



Bharati Vidyapeeth

(Deemed to be University) Pune, India

College of Nursing

Dhankawadi, Pune-411043 (INDIA)

NATIONAL CONFERENCE, 2018 NURSES FOR THE NEXT DECADE



25
Glorious years of
Bharati Vidyapeeth
College of Nursing, Pune

**2nd and 3rd
February 2018**



BHARATI VIDYAPEETH
(DEEMED TO BE UNIVERSITY)
COLLEGE OF NURSING, DHANKAWADI, PUNE-43

National Conference 2018
Nurses for the Next Decade
2nd & 3rd February, 2018

Chief Patron

Dr. Patangrao Kadam

Founder, Bharati Vidyapeeth
Chancellor

Bharati Vidyapeeth (Deemed to be University), Pune

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Pro-Chancellor
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University), Pune

Prof. Dr. Manikrao Salunkhe

Vice Chancellor
Bharati Vidyapeeth
(Deemed to be University), Pune

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Teaching and non-teaching faculty

CONFERENCE CHAIR-PERSON

Prof. Mrs. Pravina Mahadalkar

Principal & HOD (Obstetrics & Gynecological Nursing)
BV (DU) College Of Nursing, Pune

ORGANIZING SECRETARY

Dr. Suresh K. Ray

Associate Professor & HOD (Community Health Nursing)
BV (DU) College of Nursing, Pune

MESSAGE



Hon'ble Dr. Patangrao Kadam

M.A., LL.B., Ph.D.
Founder & Chancellor,
Bharati Vidyapeeth (Deemed to be University), Pune

Bharati Vidyapeeth's College of Nursing at Pune is a pioneering College which has created a space for itself on the nursing education map of India by its high level of academic excellence. I feel very proud of this College for the reputation it has acquired as a vibrant center of nursing education and training.

It is indeed a matter of pleasure to note that Bharati Vidyapeeth (Deemed to be University) College of Nursing Pune is organizing conference on **"Nurses for the next decade"**.

Nursing is a unique profession because it caters towards the most important aspects of life. The rapid advances in technology during the twentieth century have changed the main focus of the nursing profession towards science and technology.

Nurses can wider their professional knowledge and skills including leadership, management, organization, teaching and mentoring capabilities through scientific research.

I hope the conference enhances professionalism and capabilities of all the participants which promotes towards the future advancement of nursing profession.

I wish the conference a great success.

Dr. Patangrao Kadam



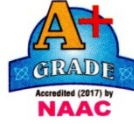
Hon'ble Dr. Patangrao Kadam
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Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Pro Chancellor

Prof. M. M. Salunkhe
M.Sc., Ph.D., F.R.S.C.
Vice Chancellor

Bharati Vidyapeeth (Deemed to be University) Pune, India.

Accredited with 'A+' Grade (2017) by NAAC
'A' Grade University Status by MHRD, Govt. of India
Accredited (2004) & Reaccredited (2011) with 'A' Grade by NAAC



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MESSAGE

It is matter of great pleasure to know that Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune is organizing National Conference on "Nurses for the next decade".

It is well established that the nurse's role in ethics and human rights protects and promotes individual worth and dignity in practice settings. Nursing is one of the noble professions which is considered to be an emotionally fulfilling and personally rewarding career. Professional accountability of nurses to their clients is demonstrated by incorporating research evidence into their clinical decisions.

I am sure that the resource persons specialized in the area of Nursing will enlighten the participants on the advanced knowledge in the area of their specialization.

I appreciate efforts of the College Team for selecting such a innovative and appropriate theme for the Conference.

I wish the conference a grand success.

Prof. Dr. Shivajirao Kadam
Pro-Chancellor

Pub. Trust No. F/277-Poona

Soc. Reg. No. Bom./441 Poona

FOUNDER

Dr. PATANGRAO KADAM
M.A., LL.B., Ph.D.



Bharati Vidyapeeth

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SECRETARY

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B.E.(Comp.), M.B.A., Ph.D.

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V. B. MHETRE

Dr. K. D. JADHAV

Dr. M. S. SAGARE

(DONATIONS ARE EXEMPTED FROM INCOME-TAX VIDE NO. P 165/B-40)

MESSAGE

Dr. Vishwajit Kadam

Secretary,
Bharati Vidyapeeth,
Pune



I am happy to learn that our College of Nursing at Pune is organizing a National Conference, "Nurses for the next decade" on 2nd and 3rd February, 2018.

I have been always proud of this College of Nursing, which is a leading College of Nursing not only in this part of the country but all over the country. I occasionally get reports about the meaningful academic activities being carried out in this College. I appreciate this academic vibrance of the College.

The topic chosen for the conference is in my opinion very timely and relevant. With the outbreak of new information and communication technologies, the knowledge in every field is increasing at an astonishing rate. So also is the case in technology. Hence the professions which are knowledge and technology based are required to be aware of the changes that are taking place in these two fields with a view to update their services to the clients. In this context, this conference will be able to create new consciousness about the possible changes that would take place in the Nursing profession.

I extend my very sincere wishes for the success of this Conference and for prosperous future for the College. My congratulations to the Principal and her colleagues for organizing these events.

(Dr. Vishwajit Kadam)
Secretary

MESSAGE



Dr. Manikrao Salunkhe,

Vice - Chancellor

Bharati Vidyapeeth (Deemed to be University), Pune

From the Desk of Vice Chancellor

I am happy to learn that Bharati Vidyapeeth's (Deemed to be University) College of Nursing, Pune is hosting a National Conference on "Nurses for the Next Decade."

The changing global scenario, with an outburst of hitherto unknown diseases and pandemics, has a significant impact on the medical as well as paramedical sector. With the advancement in the field of technology and medicine, the average lifespan of human beings has increased to a large extent. However, the quality of life as well as the advent of other lifestyle diseases is on a surge. All this shall require a tremendous workforce towards the increased need for hospitalization and care giving services. There is a greater need for efficient and trained nurses to cater to the increased medical needs of the people and providing excellence in nursing.

Further, the pace of technological evolution in healthcare is advancing. The complexity of curricular revision can create challenges in the face of rapid practice change. Nurse educators are encouraged to consider the role of electronic health records (EHRs), wearable technologies, big data and data analytics, and increased patient engagement as key areas for curriculum development. Student nurses, and those already in practice, should be offered ongoing educational opportunities to enhance a wide spectrum of professional informatics skills.

The nurses of the next decade will most certainly inhabit a very different practice environment than what exists today and technology will be key in this transformation. Nurse educators must prepare now to lead these practitioners into the future. I believe it is quite timely to take up such a topic for the conference. I believe that the issues under reference shall be emphasized in the conference to enhance potential of the faculty by means of dissemination of knowledge.

I appreciate the initiative taken by the Principal and the Members of the Organising Committee of the conference. My best wishes to the conference to be a success.

(Prof.M.M.Salunkhe)
Vice Chancellor



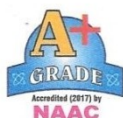
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MESSAGE



We at the University are very happy to learn that Bharati Vidyapeeth (Deemed to be University) College of Nursing, Pune is organizing a Conference on "Nurses for the next decade" which is vital need of the hour.

With the growing complexity in healthcare practices and with the rapid technological development, matured, updated, efficient and dedicated nursing team is imperative. The future nurses will certainly inhabit a very different practical environment than what exists today because of the rapid technological transformation.

The Nursing Educators play a very pivotal role in developing and equipping the nursing students not only with the desired competency and skills but also shapping them with strong humane approach. It is also very important that Nursing faculties and those already in practice should enhance a wide spectrum of professional expertise. Organizing such educational conferences will be definitely useful not only for the students, faculty and nurses but also for the Society at large.

I greatly appreciate the initiative taken by the College of Nursing to organize such a conference. My best wishes for the success of the conference and for all the future endeavours to be undertaken by the college.

G. Jayakumar
(G. Jayakumar)
Registrar

January 25, 2018

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MESSEGE



Dr. (Mrs.) Nilima Bhole

Dean & Principal,
Bharati Vidyapeeth,
College of Nursing, Sangli

The advancement of information and communication technology (ICT) is one of the most significant factors influencing change in healthcare systems around the world. The rapid pace of technological evolution has already significantly influenced nursing. Equitable access to technology is a key consideration for the nurses. Change is a familiar feature of nursing landscapes but the technological advancements of the next decade may cause greater shifts than have previously been navigated. Preparing nurses for a technological healthcare future highlights a clear need “to teach with and about technology to better inform healthcare interventions that improve healthcare outcomes and prepare the nursing workforce” In addition to significant scientific developments, nanotechnology and genomic research, central tenets of patient care related to diagnosis, planning, and intervention are undergoing substantial change.

Much of the preparation for the next decade of nursing practice must be done without the benefit of certainty. More than ever before we must support nurses already in practice, and the next generation of practitioners, for technological advancements and challenges that do not yet exist. Educators should engage in future-casting about the potential evolution of nursing and not be limited by current practice paradigms. Curricular revision is often a complex and time-consuming process and there will be inherent challenges in matching the pace of technology trends. Stand-alone health informatics courses may allow for more flexibility and responsive ongoing revision in nursing programs. Informatics competencies supported by well-developed frameworks will lead to International Competency. Concerns related to human interaction and caring presence will be also be paramount in the years to come and nurses will require the skills needed to balance human need with technological advancement.

I appreciate the initiative taken by the Organizing chairperson, Secretary and the Members of the Organizing Committee of the conference. My best wishes to the conference to be a success.

Dr. (Mrs.) Nilima Bhole

MESSAGE



Prof. Pravina Mahadalkar

In charge Principal

Bharati Vidyapeeth (Deemed to be University)

College of Nursing, Pune

Bharati Vidyapeeth (Deemed to be University) College of Nursing Pune is organizing conference on “**Nurses for next decade**” in line with its vision .The vision focuses on being a model of excellence through dynamic programmes , innovative practices and research.

Nurses are expected to treat everyone in their care with dignity and humanity, they are supposed to understand their patient’s individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally. It is accepted that effective caring is a complex and skilled nursing craft.

Everyone needs healthcare, and with an aging population and shrinking nursing workforce, it’s easy to see why nursing is often referred to as a “recession proof” career.

There is a greater need for efficient and trained nurses to cater to the increased medical needs of the people and providing excellence in care giving services.

I hope the conference will churn out thoughts and exchange ideas which will direct the nursing community for the near future .

**Organizing Chairperson,
National conference 2018**

MESSAGE



Dr. Suresh Kumar Ray

M.Sc. (N), B.I.A.M, Ph.D.(N)

Associate Professor, HOD (CHN Dept.)

Bharati Vidyapeeth (Deemed to be University)

College of Nursing, Pune (MS)

We are indeed privileged and delighted to host the National Conference on Nurses for the Next Decade in Pune, the Cultural capital of Maharashtra & “Oxford of East”.

We express our heartfelt thanks to Hon’ble Dr. Patangrao Kadam (Chief Patron), Hon’ble Dr. Shivajirao Kadam (Patron), Hon’ble Dr. Vishwajeet Kadam (Patron), Hon’ble Prof. Dr. Manikrao Salunkhe (Vice- Chancellor) & the entire Management team of Bharati Vidyapeeth (Deemed to be University), Pune for agreeing upon to organizing the most awaiting educational and scientific event. Such a herculean task would not have been possible without the efforts taken together by the organizing committee members, Resource persons, Colleagues and Students.

We are honoured to have Prof. Mrs. Anita Deodhar (President, TNAI) & Dr. Sanjay Lalvani (Medical Director, BHRC, Pune) to inaugurate the conference and deliver the Key Note address and are extremely thankful for accepting the invitation graciously.

A sea change has been taken place in last few decades in the health care industry, where changing profile of population, emerging diseases and rapid growth in health care technology are placing health care challenges to meet the demand. The consumers are becoming more vigilant and educated. This requires a transformation in the health care system to reassess the roles of health care professionals and to bring change in the mindset of nurses to prepare them for the future health care needs and believe more on quality aspects. To ensure this fundamental shift, the conference programme has been planned to deliver sessions on understanding the demand and innovation in nursing required to meet the health care challenges and to deal with educated consumers. Keeping this in view, sessions have been planned featuring on health care needs, workforce & health care reforms, legal issues, Nurse Informatics and growth in the field of budding Nurse Entrepreneurs.

This is a great opportunity and occasion for us to interact with eminent personalities from the field of Nursing, Medical Science, Law and Health care technology, which represents the multi-sectoral approach in transition phase of Health sector. Let us join hands together to share our knowledge and experience that will go a very long way in helping to build up the healthy, prosperous and developed nation.

We hope that all of you will enjoy the academic feast, warm hospitality of Bharati Vidyapeeth (Deemed to be University) College of Nursing, Pune & rich heritage of the region and culture of Pune City.

