations and associations in nursing by generating energy, flow of ideas, proactiveness and advocacy.
- Engaging media to improve public perception by focusing on positive achievements in response to negative allegations or representations.
- Improving image, emphasizing aspects like dress code and professional attitude.
- Improving their own self-image by valuing the essence of work they do themselves.

- Increased individual and professional funding.
- Employing more qualified nurses.
- Increased administrative support.
- Improving the education. In curriculum of nursing schools, attention should be given to performance and empowerment.
- Raising standards-setting high benchmarks for recruitment
- Improving working conditions.
- Focusing on patient care by fulfilling the expectations of patients.

Policy making in nursing

What is the role of nurse as a leader in policy making in hospital administration?

- The complex multi- faceted nature of modern healthcare requires nurse as a leader in various aspect of her profession including administration.
- She can create effective intra- departmental and facility- wide system of health care delivery while leading a productive and efficient workforce.
- This allows for optimal patient care in any medical setting, and also to solve the inter or intra departmental issues.
- Nursing administration (policy making) must be able to develop a successful vision for nursing organization and nurture collaborative relationship among interdepartmental staff and management.
- This can lead to direct application of problem solving skills and provide direct guidance and mentorship to their unit nurses.
- Nurse administrator are often responsible for large scale policy planning like staff management, financial resource management through-
 - Planning work schedules and delegating responsibilities and task to nursing staff.
 - Arranging and overseeing training of nursing staff.
 - Observing nursing staff for proper delivery of care.
 - Establishing a budget and ensuring budgetary compliance.
 - Recommending policy and structural changes.
 - Raising funds for staff development and providing facilities to nurses through nursing service charges.
- At the central level nurse leader are charged with fulfilling the organization's mission, vision and strategic long-range plans.
- Their role involves policy setting and overseeing quality measures; dealing with regulatory compliance, certainly taking on fiscal responsibilities and more.
- Nurse leaders are not as task-oriented as nurse managers, but rather focus on setting and upholding standards of nursing.

Nursing practice

Nurses play an integral role in the health care industry. Providing care to patient and filling leadership roles at hospital, health system and other organization. But being a nurse is not without its challenges. It's a demanding profession that requires a lot of dedication and commitment.

What are big issues facing nurses today?

Compensation – when it comes to nurse's compensation regional differences are to be expected based on cost of living. Beyond regional differences in pay, nurses pay gaps also persist between genders.

Workplace violence – Another major challenge nurses face is violent behavior while on the job be it from patients or coworkers.

Inadequate staff – staffing is an issue of both professional and personal concern for nurses today. If staffing is adequate nurses contend threatens patients health and safety, results in greater complexity of care and impact their health and safety by increasing fatigue and rate of injury.

Long working hours- nurses are often required to work long shifts. But in a number of cases, nurses must work back to back or extended shifts. Risking fatigue that results in unable to provide quality care or sometimes a mistake may happen.

Workplace hazards - Nurses face a number of workplace hazards each day while doing their jobs. Including extra measures for those who do not receive the vaccination for personal or religious reasons.

What are the challenges nurses will face in future?

Nurses in every position, specialty and health care organization are going to face challenges in 2019. Continuous to change in technologies

1. Recruitment and Retention

2. Technology race

3. Patient culture and communication

- Improve practice by maintaining nurse patient ratio.
- In service and continuing education has to be there by university or council per yearly to acquire knowledge and improving skill.
- Simulation training should be there to improve skill and knowledge.

Simulation based nursing education intervention have strong educational effects. It provides students with opportunities to practice their clinical and decision making skills through various real life situational experiences.

- Policy should be there to acquire new knowledge and if any mistake happened during providing care.
- Nursing professional should support other nurses if any issue during duty time.
- There should be various posts according to qualification of nurse and not according to the age of nursing staff.

- Nurse's duty schedule should be properly planned while preparing duty plan the nurse's rotation should be in different departments after 2 -3 years. So that nurse skill and knowledge will improve will improve.
- Policy should be there for salary hike for nurses in every organization.
- EBP- nurses should use evidence based nursing practice is through use of current best research based evidence in making decision about patient care.
- Evidence based practice benefits are:
 - ✓ Leads to the highest quality care and patient outcome
 - ✓ Reduce health care cost
 - ✓ Reduces health care provider turnover rate
 - ✓ Reduce complications.
- Conduct the clinical research by nurses.
- Human resource management system should include nursing personnel in policy making and decision making at high level.
- Online record should be maintained properly and should keep up to date.
- Nursing theories should be used widely in nursing practice while caring for patient according to their need.

Panelist:

Ms. Chinchalkar Pallavi

Ms. Joshi Prajkta

Ms. Taide Avita

Ms. Tanpure Reshma

Ms. Tendulkar Akshata

Ms. Waghmare Sanchi

Ms. Watari Sushma

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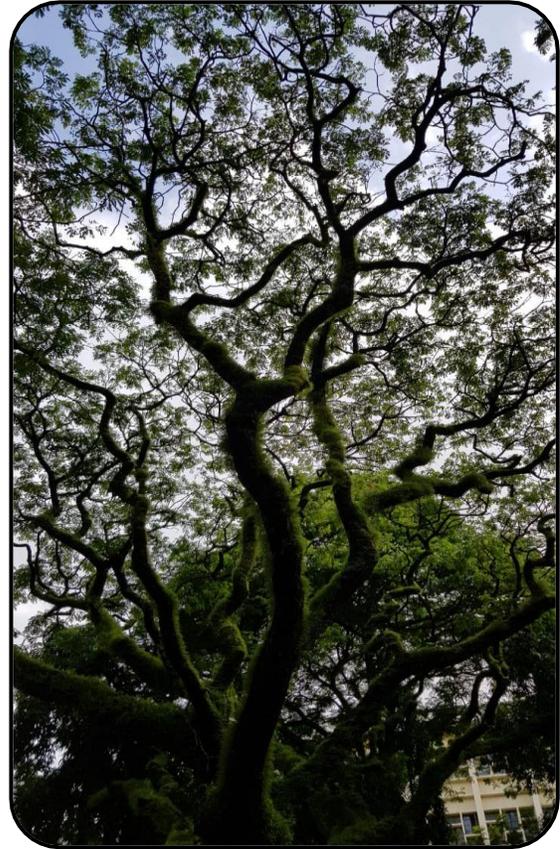
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