Organizing Secretary
National Conference 2018

“Jai Hind - Jai Maharashtra”

MESSAGE



Prof Santa De

HOD Medical Surgical Nursing
BV College of Nursing, Pune

In the era of changing demography and increasing diversity nurses are facing multiple challenge and opportunities. They utilize their unique knowledge and skill to hold their place as a strong member in the inter-professional collaborative team. Yet, they need to think and practice differently, gain greater awareness of resources available so that clients can be connected with the care and support needed for their maximum wellness.

Today's nurses need to increase their visibility and self-worth, must take lead in bringing revolution of health care in making patient care more sensitive, affordable and quality driven. Transformation of such intensity is not very easy at individual or system level. It involves analysis of goal, mission, partnership and all essential element of organization.

In this national level conference we intend to take an incremental step to listen to the views from experts of multiple disciplines who will contribute their experience in shaping the pathway for the progress of the nurses in the coming decades. Take home message may be carried forward by the participants in their professional arena to confront the changing situation.

I also take this opportunity to extend a warm welcome to the delegates and wish the event a great success.

Chairperson
Scientific Committee

MESSAGE

***From the desk of Souvenir committee
National conference 2018***



*Mrs. Veena
Sakhardande*



Dr. Anita Nawale



Ms. Moumita Manna



*Mrs. Kanchan
Shinde*

It is a matter of great pride and pleasure that our college is completed Silver Jubilee. During the last quarter of century, the College has nourished very healthy tradition of Nursing education and training. It is known not only at the State level but also at the National level as one of the leading Nursing College.

It gives us pleasure to note that Bharati Vidyapeeth (Deemed to be University) College of Nursing Pune is hosting National conference on “**Nurses for next decade**” to achieve advancement and professional development.

We extend our best wishes to conference.

राष्ट्रीय परिषद २०१८ आगामी दशकातील परिचारीका



आगामी दशकातील परिचारीका या विषयावर भारती विद्यापीठ परिचारीका महाविद्यालयातर्फे येत्या २ व ३ फेब्रुवारी रोजी राष्ट्रीय परीषदेचे आयोजन करण्यात आले आहे.

नर्सिंग क्षेत्रातील अद्यावत माहिती समजण्यासाठी व जगातील समुदायच्या भविष्यातील विविध आव्हानांना सामोर जाण्यासाठी परिचारीकांना सक्षम बनविण्यासाठी ही परिषद एक महत्त्वाचे व्यासपीठ प्रदान करणार आहे.

या परिषदेसाठी सन्माननीय अतिथी प्रा. सौ. अनिता देवधर अध्यक्षा टि. एन. ए. आय. प्रमुख अतिथी डॉ. संजय ललवाणी वैद्यकीय अधीक्षक, भारती हास्पिटल व रिसर्च सेंटर (माननीय अतिथी) डॉ. सौ. निलीमा भोरे (अधिष्ठाता परिचारीका विभाग) व मुख्याध्यापक, कॉलेज ऑफ नर्सिंग, सांगली यांचा सहभाग असणार आहे. प्रा. सौ. प्रविणा महादळकर मुख्याध्यापिका, भारती विद्यापीठ कॉलेज ऑफ नर्सिंग, पुणे. या परिषदेला अध्यक्षा असून डॉ. सुरेश रे हे परिषदेच्या आयोजक सचिव आहेत.

आरोग्य व्यवसायात गेल्या काही दशकात अमूलाग्र बदल घडत असून समाजाचे बदललले स्वरूप, नवनवीन आजार व वेगाने बदलणारे तंत्रज्ञान आपल्यासमोर एक वेगळे आव्हान उभे आहे. स्वस्थ ग्राहक हा अधिक जाणकार व जागरूक झाला आहे. यामुळे आरोग्य सेवेतही तत्सम बदल घडवून आणून परिचारीकांच्या मानसिकतेतही गुणवत्ते विषयी सतर्कता निर्माण करून येणाऱ्या पीढीच्या गरजेनुसार अनुरूप बनविण्याची गरज आहे. हे सर्व बदल लक्षात घेवून परिषदेत विविध परिसंवाद योजिले आहेत. ज्यामध्ये नवीन आव्हाने व जागरूक ग्राहक यांच्या गरजांनुसार व संशोधन यावर प्रतीपादन करता येईल. तसेच आरोग्य सेवेतील गरजा, मनुष्यबळ, सुधारणा, न्यायवैद्यक बाबी, माहिती तंत्रज्ञान आणि परिचारीका उद्योजकांच्या विजयावर चर्चासत्र होणार आहे.

परिचारीकतेच्या वैद्यकीय शास्त्राच्या, न्यायवैद्यक विभागातल्या, आरोग्य तंत्रज्ञानातल्या प्रथितयश व्यक्तींना भेटण्याची व संवाद साधण्याची ही सुवर्णसंधी आहे. या परिषदेत देशभरातून २५० हून अधिक परिचारीकांचा सहभाग अपेक्षित आहे.

विनिता जमदाडे

सहा. प्राध्यापक

भारती विद्यापीठ नर्सिंग विद्यालय, पुणे

Consumer's Perspective on Healthcare

Dr. Sarita Zele,
NCPRE,
IIT Bombay

As a representative of the consumer community, I would like to present here my views on Healthcare providers especially about nursing professionals. These are based on my three major encounters with Hospitals and Healthcare providers.

The first time I had a close interaction with hospitals, was when I was 13 years old and my younger sister who was 8 had to undergo an Open Heart Surgery. This was done successfully at a public hospital in India in 1980. My next encounter was about 25 years later, when my 9 month old daughter had to undergo an Open Heart Surgery which was at a Children's Hospital in USA. The third encounter was last year, when my mother in law had a Hysterectomy at a private hospital in India.

Although the first experience was at a public hospital and kind of scary as we didn't have much information and had to go with a complete trust in the Doctors it turned out OK. The impression I have from that time is that, if you know someone at a public hospital then you will be treated very well and everyone around will go out of their way to help you. It was important to connect with someone high up to have a successful recovery. Nurses and the post-op care they provided was very important for the recovery. Nurses, doctors and family worked together for the patient's recovery. It was a small but very connected crew. Staff was personally involved and was very caring so even with limited resources it was a positive experience.

In the second case, at the Children's Hospital in USA although we were a lot more stressed we found a lot of comfort because of the special care taken by the nurses. During the long surgical procedure, a nurse would give us regular feedback on the progress. During the critical post-op period, the nurses appointed were the most experienced and knowledgeable. Their every little gesture, action showed how much pride they took in their job. Post-surgical care of little babies can be very intense and rough yet they made it look so easy. Their cheerful and positive attitude to work made it much more bearable for us. Often I spent long hours chatting with them as they went about their duties and I felt they were always warm yet distant. They never would do anything as a favour but would also never skip a single thing that was part of their job. At every shift-change they would do an extremely thorough pass-down without missing a single detail. Even the doctors and surgeons always took nurses' words very seriously.

In my most recent encounter at the Private Hospital in India, although the facility was quite fancy the experience was not particularly good and the main reason was the attitude of all the staff including nurses and doctors. There was no passion, no real care for the patient. It was all as if they HAD to do it and it was just a job! From time to time we would see complete lack of professionalism as the nurses would keep talking to each other about their personal issues, would forget changing gloves between handling patients and so on... Often, there were misplaced priorities as they would start organizing TV remotes and knickknacks before Doctor's visit rather than patient care. It felt as though the nurses were only there to collect data and pass it on. They treated the Doctors like God and never questioned their orders even when it contradicted with common sense. They didn't want to connect the dots or even 'THINK' why they were doing certain things.

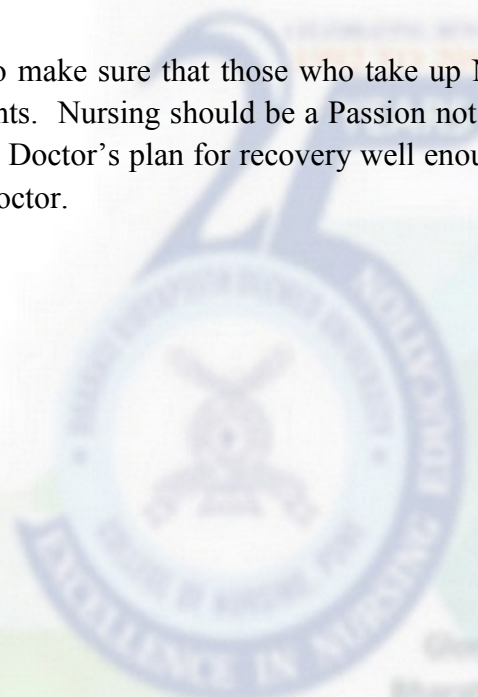
We saw that mistakes happen by healthcare providers in India as well as in US, however how you react to it is quite different in both places. In US, during a complicated procedure, there was an incident where staff happened to overlook something but everyone was very HONEST. Admitted it, explored together with family ways to improve and eventually put in a policy so it will not happen again.

In India, when very obvious mistake did happen the attitude of all staff was how to COVER UP so no one will be blamed. Staff was always trying to justify and make it look like patient's fault and assume family would be ignorant so you can get away with it.

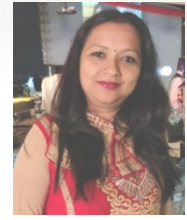
There are certain positives about Indian Healthcare professionals. They are definitely more sensitive towards patient needs and concerned about family's financial and social situations. As they get to treat huge volume they have lot more hand-on experience than their counterparts abroad. The biggest negative though is that most nurses view themselves as "data collectors" and very rarely apply their own knowledge or learning. They are reluctant to share information with patient and family and oftentimes skip duties and forget priorities.

Today's consumer is lot more informed as there are lot of resources like Google, social media available with access to global knowhow. They want to weigh different options and then choose treatment plan based on all possibilities rather than trust one person. Expectation from the Healthcare Professionals is that they would share information and not underestimate the patient. Consumers would like the care providers to be professional, knowledgeable, involved with the patient's care and take pride in their job.

Educators need to make sure that those who take up Nursing are there because they have the real desire to serve patients. Nursing should be a Passion not just Profession. A trained nurse should be able to understand the Doctor's plan for recovery well enough and be able to make decisions and if necessary question the Doctor.



Nurses as a Change Agent



Dr. Lily Podder

Associate Professor, Obstetrics & Gynaecological Nursing
Bharati Vidyapeeth (Deemed to be University)
College of Nursing, Pune

Change in today's health care landscape is a daily, if not hourly, reality. The historical term for those leading change is "change agent." The job of the change agent is to assist people (including both health care professionals and consumers), organizations (hospitals, skilled nursing facilities, physician offices, home health agencies) and other stakeholders in understanding why change is needed and, more importantly, understand how it benefits them. For transformational change to happen, all parties must understand what benefits are available to them as a result of changing. Judgment and finger pointing are not effective weapons for the change agent. Rather, a change agent must be an active listener and a persistent messenger, and provide tools, assistance and resources to enable change to occur.

Nurses comprise the largest sector of the health care workforce worldwide. The each and every nurse must have strong leadership skills to navigate through change with a focus on the patient and the provision of safe and reliable care. Nursing has a critical contribution in healthcare reform and the demands for a safe, quality, patient-centered, accessible, and affordable healthcare system. To deliver these outcomes, nurses, from the chief nursing officer to the staff nurse, must understand how nursing practice must be dramatically different to deliver the expected level of quality care and proactively and passionately become involved in the change.

We can play a critical role in shaping the health care system of the future. There are transformative changes occurring in healthcare for which nurses, because of their role, their education, and the respect they have earned, are well positioned to contribute to and lead. To be a major player in shaping these changes, nurses must understand the factors driving the change, the mandates for practice change, and the competencies (knowledge, skills, and attitudes) that will be needed for personal and system wide success. These changes will require a new or enhanced skill set on wellness and population care, with a renewed focus on patient-centered care, care coordination, data analytics, and quality improvement.

Being a change agent is a major function for nurses. Nurses are on the floor seeing the effects medicine and the health care system is having on the patient. We know that some things are getting better for the patient and other things are not. We must be vocal about the changes that are working and those that aren't, and about what still needs to change. It is critical for nursing to play a significant role in how our health care system is shaped and changed going forward. As a change agent the nurse should use his/her behaviours including guidance, facilitation, and inspiration to inspire others toward change, altering human capabilities, and supporting and influencing others toward change.

Nurses must continue to look for ways to impact change within the health care system. You don't have to be a nurse manager to be a change agent. Any nurse can have a significant impact on needed change within nursing. If you see a change that could occur that you think would have an

impact, discuss it with someone who can help to champion your idea and get it implemented. It will need to be tested to see if it does result in a positive outcome and is cost effective. Nurses have what is needed to be successful in identifying and implementing change.

Transformation and the changes required will not be easy—at the individual or systems level. Individually, it requires an examination of one's own knowledge, skills, and attitudes and whether that places you as ready to contribute or resist the coming change. At an organizational level, it requires an analysis of mission, goals, partnerships, processes, leadership, and other essential elements of the organization and then overhauling them, thus disrupting things as we know it. The reality is that everyone's role is changing—the patients', physicians', nurses', and other healthcare professionals'—across the entire continuum of care. Success will come if all healthcare professionals work together to transform and leverage the contribution of each provider working at full scope of practice. Achieving patient-centered, coordinated care requires inter-professional collaboration, and it is an opportunity for nursing to shine.

One example of nurses being involved in facilitating change is in decreasing hospital readmissions. When nurses are assigned to elderly, high risk patients that are likely to relapse, readmissions go down. This was demonstrated at the University of Pennsylvania in Philadelphia with the Transitional Care Model program. In this program the nurse follows the patient up to three months after discharge, attending their medical appointments, and collaborating with physicians, caregivers, and family. This program demonstrated a significant reduction in the number of hospital readmission and costs dropped by as much as \$5,000 per patient. Unfortunately, many third-party-payers and institutions are not willing or not structured in a way to pay for nurse-directed programs.

There are barriers keeping nurses from being effective change agents in the ever evolving health care system. These barriers need to be fully identified, recognized, and overcome for nurses to be in the position to lead change and demonstrate the ability to be change agents.

Some of the barriers for nurses to be a major leader in change are that nurses need to be allowed to practice to the full level of their education and training. Nurses also need to be recognized as a fully functioning discipline in health care delivery and be a full partner in health care decision making.

There is no doubt that nurses are poised to assume roles to advance health, improve care, and increase value. However, it will require new ways of thinking and practicing. Shifting your practice from a focus on the disease episode of care to promoting health and care across the continuum is essential. Tracking outcomes as a measure of effectiveness and leading and participating in ongoing improvement to ensure excellence will require exquisite teamwork as excellence crosses departments, roles, and responsibilities. “Nurses can no longer take a back seat—the time has come for nursing, at the heart of patient care, to take the lead in the revolution to making healthcare more patient-centered and quality-driven”. The question you must ask to self always is “Are you ready?”

“Family Nurse Practitioner – Rural India”



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- **Family nurse practitioners** - Family nurse practitioners (FNPs) are registered nurses with specialized graduate education who provide primary health care services to people of all ages.
- FNPs perform physical exams, order diagnostic tests and procedures, diagnose and treat illness, prescribe needed medications, and teach their patients how to develop healthy lifestyles to promote health and prevent disease.

Global view –

- Many state boards of nursing like Alaska, Hawaii, and Washington State grant NPs full practice authority. This means that NPs in the state can practice and prescribe medications without any physician collaboration or oversight. As of 2017, 22 states and Washington D.C. have granted NPs full practice authority: e.g. New Mexico, Hawaii, Alaska, Arizona etc.
- In other states, such as New York, Pennsylvania, and Ohio, NPs can practice independently but are required to enter into a collaborative physician agreement.
- In some areas of the country, particularly in rural and urban areas where physician shortages are persistent and prevalent, FNPs are the sole healthcare providers in nurse practitioner-led clinics.
- They provide much-needed services to underserved populations that would otherwise have very limited access to preventative care, or healthcare of any kind.
- It's the very fact that FNPs are able to practice autonomously and have been educated at the post-bachelor's level in health diagnosis and assessment, physiology and pharmacology that allows them to serve in a primary care role.

Do we need FNP?

- Analysis of available health workforce shows that India has
- 7 Physicians per 10000 population,
- 6 Nurses per 10000 population
- There is gradual increase in need of health workforce as population is increasing.
- It is a major challenge today to reach the whole population with adequate health care services and also to ensure its utilization.
- So there is a need for Family Nurse Practitioner to provide care in rural India.

Role of Family nurse practitioner-

- Manage chronic conditions, such as hypertension and diabetes
- Oversee the health and wellness of women, including providing preconception and prenatal care
- Provide health and wellness care to infants and children
- Treat minor acute injuries
- Provide episodic care for acute illnesses in all ages

Role of professional bodies-

- INC- Needs to prepare the curriculum
- State Nursing Council – Prepare policies to implement it
- TNAI - create the place for recruiting the trained FNP in collaboration with central as well as state Government.
- Responsibilities and authorities should be clearly stated
- Standing orders to practice independently
- Law to protect the nurse in emergency situation should be clearly stated

Challenges -

- Willingness to work in rural area - Will the masters work in rural area?
- Working environment - Will the Government provide required facilities?
 - Like clinic with required equipments,
 - Transport facilities,
 - Accommodation facilities in rural area etc.
- Recognition by community - Will the community accept them as independent family nurse practitioner?
- Recognition by Medical council - Will the FNP allowed to prescribe lab investigations, diagnose the disease and prescribe the medicine?

“Preparing Nurse to be an entrepreneur”



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Nurse Entrepreneurs use their nursing education and business background to start ventures within the healthcare industry establishing, promoting and running their own companies. Some develop medical devices, computerized systems, or home health products.

Definition

A nurse entrepreneur is a nurse who uses their training, knowledge and nursing medical expertise as a nurse to create and develop their own businesses within the healthcare field through the use of creativity, business systems, problem solving and successful investing strategies.

Guidelines to build ideas of nurse as entrepreneur

To set out on your own as a Nurse Entrepreneur, some key skills to have included: creativity, business savvy, ability to find funding and identify a niche market, as well as a consistent customer base.

Be Confident: By recognizing the power and strength within ourselves and each other, nurses can work together to turn thoughts into a concrete plan to induce positive change and create the catalyst for innovation at the workplace and beyond. Nurses are uniquely equipped to discover innovations, drawing on our experience on the front lines of care. Be confident in your ability to be a change agent.

Evaluate Your Idea: Find what problem is your idea or company concept solving it. Identify consumer's need it may not get very far off the ground. We need to know the patient impact. As entrepreneurs, we need to know our audience.

Complete a market analysis: Despite the fact that there may be competition in the space, is your solution revolutionary in some way. Analyse the market for problem and how to find solution.

Setup Your Business to be a Success: the administrative details will help to set your idea for success. Purchase the domain names for your company name, and begin to formulate your business plan. Think about your idea's scope and target audience.

Talk to a Mentor: A mentor can help you get your company off the ground or suggest ideas or angles that you might not have thought of on your own. It's always good to have collaboration

and support from others in the field. Learn and draw from your mentor's experience and knowledge base.

Fail Well: Don't be afraid to fail. there is such a thing as a "successful failure." "If you can learn from the failure, it'll be the ultimate pivot point in your entrepreneurial experience. The idea is the easy part. Acting on it is harder but perseverance is the key to success and will be the most challenging part on your entrepreneurial journey."

Keys to develop nurse as a entrepreneur

- Having a clear vision and being able to effectively share it with others is one of the key characteristics of entrepreneurs and choosing to capture idea of having a clear vision and being able to implement it.
- Engaging in innovations at the very core of what entrepreneurs do and developing a major business is an integral part of their everyday activity.
- Perceiving and pursuing opportunities is explicitly by entrepreneurs is their unique approach to opportunities, which involves both proactively seeking and being ready to seize opportunities.
- The centrality of risk-taking in the work of entrepreneurs
- Dealing with resources i.e. financial considerations are at the core of what business entrepreneurs do and searching and availing the funding from other resources.
- Decision-making and problem-solving i.e. engaging in innovation involves a lot of decision-making and problem-solving.
- Dealing with growth i.e. expansion is a key drive for entrepreneurs, whether it means continuing to grow a business or organization to achieve greater revenues and success.

Passion + Skills + Nursing = Business Idea

Starting a business also requires self-assessment. By doing so, you will be able to identify your strengths and weaknesses before you even take the plunge as a nurse entrepreneur.

Scope /area to start as nurse Entrepreneur

1. Private nursing service

Nurse can establish your private nursing facility, where you take care of patients that are undergoing treatment for diseases and injuries. Rather than visit the hospital too often, patients would prefer paying you to study their recovery, dressing, health education, injection, medication, and so on.

2. In-house nursing care

Nurse can take care of patients in their own homes rather than your private facility. Most patients, though not admitted in hospital, are not strong enough to leave their homes while recovering from ailments or injuries. Such patients would rather pay your charges to receive their treatment at home. Because this business requires you to visit patients in their homes, you can charge patients much higher; for this and other reasons.

3. Blogging

Blogging is big business nowadays. Nurse can start a blog that discusses certain health-related topics or other topics such as your hobbies or experience as a healthcare practitioner. Though it takes time, effort and sometimes money to establish a profitable blog, the profits would keep flowing ceaselessly once you are able to build a large audience and adopt it.

4. Write and sell books or e-Books

The information they contain is far more complex than the average individual can understand.

Being a nurse practitioner, you can bridge the gap between medical texts and the general populace by explaining medical terms such as diseases and disorders in simple everyday language that everyone can understand.

People are becoming more health conscious, and they need books and other resources that are rendered in simple language. So, you can make a fortune by creating books or e-books that explain specific medical conditions in simple language.

5. Selling medical supplies

Being a Nurse practitioner who knows how to handle most hospital equipment and instruments, you can venture into the sales of these medical supplies. You can target hospitals by selling patient care items such as adult diapers, disinfectants, etc.

You can also target doctors and your fellow nurses by selling instruments they use such as stethoscopes, sphygmomanometers, etc. You will have the largest market to serve by selling medical instruments that can be used at home such as digital blood pressure monitors, glucose meters, thermometer weighing scales, etc.

6. Freelance writing

Are you a very good writer? Then you can turn your writing skills into cash by handling health and medical writing projects for individuals and healthcare companies. You can also write blog posts for health and medical blogs. Another very lucrative option is to write for newspapers, magazines, and health publications.

7. Private consultation for patients

If you have worked as a nurse for many years, chances are that you have the experience needed to offer consulting services to patients with minimal health problems that are related to your speciality. Again, you need to be cautious if you are opting for this idea.

8. Career advisor

Another good business idea is to give career advice to nurses and other healthcare providers who are just starting their careers. Share with them what you have learned over the years. Teach them what you wished you knew when you first started out. They would be glad to pay you for these vital pieces of information.

9. Tutoring

As a nurse you can make more money by teaching student nurses at any nursing school or certification program around you. Start by searching the web for training programs for nurses and apply for the position of a tutor. As nurse educator you can start coaching classes.

NURSES ROLE IN EXPANDING TECHNOLOGY



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Introduction

Technologies become the primary means of managing patients information. The technology involved in nursing today would likely surprise even the most devoted gadget freak.

Definition:- Expanded role of nursing means engagement of nurse role within the boundaries of nurse.

It is the responsibility assumed by a nurse within field of practice autonomy

EXPANDED ROLE OF NURSES

- Advanced practice nurses
- Clinical Nurse Specialists
- Certified nurse midwife
- Certified registered nurse
- Nurse practitioners

Technology in Nursing practice

Biometrics

- To clock in and out of shift
- To retrieve medications from a locked pharmacy cabinet and access secured areas in the hospital
- Recording and storing of unique physical properties in a database for the specific purpose of identifying at a later date.

Ubiquitous computing

This means to gather, store, and share data.

For example, the vital signs machine can now automatically transmit the patient's readings to his or her EHR if the nurse scans the patient's wristband before using the machine. The processing of information is linked with each activity or object as encountered. It involves connecting electronic devices, including embedding microprocessors to communicate information. Devices that use ubiquitous computing have constant availability and are completely connected communicates with family in the waiting room.

The family member receives a card with a patient identifier number on it and an electronic pager, similar to one you might receive at a restaurant while waiting on a table. The family can watch a large monitor, following the patient's assigned number, through pre-op, surgery, almost done, and finally recovery. In addition, if the surgical staff needs to contact the family, they can call the pager at anytime.

Smarter Alarm Systems

The nurse used smart alarm to monitor patients vital signs . It measures physiological indicators. If there is a real cause for alarm, the machine will let the nurse know. These alarm systems are more modernized and efficient.

Electronic IV monitors

The Smart IV pump is a relatively new computerized medication delivery technology. It help the nurse to reduce medication administration errors .

Local wireless telephone networks

It helps to cut down time spent with record keeping and bringing healthcare professionals back to their patients' sides. Wireless local area networks (WLAN) are taking the place of older systems, which helps hospitals communicate more effectively in order to save lives.

Patient remote monitoring

Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

Electronic Healthcare Records

Healthcare providers have access to critical patient information from multiple providers, literally 24 hours a day, 7 days a week, allowing for better coordinated care.

Compact, portable medical devices

Combined with portable IT and communication equipment, these small, high-tech types of devices allow well-equipped nurses to take their skills on the road. They

can travel to patients' homes and treat conditions that once had to be treated on an in-patient basis.

Video conferencing

The ability to interact with nursing professionals throughout the world, through such means as video conferencing, offers advantages and opportunities like never before, both in terms of the further development of the nursing profession and the continued improvement in patient care outcomes.

Computerized Physician/Provider Order; Entry (CPOE) and Clinical Decision Support

CPOE and clinical decision support fundamentally change the ordering process resulting in lower costs, reduced medical errors, and more interventions based on evidence and best practices

Nursing Skill Sets Needed to Emerging Technologies

1. Being able to use technology to facilitate mobility, communication, and relationship
2. Having expertise in knowledge information, acquisition, and distribution
3. Understanding and using genomics in nursing

Benefits of technology in nursing

- Financial Benefits
- Lower Cases of Malpractice Claims
- Faster Lab Results
- Faster Turnaround
- Time Savings
- Ease of Access
- More Preferable than Paper Logs

CHALLENGES AND PROSPECTS FOR NURSING IN NEXT DECADE



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Health systems worldwide have evolved significantly over the past 20 years. Scientific knowledge about chronic diseases and the improvements in technologies used in health care have contributed to the quality of life for people. However, the major challenge is not being up to date with these advances, but providing safer care in a complex health care environment. Patient safety is a global problem that affects countries at all levels of development. It is estimated that millions of patients suffer mental and physical disabilities, injuries and even death due to adverse events. In developed countries, one in every ten patients suffers harm in well structured and technologically advanced hospital environments. In developing countries, or in countries in transition, this scenario is even worse because of poor infrastructure and lack of equipment; deficiencies in infection control policies; poor performance of health care professionals; the inability of Government and other public agencies to identify and manage the information about adverse events; and the lack of incentive for health care teams to notify others of adverse events. The human and economic burden of adverse events has also been a challenge for health care institutions. In the United Kingdom and Northern Ireland, the consequences of adverse events result in significant costs to hospitals, up to £2 million per year. In the United States, costs related to adverse events are approximately \$17 million to \$29 million annually. In Canada, these events are responsible for an increase in costs in the order of CN \$750 million for hospitals. Previous studies conducted in Brazil showed that adverse events are also common. However, there is no data on the costs to the health care services and to society because of these events. In the context of nursing care, it appears that nurses have always been concerned with defining and measuring the level of quality of their actions. In the past, the responsibility of nurses in patient safety was restricted to a few aspects of care, such as avoiding medication errors and preventing falls in hospitals settings. While these aspects of safety remain important for nursing practice, the breadth and depth of the subject are much larger, including the safety in home care. Most of today's strategies for patient safety were created for hospital settings. However, there are a significant number of people with chronic conditions at home. Future studies should focus on these sites for the establishment of appropriate and evidence-based nursing interventions to reduce the risks and complications related to health care.

Nursing Challenges and Potential Solutions

With the aim of providing quality and safe care to people, family and community, nurses have joined forces to build a body of knowledge focused on evidence-based practices. However, it is important to keep in mind that the prevention of adverse events and the promotion of safer care require the participation of all health care teams involved in the processes. It is not enough to know the phenomenon of adverse events in depth and the strategies for risk prevention if professionals do not adopt them in their day to day and if there is no change in

the culture of safety. Although most adverse events are caused by system failures, it has been difficult for physicians, nurses and other health care professionals to accept this concept and to create a non-punitive environment. An environment where it is safe to talk about the adverse events, and their causes instead of punishing offenders. Another major challenge concern is the difficulty of transferring available knowledge for clinical practice. In this regard, efforts are impounded to form health care professionals for safety, able to manage the current health needs of people, to identify the risks associated with unsafe care, and with systemic focus. The way nurses were trained in the twentieth century no longer meets the healthcare needs of the 21st century. Patients' needs and healthcare environments have become even more complex and nurses need to achieve a higher level of skills, competencies and attitudes to meet these needs with efficiency, quality and safety. Therefore, the continuous training program of nurses can be considered the foundation for the quality and safety of care. Another challenge is inclusion of patient safety as a discipline in the curriculum of nursing undergraduate and graduate programs. Some universities have sought this inclusion. However, the workload intended for this discipline is modest, and the teaching methods used are considered sub optima.

The Institute of Medicine also cites the importance of reformulating the educational methods implemented in professional training, which do not expose patients to unnecessary risks. There are a variety of educational methods widely used. Among these, the nursing simulation scenarios are a global phenomenon and they should be encouraged. These scenarios assist students and nurses in making clinical decisions based on evidence, and allow the knowledge, skills and attitudes to be acquired safely oriented, efficient, and without risks to patients. Also, with the increase in life expectancies around the world, the shortage of caregivers and the need for autonomy in the execution of daily tasks, home safety oriented to individuals with chronic illnesses and elderly people become indispensable themes for the health care team, especially for nurses. Accordingly, the ultimate goal of rehabilitation is to acquire and retain the highest possible level of autonomy, with the aim of maximizing people's participation in their process of care. In this direction, reflecting on the ethics of care and on the principle of respect for an individual's autonomy, health care professionals' efforts should address the development of health strategies to empower clients, families, and caregivers. The strategies should also give people support for autonomy in home environment in order to promote social participation, and to provide and receive safe care. Following this trend, the safe patient handling in rehabilitation should initiate in the hospital setting and be continued in primary health care and home health care settings. Nurses should identify the need for patient training before hospital discharge, and to ensure that the patients will be able to continue their self-care at home. Once patients are at home, and during home visits, nurses can address essential issues related to safe performance on people's daily activities, including self-management of medication, risk of falls, and self-care. Patient education is a key intervention in assisting patients in the medication management process at home because patient knowledge of medications is associated with adherence. However, specific educational methods should be adopted by nurses, according to each patient. For example, learning is more effective in older adults if information is explicit, organized in lists, and in logical order; thus a combination of both oral and written formats is identified by older adults as most helpful. Another important intervention adopted by nurses to reduce medication errors is related to the use of electronic devices and other equipment's to support safe medication administration at home. Vieira described a device to make home drug therapy as safe as possible. She developed an electronic System of Personal and Controlled Use of Medication (SUPERMED) to improve the adherence to the drug therapy in a group of elderly patients with hypertension. According to the author, after the use of the SUPERMED, the systolic arterial pressure values average decreased in 21.6 mmHg, the diastolic arterial pressure in 4.7 mmHg, and 96.9% of patients' shown more adherence after the use of the devise, against 81.2% before its use. Another nursing challenge is assisting with the safe transfer of patients at home, which is a common aspect of patient rehabilitation. Thus, it is recommended appropriate transfer devices, as well as appropriate educational and training in supporting safe transfer of patients at home to prevent falls and fall-related injuries. There is a

need for multimodal, interdisciplinary prevention programs; as well as more accurate risk assessment instruments; and more research related to this complex and costly problem. Thus, the identification of methods to build fall and injury prevention programs in the community is needed to guide policymakers. The preservation of people's autonomy and their participation in the care process and the basic principles of rehabilitation in a safe home environment emerge as concrete demands of the population and require the active role of nursing. The challenge presented to nursing, and other caregivers, is to develop training strategies for home self-care safety. In this context, nurses play a key role in the safe patient handling in rehabilitation at home. Nurses should be able to coordinate and monitor self-care at home through performance reviews; and to consider that patient's family and other caregivers should be included in the patient's rehabilitation process. Conclusion Health systems have become very complex environments to provide safe care, and with the increase in life expectancies, there are a significant number of people with chronic conditions at home. Thus, nurses should be prepared to provide safe care at home and to prevent home-related injuries, because everyone has the responsibility for patient safety. Nurses and other health care professionals, universities and health care institutions should be committed to the continuous development of human resources towards the quality and safety of care.

References

1. Nursing Challenges for the 21st Century Fernanda Raphael Escobar Gimenes* and Fabiana Faleiros Assistant Professor, Department of General and Specialized Nursing, University of São Paulo at Ribeirão Preto College of Nursing, Brazil
2. World Health Organization, WHO Patient Safety (2011) Patient safety curriculum guide: Multi-professional edition. Geneva: World Health Organization.
3. Martins M, Travassos C, Mendes W, Pavão AL (2011) Hospital deaths and adverse events in Brazil. BMC Health Serv Res 11: 223.
4. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, Institute of Medicine (2011) The Future of Nursing: Leading change, advancing health: The National Academies Press.
5. Okuyama A, Martowirono K, Bijnen B (2011) Assessing the patient safety competencies of healthcare professionals: a systematic review. BMJ QualSaf 20: 991-1000.

Nurse Informatics Specialist

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Introduction:

Very recently emphasis has been placed on the role of high technology in health care. The technology is changing, growing and adapting at a breakneck speed. Today's solution may be tomorrow's old news. Computer has become a part of everyday life for many people including nurses. All nurses must have a basic level of computer literacy in order to perform patient care and other nursing related jobs efficiently.

Nursing Informatics -The application of computer technology to all fields of nursing—nursing service, nurse education, and nursing research.” (Scholes and Barber, 1980, p. 70)

Goal of Nursing Informatics –

The goal of nursing informatics is to **improve the health of populations, communities, families and individuals** by optimizing information management and communication. This includes the use of technology in the direct provision of care, in establishing effective administrative systems managing and delivering educational experiences, supporting life-long learning and supporting nursing research.”

Functions of nursing informatics

1. Patient classification for assistance with staffing and scheduling.
2. Care planning and documentation to reduce the inordinate amount of time nurses spend on managing, communicating, documenting patient information.
3. Quality assurance for evaluating the quality of nursing services based on number of facts namely patient records, nursing care plans, patient care, criteria etc.
4. Order management, reporting to enhance communication between nursing and other departments.
5. Inventory, for communications between the nursing dept. and materials management for supplies.
6. Discharge planning, for standardized discharge plans.
7. Evaluation of nursing services by reports or query.

Overarching Standards of Practice for the Informatics Nurse Specialist

1. Incorporates theories, principles and concepts from appropriate sciences into informatics practice such as information, systems, and change theories; implementation methods, organizational culture, and database structures.
2. Integrates ergonomics and human-computer interaction principles into informatics solution design, selection, implementation and evaluation.
3. Systematically determines the social, legal, and ethical impacts of an informatics solution within nursing and health care.

Informatics Nurse Specialist Standards of Practice

Standard I. Identify the Issue or Problem

Standard II. Identify Alternatives

Standard III. Choose and Develop a Solution

Standard IV. Implement the Solution

Standard V. Evaluate and Adjust Solutions

Informatics Nurse Specialist Standards of Professional Performance

Standard I. Quality of Nursing Informatics Practice

Standard II. Performance Appraisal

Standard III. Education

Standard IV. Collegiality

Standard V. Ethics

Standard VI. Collaboration

Standard VII. Research

Standards VIII. Resource Utilization

Standard IX. Communication

Beginning Nurse Informatics Competencies

Have basic computer skills

Uses applications

Uses sources of data

Uses technology for care delivery, communication, and decision support

Respects and protects patients' rights to privacy and confidentiality of information

Experienced Nurse Informatics Competencies

Understands the value of data and information

Uses technology to trend and aggregate individual and population-based patient information for decision support and communication

Evaluates quality of information sources

Advocates for technology solutions that improve care delivery

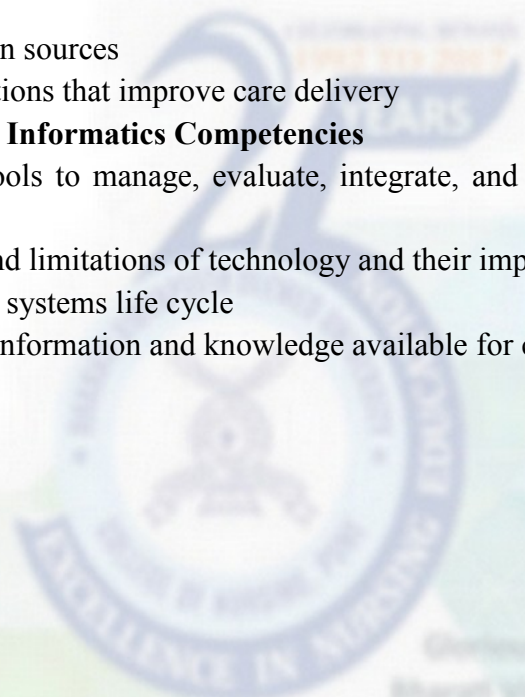
Informatics Nurse Specialist: Informatics Competencies

Uses advanced systems and tools to manage, evaluate, integrate, and communicate data, information and knowledge

Assesses current capabilities and limitations of technology and their impact on users and organizations

Manages IT projects across the systems life cycle

Actively seeks to improve the information and knowledge available for clinical decision-making



25
Glorious years of
Bharati Vidyapeeth
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NEED FOR NURSING DIRECTORATE

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**What you think you become
What you imagine you create
Gautama Buddha**

Nurses are the backbone of healthcare delivery system in India and also accounts for more than 80% of all the services care providers, however the ever increasing demand of this workforce is unparalleled to the supply. Nurses have become multi task performers but certain issues like selection, employment, appointment, in-service training, professional growth needs to be addressed. The National Commission on Macroeconomics and Health while acknowledged that nurses can make major contribution to health care development and achieve the Sustainable Development Goals (SDG) only if there is strong support at the policy level to ensure policy implementation. The most important set back is not involving nurses in policy framing and decision making. All decision making related to nurses rests with medical directorates as a result nursing issues are watered down at all levels.

There has always been a felt need of strong leadership to project and put on the national map the immense potential nurses possess in decision making. Nursing profession has never been allowed to emerge as an independent profession, though we possess all the required bench mark to practice as professionals. The hallmark of a hospital is evaluated by the care provided to the clients, and this care is made more effective and can be weighed against high standards of quality care through professionally trained nurses.

Very strong and sound recommendations have been put forth by the High Power Committee on Nursing, which stressed the importance of strengthening the nursing management capacity. It was also suggested to bring about the best practices and innovations from various states of India in order to develop innovations in nursing and placing the profession on the highest pedestal.

The current health of the needs of the nation requires us nurses to obtain a leadership outlook for strengthening nursing management capacities and critically analyze the need of nursing directorates to reorganize the existing structure, tackle professional issues and uplift the status of nursing in various states across India. The committee reviewed the need of a single directorate in each state with a structure for clinical nursing, public health nursing and nursing education for better governance and accountability to key functions. Unfortunately in the last two decades these policy directions have not been transformed into action, except for in a few states, therefore the time has come to have strong leadership and opinionated determination at the centre to have nursing directorates.

According to the existing mandate of a particular state it is advisable to have a fully functional and empowered Directorate of Nursing with

1. The best quality of education (including skills and competencies) which should be being imparted in the Nursing Institutions

2. Confident and competent Clinical Nursing services to be rendered at the Hospitals in the state
3. A Public Health Nursing cadre to provide the best available services to public health so that the government initiatives reach the beneficiaries as visualized.

The above mandates are definitely being followed all over the country but may not be in an organized and systemic manner. Also there is uniformity maintained in the administration structure. Therefore few suggestions have been proposed for smoother functioning.

1. Organizational structure and administrative positions
It has been seen that though the nursing positions are existing there is no uniformity, and there are numerous post made. The reason for such governance is explained in terms of accessibility of the healthcare services. It was suggested to have a common nomenclature for efficient organization and for structural similarities, as the all the states departments are under the jurisdiction of the centre.
 - The number of administrative are minimal or actually do not exist, moreover the post existing are never filled up. This leads to imbalance and right decisions are not taken at the right time, leaving it to the medical fraternity to take decisions for the nurses.
2. Leadership and decision making
As majority of the states do have an administrative post for nurses, the final decision goes in the hands of state health administrators who are mainly the non-nursing administrators. Therefore nurses lack involvement in the policy level decision making and are felt demoralized. The effect of this is seen with no reforms emerging in the field of nursing education and nursing services in the state.
3. Recruitments and sustainability
One of the major draw backs in having and promoting the cadre for nursing directorate is issues related to recruitments and sustainability. Recruitments under government or private sectors are not always on merit base, also after recruitment the growth in the profession makes to reach at a higher level. This position is often taken or guarded by the senior in the field leaving very limited space for the talented and capable people to reach to the top position. Salary also plays a major role, there are discrepancy in the salary structure of government and private sectors. These issues can be given a voice through the nursing directorate of the state and could effective in the long run.
4. The absence of nursing leadership positions at the state directorates has also led to the weak supervisory structure for nursing staff, both in clinical and public health cadres. The need of the hour is to bring about institutional reforms by creation of nursing directorates in each state.

To reframe nursing leadership at all levels there is a strong need to develop and identify nurse leaders in the existing health system and to strengthen their leadership skills further to get the desired outcomes. These voices and needs, as emerging from across India,

In order to strengthen nursing as a profession and for facilitating their role at the policy decision level, more powers and autonomy needs to be given to them. Setting up a separate nursing directorate is suggested in every state. This will empower nursing professionals to take up the leadership role at the policy level to bring about necessary reforms. It is hoped that establishing such a directorate will not just ensure professional credibility of the nursing workforce but also empower them to take Leadership role as key decision makers for policy level reforms.

Don't believe in taking right decisions, take decisions and then make them right, always believe in your ability and efforts.

Ratan Naval Tata

References:

1. Kumar D. Nursing for the Delivery of Essential Health Interventions in India: Background paper for the Report of the National Commission on Macroeconomics and Health. Ministry of Health and Family Welfare, Government of India.
2. Report of High Power committee on Nursing and Nursing Profession. Ministry of Health and Family Welfare. Government of India, Manager of Publications.
3. National Health Policy. Ministry of Health and Family Welfare, Government of India. <http://mohfw.nic.in/WriteReadData/l892s/2105179110National%20Health%20policy>
4. ANSWERS, Study Report on Nursing Services in Orissa, Current Situation, Requirements and Measures to Address Shortages. National Health Systems Resource Centre, National Rural Health Mission, Ministry of Health and Family Welfare; Government of India.
5. Academy of Nursing Studies, Situational Analysis of Public Health Nursing Personnel in India Based on national review and consultations in six states.



Are Today's Nurses Professionally Prepared?



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Nursing is an art; and if it is to be made an art,

It requires as exclusive devotion,

As hard a preparation, as any painters or sculptors work;

For what is the having to do with dead canvas or cold marble, compared with having to do with the living body

- The temple of Gods spirit?

It is one of the Fine Arts;

I had almost said the finest of the Fine Arts

- Florence Nightingale

Profession is defined as "A vocation requiring advanced training and usually involving mental rather than manual work, as teaching, engineering, especially medicine, law."

-Webster1989

Professions are those occupations possessing a particular combination of characteristics generally considered to be the expertise, autonomy, commitment, and responsibility

Criteria for profession is given by many experts from various fields

- Genevieve and Roy Bixler (1945)
- Abraham Flexner (1916)
- William shepherd (1948)
- Kelly (1981)
- Bruhn (2001)

Professionalism in nursing is an essential ingredient in achieving a healthy work environment and is enabled by the context of practice. To identify the concept of professionalism as a guiding tenet that enhances outcomes for nurses, patients, organizations and systems. To define the attributes of professionalism.

CRITERIA FOR NURSING PROFESSION:-

➤ **High level of individual responsibility and accountability-**

Accountable and demonstrate a high level of individual responsibility for the care and services.

Accepting responsibility for action taken / not taken and its consequences to provide client care.

➤ **Specialized body of knowledge-** Nursing has an identifiable separate, specialized body of knowledge called as nursing science (is relatively small). As more nurses obtain advanced degrees, conduct research and develop philosophies, and theories about nursing, this body of knowledge will increase in scope.

➤ **Evidenced based practice-**Based on data Obtained from research for making decisions e.g. client care.

➤ **Public service and altruistic activities-**Nurses that place the lives and well being of their clients above their personal safety. Dedicatedly provide care for victims of deadly diseases with little regard for their own welfare.

➤ **Well organized and strong representation** -Professional organizations -control the quality of professional practice e.g. NLN and ANA, TNAI- represent nursing in today's health care system. Minimum percentage of nurses is members of the professional organizations. Many do belong to specialty organizations that represent a specific area of practice. This lacks sufficient political power to produce changes in health care laws and policies at the national level.

➤ **High intellectual level of functioning**

➤ **Code of ethics** - Nurses have several codes of ethics that are used to guide nursing practice. for example

Autonomy(Right of self determination, independence and freedom), Justice (Obligation to be fair to all people), Fidelity(faithful to commitments), Beneficence(doen good for client), Nonmaleficence (do not harm to the clients intentionally/ unintentionally)

➤ **Competencies and professional license-**Nursing license is a legal activity conducted by the individual state .RNRM No

➤ **Autonomy and independence of practice-**Nurse practice act allow nurses to practice more independence in their practice than they realize. Need to be recognized by other disciplines.

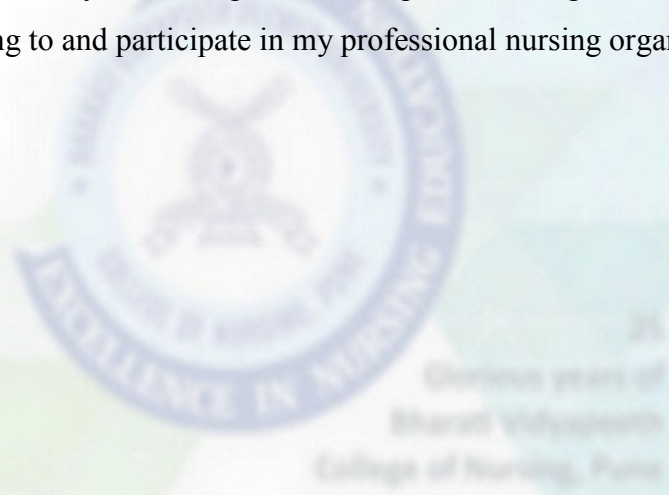
➤ **Professional identity and development** --Until nurses are fully committed to the profession, identify with it as a profession, dedicated to its future development they will probably not achieve professional.

ROLE OF PROFESSIONAL NURSE:-



ASSESS YOURSELF AS PROFESSIONAL NURSE:-

- ❖ Do I have a personal code of nursing ethics and behavior?
- ❖ Do I consistently act as a professional?
- ❖ Do I positively defend nursing and speak of being a nurse proudly?
- ❖ Do I lead by example so others can follow?
- ❖ Do I work to my highest potential?
- ❖ Am I a contributing representative member of my staff, profession, community, and society as a whole?
- ❖ Do I continuously strive for personal and professional growth and development?
- ❖ Do I belong to and participate in my professional nursing organizations?



TECHNOLOGY TRENDS IN NEXT GENERATION

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The advancement of information and communication technology (ICT) is one of the most significant factors influencing change in healthcare systems around the world. The rapid pace of technological evolution shows no signs of abatement and has already significantly influenced nursing education curricula. The education of nurses, both students and practitioners, has always required a balance between teaching for present needs while anticipating future demands. What challenges and opportunities await the nurses of 2025? Technology trends are explored that are likely to influence the healthcare transformation of the next decade. A critical reflection on what nursing educators should consider now in order to better support the clinicians of the future is also included with a particular focus on existing informatics curricular supports.

There are many emerging technologies that will change the practice of nursing in the coming decade. Following are the technologies trends in next generation .

1. **Genetics And Genomics:** Future applications of genetics and genomics will transform the health care system even further. By the year 2020 the healthcare system will have transitioned to one of preventive, diagnostic, genomic-based medicine where patients will be treated for conditions, they are likely to develop. Genetic advances are also likely to eliminate the need for organ transplants since new organs will be able to be grown from a patient's own tissues.

2. **Less Invasive and More Accurate Tools for Diagnosis and Treatment:** Less invasive and more accurate tools for diagnostics and treatment will also change nursing practice in the future. For example: Heart disease is likely to be diagnosed by a new blood test (A new 23-gene blood test checks for certain blood proteins linked to heart disease), Tattoos have been developed that can monitor blood glucose without a finger prick. The dye lights up when glucose levels are high and becomes darker when the levels drop, Magnets are also increasingly likely to be used as a treatment for major depression, magnets deliver a tiny electric current to the part of the brain linked to depression.

3. 3-Dimensional (3D) Printing

3D printing, also known as additive manufacturing, "is a method of building objects layer by microscopic layer, fusing each cross section of molecules until a complete object is formed" The application of 3D printing in healthcare literally makes the body into a system of interchangeable parts. In addition, human organs can be "bioprinted" for transplant by 3D printing. This technology involves the creation of replacement tissues and organs that are printed layer-by-layer into a 3-dimensional structure.

4. **Robotics:** Growth in robotics is expected due to workforce shortages, a growing elder population, and a call for higher quality care not subject to human limitations. For example :By the early 2020s, molecular manufacturing will enable the first nanobots to be inexpensively produced for use in medicine.

Theoretically, nanobot technology could become the effective end of aging as well as the reversal of one's current biological age to any new age that is desired.

5. Electronic Health Records (EHRs), interoperability and the cloud

The electronic health record (EHR) is a digital record of a patient's health history that may be made up of records from many locations and/or sources, such as hospitals, providers, clinics, and public health agencies (Huston, 2014). The EHR is available 24 hours a day, 7 days a week and has built-in safeguards to assure patient health information confidentiality and security.

As patient and clinician data accumulates in multiple systems the demands for interoperability, or integration of systems and data are intensified. One solution to this need for improved interconnectivity is the use of cloud computing and data storage. Cloudbased systems can offer care teams working to provide real-time integrated care improved collaborative access to data but there are accompanying cautions related to security, workability, privacy, and ultimately user acceptance and use . Securing and storing the data of the next decade will be a significant aspect of how nurses and other healthcare providers access, collaborate, and contribute to the patient data collective.

6. Computerized Physician/Provider Order Entry and Clinical Decision Support

CPOE is a clinical software application designed specifically for providers to write patient orders electronically rather than on paper. With CPOE, providers produce clearly typed orders, reducing medication errors based on inaccurate transcription. CPOE also gives providers vital *clinical decision support* (CDS) via access to information tools that support a health care provider in decisions related to diagnosis, therapy, and care planning of individual patients.

7. Wearable technology:

Moving beyond patients equipped with static barcodes, the future of wearable devices will potentially alter long-standing assessment tools and practices. In their every day lives people are already collecting a myriad of electronic data such as heart rate, blood pressure, weight, activity level, blood glucose, sleep patterns and calorie intake. Contact lenses, and other body implants are additional future monitoring possibilities along with sensor imbedded fabric that could conceivably feature in the hospital gowns of 2025. The future of google glass in health education and practice is another wearable technology under review as a prospective tool to aid in clinical practice.

8. Big data :

The use of big data in healthcare continues to generate intense interest. Just how big is healthcare big data? One measure from 2012 equated the data amount at around 500 petabytes or, in paper terms, enough data to fill 10 billion four-drawer file cabinets. Future demands aside, there are urgent current needs for additional healthcare personnel with specific data management or analytic skills as well as further collaborations between informed clinicians and computer science teams.

9. Patient engagement and empowerment:

Patient EHR portals, PHRs, one-note or other shared provider patient data collection, and increased e-visits or other electronic communication with healthcare team members have all been presented as ways to increase sense of ownership for patients with the hopes that improved outcomes will follow.

Conclusions

Planning for the future is difficult even when environments are relatively static. When they are as dynamic as healthcare and technology, the challenges multiply exponentially. As the future is uncertain, the only thing relatively clear is that much of what we will experience in the future will be different from the past. The impact of technology on all aspects of human life; not computers or even bits and bytes, but the ability to apply and integrate rapid technological change.

Nurse leaders must begin thinking now about how emerging technologies will change the practice of nursing and proactively create the educational models and leadership development programs necessary to assure that nurses will have the competencies they need to address these emerging technologies. It must be nurses who are at the forefront in planning for and preparing for these challenges. Nursing as a profession must not be reactive and allow others to assume this leadership role.

References

1. Anderson, M. (2012, December 21). Mind games: Designing with EEG. Studio 360. Retrieved from www.studio360.org/2012/dec/21/mind-games-designing-with-ee/
2. American Association for Cancer Research. (2012). AACR cancer progress report 2012. Retrieved from http://clincancerres.aacrjournals.org/content/18/21_Supplement/S1.full
3. American Cancer Society (2011). Genetic testing: What you need to know. Retrieved from www.cancer.org/acs/groups/cid/documents/webcontent/002548-pdf.pdf
4. Banham, R. (2013). Printing a medical revolution. Retrieved from <http://individual.troweprice.com/public/Retail/Planning-&-Research/Connections/3D-Printing/Printing-a-Medical-Revolution>
5. Calzone, K. A., Cashion, A., Feetham, S., Jenkins, J., Prows, C.A., Williams, J.K. & Wung, S.F. (2010). Nurses transforming health care using genetics and genomics. *Nursing Outlook*, 58 (1), 26-35.

Advancement in Nursing Research

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Introduction:

The word research means to 'search again' or to 'examine carefully'. It is defined as a systemic inquiry or study to validate and refine existing knowledge and develop new knowledge.

The ultimate goal of research is the development of a body of knowledge for a discipline or profession such as nursing. It strengthens the profession by generating knowledge through scientific studies, through evidence based nursing, and cost effective care can be rendered to clients. Research results will help to provide answers, to guide the practioner in decision making process. It enables the administrator to take prompt decisions on health related problems It is essential for moulding attitudes, intellectual competencies and technical skills.

Florence Nightingale's Contribution

Research in nursing began with Florence Nightingale. Her Notes on nursing (1859), describes her early interest in environmental factors that promote physical and emotional wellbeing. Nightingale's most widely known research contribution involved her analysis of factors affecting soldier mortality and morbidity during the Crimean war. Based on her skillful analyses and presentations, she was successful in effecting some changes in nursing care and more generally in public health.

Advancement in 1900 - 1960

In 1900, most studies focused on nursing education like educational preparation and clinical experience of nursing students, but limited basis to publish their studies, though the American journal of nursing has published on 1900. There was lack of research in nursing practice. In 1960, advances in nursing research occurred. International journal of nursing and Canadian journal of nursing published in 1963.

Advancement in 1970

By the 1970, number of nurses conducting research studies increased. Journals were established in the united states in the 1970s, advances in nursing sciences, research in nursing and health, and the western journal of nursing research. In 1970s, nursing research from areas such as teaching, curriculum, and nurses themselves to the improvement of client care, practice. Nursing research also expanded internationally. The journal of advanced nursing, the premier international journal of nursing research, began publication in UK in 1976.

Advancement in 1980

Availability of computers for the collection and the analysis of information began in this century. An ever growing recognition that research is an integral part of professional nursing was seen at this time. The first volume of the Annual Review of Nursing Research was published in 1983. These annual reviews include summaries of current research evidence on selected areas of research practice and encourage utilization of research findings. In 1986 National Centre for Nursing Research (NCNR) at the National institute of health (NIH) was established. The purpose of NCNR was to promote and financially support research projects and training relating to patient care.

Advancement in 1990

In 1993, the National institute of Nursing Research (NINR) was born. In 1986 ,the NCNR had a budget of 16\$ million, which increased to \$70 million in 1999. Journals were established during the 1990s in response to the growth in clinically oriented research and interest in EBP among nurses, including clinical nursing research, clinical effectiveness, and outcomes management for nursing practice.

Recent advances

Qualitative research methods have become increasingly important as ways of developing nursing knowledge for evidence-based nursing practice. More studies are conducted in relation to advancement of health promotion not only to the mainstream but to the forefront of nursing practice. Studies are also conducted to teach people how to remain healthy. Clinical research is the research of the generation which aims not only for therapeutic effect but also the preventive aspect and educative aspect are also taken into consideration. Many studies have been conducted on the re-organization of responsibilities of leader nurses and on their importance in the transitions of healthcare system

Conclusion:

Thus Research has progressed a lot in the nursing field too but as far as India is concerned there is lot of progress but we need to work on the funds for nursing research, collaborative research with other disciplines

NEED FOR INTERDISCIPLINARY EDUCATION



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Interdisciplinary involves the combining of two or more academic disciplines into one activity (e.g., a research project). The term interdisciplinary is applied within education and training pedagogies to describe studies that use methods and insights of several established disciplines or traditional fields of study.

This type of study allows the student to learn by making connections between ideas and concepts across different disciplinary boundaries. Students learning in this way are able to apply the knowledge gained in one discipline to another different discipline as a way to deepen the learning experience. The most effective approach to interdisciplinary study enables students to build their own interdisciplinary pathway by choosing courses which make sense to them. For example, it is not too difficult to find a theme which crosses over disciplinary boundaries in literature, art and history or science and mathematics. Studying topics thematically is one way to bring ideas together resulting in more meaningful learning. This can occur by allowing students to choose their own subjects and their learning is deepened when they reflect on the connections between what they are learning in different disciplines.

BENEFITS OF INTERDISCIPLINARY EDUCATION:

Making connections between different concepts is essential in interdisciplinary study. Here are some other benefits of studying in this way:

- Students are highly motivated as they have a vested interest in pursuing topics that are interesting to them. As a result, the content is often rooted in life experiences, giving an authentic purpose for the learning and connecting it to a real world context. Consequently, the learning becomes meaningful, purposeful and deeper resulting in learning experiences that stay with the student for a lifetime.
- Students cover topics in more depth because they are considering the many and varied perspectives from which a topic can be explored.
- Critical thinking skills are used and developed as students look across disciplinary boundaries to consider other viewpoints and also begin to compare and contrast concepts across subject areas.
- Students begin to consolidate learning by synthesising ideas from many perspectives and consider an alternative way of acquiring knowledge.
- Exploring topics across a range of subject boundaries motivates students to pursue new knowledge in different subject areas.
- Transferable skills of critical thinking, synthesis and research are developed and are applicable to future learning experiences.
- Interdisciplinary knowledge and application of different disciplines can lead to greater creativity.
- Worthwhile topics of research can fall in the 'spaces' between the traditional disciplines.

Necessity of interdisciplinary team work

The need for interdisciplinary team work is increasing as a result of a number of factors including:

- (1) an aging population with frail older people and larger numbers of patients with more complex needs associated with chronic diseases;
- (2) the increasing complexity of skills and knowledge required to provide comprehensive care to patients;
- (3) Increasing specialization within health professions and a corresponding fragmentation of disciplinary knowledge resulting in no-one health care professional being able to meet all the complex needs of their patients;
- (4) the current emphasis in many countries' policy documents on multi-professional team work and development of shared learning; and,
- (5) the pursuit of continuity of care within the move towards continuous quality improvement

BARRIERS TO INTERDISCIPLINARY RESEARCH AND TRAINING

Communication barrier

- Language
- Intellectual Base
- Team Building
- Leadership
- Facilitating Interactions

ACADEMIC AND PROFESSIONAL BARRIERS

- Academic Structures
- Publications and Professional Organizations

FUNDING BARRIERS

- Federal Funding
- Peer Review

CAREER BARRIERS

- Duration of Training
- Debt
- Job Opportunities
- Staying Current
- Midcareer Retraining
- Special Challenges for the Clinician-Scientist

HOW TO OVERCOME THE BARRIERS

- Scientific interactions can stimulate ideas that are new and exciting but require additional expertise or techniques to pursue.
- Funding opportunities might provide an impetus to seek out collaboration to answer broad scientific problems identified by funding agencies.
- Some might be attracted by the challenge and the need for answers to a larger problem and the satisfaction that would come from making progress.
- An extensive effort must be made to learn the language of another field and to teach others the language of one's own.

And so.....on....

Bibliography:

1. Susan An, Andrew B Andrew Booth, Steven Ariss, Pam Enderby, and Alison Roots
2. Ten principles of good interdisciplinary team work Hum Resour Health. 2013; 11: 19. Biomed Central Published online 2013 May 10. doi: [10.1186/1478-4491-11-19](https://doi.org/10.1186/1478-4491-11-19)
3. Steinberg, Ira S (1980), "Behaviorism and Schooling". (New York: St. Martin's Press Inc.) Pp.126

Creating Demand of Professional Nurse for Health Consumer

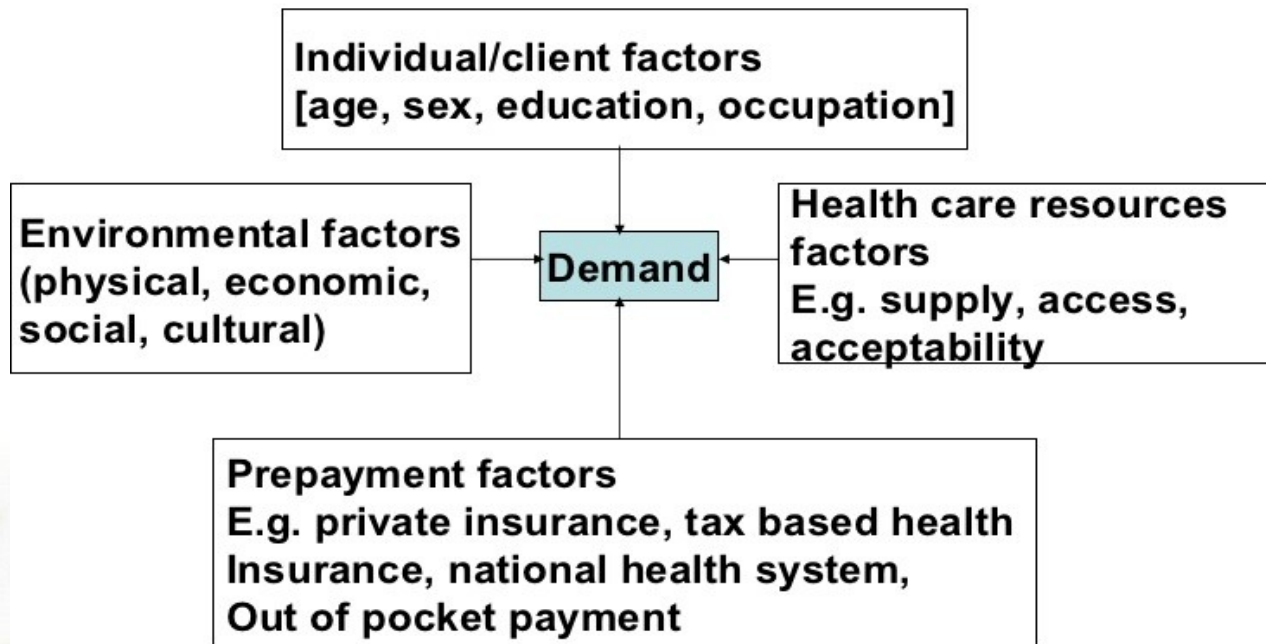
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Creating Demand of Professional Nurse for Health Consumer is that increasing the utilization of Professional nursing services to the Health Consumer.

In this Demand analysis is very important aspect; it helps to identify which factors are most influential in determining how much care people.

In health care setting most commonly used Demand analysis model is Grossman's demand model.

Grossman's demand model



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References:

<https://www.ncbi.nlm.nih.gov/pubmed/10662408>

<https://www.slideshare.net/Fasika-Mengiste/demand-in-health-care>

Health Insurance Employment Opportunity

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Health insurance:-

Health insurance gives you coverage against hefty medical expenses that may arise due to sickness and accidental injury. In most of the cases, health insurance is offered to people in the age group of 5 to 80 years. In some cases, children under five years are covered if their parents are also covered.

Health insurance is a broad term which majorly covers the following types of policies:

- **Personal health insurance:** Health insurance policies bought by an individual for himself/herself or family.
- **Group health insurance policies:** It mainly includes insurance policies offered by an organization to his employees.

NURSES ROLE IN HEALTH INSURANCE

The Telephonic Nurse Case Manager

- Responsible for assessment, planning, coordination, implementation and evaluation of injured/disabled individuals involved in the medical case management process.
- Provides case management services to injured employees on behalf of carriers/employers.
- Facilitates communication with third party payers, providers, injured employees and employers to reduce disability costs.
- Provides goals that are customer/client-oriented, results-oriented, quality- oriented and in accordance with state-specific case management requirements within the workers' compensation insurance industry.
- Provides comprehensive review of available medical records to assess for case management value and identify complex medical conditions.
- Uses clinical experience, knowledge, evidenced based guidelines, and other resources to proactively evaluate the medical and disability status in order to assist adjuster in appropriately setting reserves.
- Analyzes clinical information to identify care needs and strategize with all parties to create common goals in order to reach maximum medical improvement and to promote safe return to work for the injured employee. Based on this analysis, develops pro-active action plans to outline expected barriers and recommend cost-saving solutions.
- Communicates and collaborates with the insurance carrier to control high medical costs by providing updates on condition changes and treatment expectations.
- Follows specific account instructions regarding timeframes to provide reports to clients and formats.
- Documents savings on case concurrently while the case is open and describes value added to case in closing summary.
- Understands and complies with current industry accepted case management guidelines.

- Stays informed and complies with state/federal legislation as it applies to case management for an assigned geographic region.
- Provides leadership and assistance to co-workers.
- Reporting billing hours in accordance with case activity and billing practices.
- Stays informed of healthcare industry current practices and trends.

Qualifications

- Worker's compensation or disability management experience.
- Proven experience in Nurse Case Management.
- Multi-state knowledge/experience is preferred.
- Ability to coordinate the individual's treatment program while maximizing cost containment.
- Two to five years' clinical experience is required. Experience in orthopedics, neurology, rehabilitation and/or internal medicine is preferred.
- Technical Experience: Knowledge of basic computer skills including Excel, Word, and Outlook Email is required. You will also need direct access to the internet.
- Location: Remote, home office.
- Must have direct internet access (i.e. cable, DSL). Wireless or satellite will not suffice.

ESSENTIAL DUTIES

- Develop and administer long or short term treatment plans requiring comprehensive professional knowledge with the goal of improving or restoring individual or family functioning; may include clinical treatments and may determine appropriate method of treatment intervention including program modification.
- Participate in and/or conduct comprehensive individual and family psychosocial assessments for problem identification and diagnosis; determine acuity of need and recommend appropriate program placement; provide crisis counseling to include authorization for 72-hour emergency in-patient admission as necessary.
- Prepare and present clinical and/or case management documentation for review by multi-disciplinary team; provide on-going consultation and systematic support for the team in its implementation of treatment programs and individual treatment plans and/or case management.
- Investigate, intervene and provide a variety of professional services to children or other special needs clients, in circumstances in which the client's physical or emotional welfare is involved including cases of neglect, emotional/behavioral problems, physical/mental disabilities, child welfare, court services, or other conditions that may adversely affect the client.
- Participate in and/or conduct group, family and individual therapy to include marital and/or family counseling as appropriate to effect positive rehabilitation, solutions, and/or life improvements.
- Provide highly skilled professional services in counseling, adult and child protective services, family services, community organization, social research and related areas.
- Perform case management duties including treatment plan monitoring, advocacy, referral and linkage to other needed services and crisis interventions; establish and maintain casework records and documents in accordance with departmental and statutory regulations and procedures; and prepare relevant correspondence and reports, including court reports and/or testimony.
- Provide outreach, education, and professional consultation to the community, the general public, as well as public and private agencies; conduct training workshops and/or presentations to clients, care providers, community groups, referrals, and the general public.

- Provide operational oversight of residential facilities or community-based programs to include the administration of budgets as assigned; prepare grant proposals and reports and monitor program activities and expenditures.
- Conduct home visits; transport clients; and assist with client's financial, budget and daily living activities as appropriate.
- Develop, maintain and participate in an inter-agency and community networking/referral system; evaluate client needs relative to appropriate program referrals; maintain close communication with contract providers and community service agencies to ensure treatment plan and client needs are being met in a successful manner.
- Build and maintain positive working relationships with co-workers, other County employees, community resources, clients, and the general public utilizing principles of effective customer service.
- Perform related duties as assigned.



25
Glorious years of
Bharati Vidyapeeth
College of Nursing, Pune

DEVELOPMENT AND VALIDATION OF BOOKLET ON NURSING INFORMATICS FOR POST GRADUATE (FINAL YEAR M.SC NURSING) STUDENTS

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Introduction:

“In all types of health care organizations, Nursing is the hub of the information flow. Developing the science and technology of nursing informatics will enhance the information available to nurses for clinical practice, management. Education and research will facilitate the role of nurses as effective communicator’s”.

Patricia F. Bernnan .

Need of the study:

The final year M.Sc Nursing students have Nursing Administration as a subject, this course is designed to assist students to develop a broad understanding of principles, concepts, trends and issues related to Nursing Administration.

The students will be well equipped with knowledge and its implementation for quality patient care with the utilization of management Information and Evaluation System (MIES)/Hospital Information System (HIS)

OBJECTIVES:

- To Develop booklet on Nursing Informatics
- To validate booklet on Nursing Informatics

RESEARCH METHODOLOGY

- **Research approach:** Qualitative
- **Research design:** Descriptive design
- **Sample size:** 11
- **Sampling technique:** Purposive sampling technique
- **Research Variable:** Development of the booklet for validation
- **Data Gathering process:** the booklet was handed over to 11 nursing teachers, they validated the booklet as per the checklist.
- **Tool:** Checklist consisting of 12 items to be rated on a scale of (1 to 5) as strongly disagree, disagree, neutral, agree and strongly agree.
- **Assumption:** The PG students may have some knowledge about Nursing Informatics.
- **Scope of the study:** the booklet on Nursing Informatics which is developed and validated will be useful for the PG students for reference.

FINDINGS:

The booklet was handed over to 10 experts for validation, of which 80-85% experts strongly agreed and remaining 15 of experts agreed however there were no responses in neutral, disagree and strongly disagree.

This indicates that the contents of the booklet are adequate and can be used for reference for the students.

CONCLUSION

Common computer software programs used in nursing are word processors, databases, spreadsheets, communications, computer assisted instruction and presentation graphics. A hospital information system organizes data from various areas in the hospital such as admissions, medical records, clinical laboratory, pharmacy and finance. Computers are used extensively to locate and access data through online databases and internet searching. Many nursing journals are electronic. Nurses need to participate in the creation of taxonomies and classifications of electronic data. Computer monitoring and diagnosing of client conditions is widespread. Data terminals in health care settings allow placing of order requests and retrieval of client data and accounts. Each step of nursing research process makes use of computer technology. In particular, computers are used to access literature, analyze data and report findings.



TO ASSESS THE PRACTICE SKILL OF BANDAGING AMONG THE NURSING STUDENTS

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Introduction

Bandaging is the process of covering wound or an injured part. Bandage is a middle French word from the old French in which bender means 'to bind' and bande means 'a strip' It is an essential part of the medical and paramedical practice. However this aspect of the training of doctors and nurses is often neglected and they are often unable to apply bandages that will remain undisturbed at least until the next day. Trying bandages is also important for ambulance crew and anyone who gives first aid.

Statement of problem:

A study to assess the practice skill of bandaging among the nursing students of selected college of Pune city.

Objectives of the study:

1. to assess the practice skill of bandaging among nursing students.

Research methodology:

In this quantitative approach, a exploratory (Observational study) Design was used for 60 samples using stratified random sampling (lottery method) technique. An Observation checklist was prepared to assess the knowledge and practice skills to collect the data.

Analysis and interpretation

The data was analysed by using descriptive and inferential statistics for assessing adequate and inadequate practice skills of nursing students on bandaging which shows that 75% students have adequate practice skills and rest 25% having inadequate skills of bandaging. The study emphasized enhancement regarding practice skills of bandaging.

Conclusion

It can therefore be concluded that practice of bandaging is effective in improving the skills and accuracy among nursing students.

Key words:-Bandaging, assess, knowledge, practice, nursing students adequate skills, inadequate skills.

ASSESSMENT OF KNOWLEDGE REGARDING NOSOCOMIAL INFECTION AMONG THE B.SC. NURSING STUDENTS

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Nosocomial infection or Hospital acquired infection (HAI) are frequent, complication affecting hospitalized patients after the admission within 72 hours. Now-a-days students are taking clinical experience from various health care setting. Globally more than 1.4 million people are suffering from the complications of nosocomial infection. In India the rate of nosocomial infection in year 2010-2011 is 38.7% of hospitalized patients.

Statement of Problem:

A study to assess the knowledge regarding nosocomial infection among the B.Sc. Nursing students in selected nursing institution of Pune city.

The objectives:

1. To assess the knowledge regarding nosocomial infection among the B.Sc. Nursing students.

Material and methods:- the research approach adopted for the study was quantitative research approach and the research design was descriptive research design. Second Third and final year BSc Nursing students were included in the study. A sample size of 200 was selected by using non-probability convenient sampling. Data was collected using structured questionnaire consisting of 27 questions.

Analysis and interpretation:

Majority of the B.Sc. nursing students belongs to the age group of 21-25 years (63.5%), Out of total 200 students 125 (62.5%) were female, it was found that most of the samples (128) that is 64% had average knowledge related to nosocomial infection

ASSESS THE KNOWLEDGE REGARDING BREASTFEEDING AMONG ANTENATAL MOTHERS

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Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life. Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia and helps for quicker recovery during illness.. Antibodies from the mother are passed through the milk. Therefore, breastfed babies have higher resistance to infection, such as respiratory viruses. Breastfeeding, the most natural way of infant feeding to satisfy nutritional, metabolic and psychological needs of the baby.

Problem statement

“A descriptive study to assess the knowledge regarding Breastfeeding among Antenatal Mothers in selected Hospitals of Pune City.”

Objectives,

- To assess the knowledge of breastfeeding among antenatal mothers.
- To associate findings with selected demographic variables.

Research Methodology

Research Approach:- Quantitative approach.

Research Design:- Non- Experimental descriptive design.

Population:- All Primi-Gravida Mothers.

Sample size:- 60.

Data collection :- Structured Questionnaire.

Sample Technique:- A non-probability convenience sampling technique.

Analysis and interpretation

The findings of the study were 24% Mothers are having good knowledge, 35% mothers are having average knowledge and 01% mother are having poor knowledge regarding breastfeeding. Age , family pattern , family income are associated with the knowledge.

Conclusion

Maximum samples have average knowledge regarding breastfeeding.

Keywords:- Antenatal Mothers, Primi-Gravida Mothers, Breastfeeding, Knowledge.

KNOWLEDGE ON DIARRHEA AMONG MOTHERS OF UNDER FIVE CHILDREN

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Diarrheal disease is a common childhood death in the developing countries. Diarrheal disease account for 1 in 9 child death worldwide, diarrhea is the second leading cause of death among children under the age of 5. About 88% of diarrhea associated deaths are attributed by unsafe water, inadequate sanitation and insufficient hygiene. India has highest incidence of diarrhoeal death among children below the age of 5 years. About one third of total hospitalized children are due to diarrhoeal disease and 17 percent of all death in indoor paediatric patient related to this condition.

Problem statement

A study to assess the knowledge on diarrhoea among mothers of under five years children in the selected areas of Pune city

Objectives:-

- To assess the knowledge on diarrhoea among the mothers of under five years children.
- To associate the findings with demographic variables.

Material and Methods:-

A descriptive survey approached study was conducted to assess The Knowledge on Diarrhoea among the Mothers of under Five Years Children, using fifteen(15) items structured questionnaires on Diarrhoea. 100 mothers of under five years children were chosen for the study through non-probability purposive sampling technique. Validity of the tool was established from 5 experts from various departments of nursing field. Reliability was conducted on 10 mothers of under five years children through test retest method the reliability score was 0.90

Findings of the study:-

The obtained result data revealed that maximum 48% mothers were from age group of 26 – 32 years. 39% mothers had secondary level education, majority 79 % mothers were housewife living with two children in family and 42% having children in between 25-36 month age, Majority of mothers attending regular health checkup.

Majority of 65% mothers having average knowledge, 30% mothers having poor knowledge and only 5 % mothers having good knowledge on diarrhoea.

There was no association found between the knowledge score and demographic variable of mothers of fewer than five years children.

Conclusion:-

In the present study following conclusion were drawn from findings of study. Majority of participants have inadequate knowledge on diarrhoea after attending regular health checkup for children and being good educated. Hence the researcher is recommending that organize awareness programme and health education by nursing personnel on diarrhoea among mothers of under five children.

Key words: - Knowledge, Diarrhoea, Under Five Years Children Mothers.



ASSESS THE STUDENT TEACHER'S PERCEPTION OF CLASS-ROOM ASSESSMENT WITH REGARD TO STIPULATED TEACHING PRACTICES

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Tehmi Grant Institute Nursing Education

Introduction

Examining students' perceptions of assessment, stimulate students to develop an authentic and realistic assessment approach that "rewards genuine effort and in depth learning rather than measuring luck.

Problem statement

"An exploratory study to assess the student teacher's perception of class-room assessment with regard to stipulated teaching practices".

Objectives

1. To assess the student teacher's perception of class- room assessment after the teaching practice
2. To assess the student teacher's perception of class-room assessment after stipulated teaching practices.
3. To correlate the finding with selected demographic variables.

Research Methodology

Research approach: Evaluative approach

Research design: Descriptive design

Setting of the study: Selected nursing college

Population: Nursing students of second and third year B.Sc nursing, I and II year M.Sc nursing.

Sample size: 52 B.Sc nursing and 14 M.Sc nursing students (Total 66 students).

Sampling technique: Purposive sampling technique

Tool: Self structured questionnaire.

- Demographic information.
- Student teacher's perceptions of teaching practice assessment.(Three - point Likert - scale, 3- good, 2- average, and 1- poor.)
-

Analysis and interpretation

Section:1 - Comparison of student teacher perception score between 2nd year B Sc and 1st year M Sc nursing students.

The mean perception score of 2ndyr Basic B.Sc is 57. 14+₋ 6.41 and that of 1styrM.Sc nursing students, 64.43+₋7.48 which is significant as p value is 0.051.

Section 2:-Analysis of student teachers perception of class room assessment after the stipulated teaching practice.

85. 29% (total 34 students) of 3rd year B.Sc nursing students have good perception and 14. 71% (total 34 students) have average perception whereas 57.14% (total 7 students) of M.S c nursing have good perception and 42. 86% have average perception

Section 2:-Comparison of student teacher perception score between 3rd year B Sc and 2nd year M Sc nursing students

Mean perception score of 3rd yr Basic B. Sc is 68.41+₋ 5.43 and that of 2nd yr M. Sc nursing students is 63.14 +₋8.01 which is significant as p value is 0.065.

Section 3:- Correlation with the demographic variables such as age and year of experience.

The findings showed that there was no correlation with the demographic variables such as age and year of experience.

CONCLUSION

The findings of the study show that there is an increase in the perception of student teacher in class room assessment after the first and stipulated teaching practices. But there is no correlation between the demographic variables such as age and year of experience.



ASSESS THE KNOWLEDGE REGARDING IMMUNIZATION AMONG PRIMI GRAVIDA MOTHERS

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INTRODUCTION:

Immunization is one of the most important accomplishment in public health that has, over the past 50 years led to containment and control of disease that were once very common in India .Before vaccines become available, many places in that the given immunization.

Immunization is a simple and effective way of protecting children and adult against certain disease. They are recommended for people at certain ages or life stage and for those who may be at increased risk. Immunization works by triggering the immune system to fight against certain disease.

Problem Statement

A study to assess the knowledge regarding immunization among primi gravida mothers in selected hospitals of Pune city“.

OBJECTIVES:

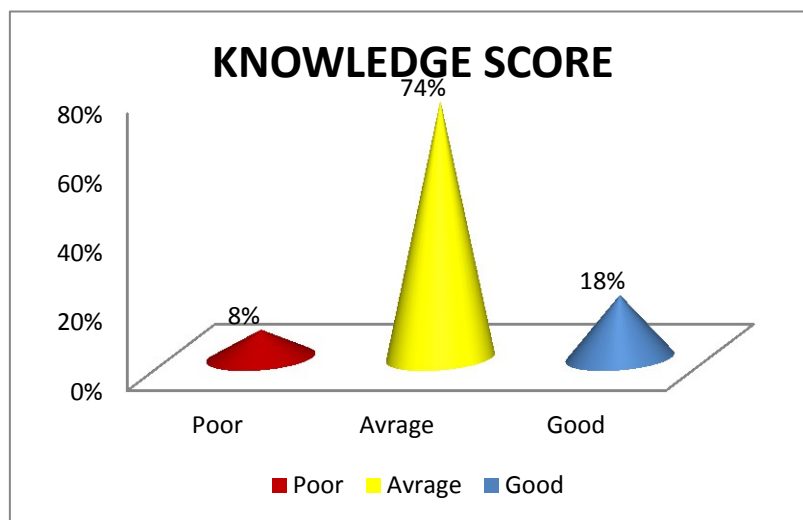
- 1 To assess the knowledge of mothers regarding immunization.
- 2 To associate the findings with demographic variables

RESEARCH METHODOLOGY

A non-experimental descriptive survey design was used to assess the knowledge of primi-gravida mothers regarding immunization in selected hospitals of Pune city. Validation of the tool has been done by experts in various fields such as pediatric nursing & medical surgical nursing The opinions and suggestion has been considered to modify the tool is found to be valid and reliable .The pilot study was conducted .Total 100 primigravida mothers were selected by purposive sampling technique. Self-structured tool was administered to assess the knowledge the data was analyzed using descriptive statistics.

ANALYSIS AND INTERPRETATION

- Majority (93%) of mothers was between the age group of 20-30 years. Few (7%) of mothers was between 30-40 years of age
- Majority 47% of mothers are having secondary education. 21% of the mothers were having primary education, 31% of the mother were having higher education and only 1% mothers were illiterate.
- 84% mothers were house wife, 4% mothers were having govt. job, 10% mothers were having private job and only 2% mothers were having on business.
- Findings related to the knowledge level of primigravida mothers regarding immunization 74% mothers had average knowledge , 18% had good knowledge and 8% had poor knowledge



CONCLUSION:

On the basis of the findings of the present study, it can be concluded that the knowledge level of primigravida mothers regarding immunization 74% mothers had average knowledge 18% had good knowledge and 8% had poor knowledge. So awareness and promotional activities can be suggested to improve knowledge of mothers.

TO ASSESS KNOWLEDGE REGARDING PERINEAL CARE AMONG THE POST NATAL MOTHERS

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Introduction:

Perineal care is often referred to as “Peri care.” Perineal care involves cleaning the external genitalia and surrounding area. The Perineal area is conducive to the growth of pathogenic organism because it is moist and is not well ventilated. Health education is an integral part of maternal and child health nursing care. During pregnancy and postnatal period nurses educate mothers about health behavior that enhance positive maternal infant outcomes. Particularly those related to self care.

Problem statement

“A study to assess knowledge regarding perineal care among the post natal mothers in selected hospitals of Pune city.”

Objective of this study:

To assess the knowledge regarding Perineal care among the post natal mothers.

Methodology:

Descriptive research was used to assess the level of knowledge regarding perineal care among post natal mothers in the selected hospitals of Pune city. The target population who fulfills the inclusion criteria are selected for this study, a non- probability convenient Sampling Technique was used to select 100 samples. A Self-Structured Questionnaires were formulated to assess the Level of Knowledge.

Each corrected answer was given a score of one and wrong answer zero score. The score between poor 1–6, Average 7–13, Good 14–19. The tool was validated by 5 experts in department of Obstetrics and Gynaecology faculty. Valuable suggestions were incorporated and tool was finalized. Permission was obtained from undergraduate research monitoring committee and institute ethical

committee. The reliability of tool was established by conducting a pilot study. The data collection was conducted for one month in selected hospital of Pune city. The investigator first introduced themselves to the postnatal mothers and developed a good rapport with them. The investigators explained the purpose of the study and then gained their confidence by obtaining a written consent from samples. The data collection was done by questionnaire method a separate questionnaire was used for each mother . Approximately 20 minutes were spent for each sample. Similarly the same data procedure was followed for the entire 100 samples.

Major study findings:

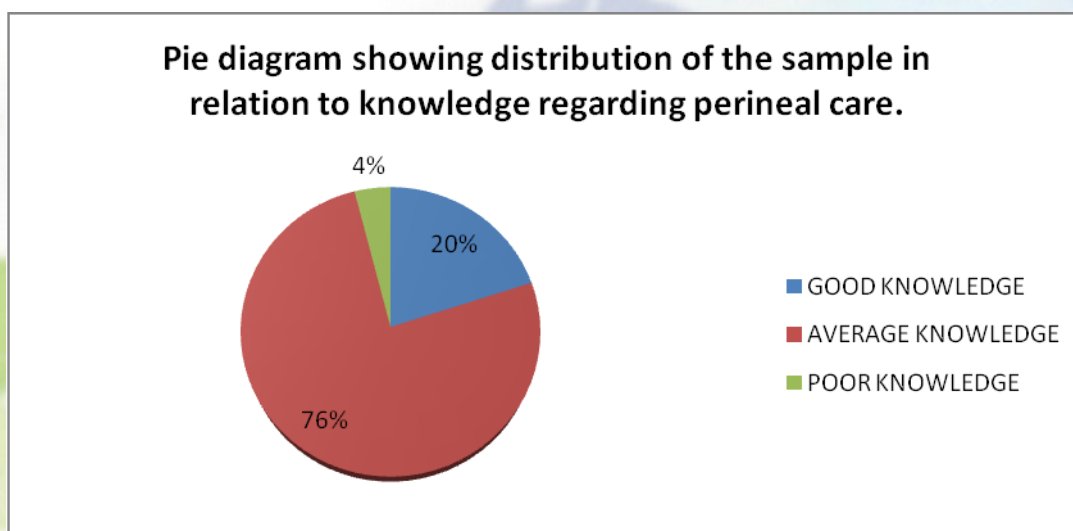
Table 1.

Frequency and percentage distribution according to knowledge of mother.

n=100

Sr. no.	Knowledge of mothers	frequency	Percentage
1	Good knowledge	20	20%
2	Average knowledge	76	76%
3	Poor knowledge	4	4%

n =100



Implication:

The present study can help nurses to enrich the awareness through outreach programme regarding perineal care among postnatal mother. Basic nursing education should give importance to the hygiene, episiotomy care early detection of complication of post natal period and to remove the

fallacy on perineal care . The findings of the study help the gynecology and obstetrics nurses and students to develop the inquiry baseline. The general aspect of the study result can be made by further researcher to identify the level of fallacy regarding perineal care among postnatal mothers.

Conclusion:-

After the detailed analysis this study leads to the following conclusion that the overall knowledge of the postnatal mothers of 76 % of the mothers have an average knowledge regarding Perineal care and 20% of the mothers have a good knowledge regarding Perineal care.

Thus the study findings clearly reveal that the knowledge of mothers regarding perineal care is average need to create the awareness and instil a positive approach regarding Perineal care .



“KNOWLEDGE AND PRACTICE OF SELF ADMINISTRATION OF INSULINE IN A VIEW TO DEVELOP SELF INSTRUCTIONAL MODULE AMONG THE PATIENTS WITH DIABETES MELLITUS”

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INTRODUCTION:

Diabetes Mellitus is recognised as one of the leading cause of death and disability worldwide.

India is in leading position with largest number of diabetes. In patients with diabetes mellitus, Physicians are after concerned about increasing functional limitations that may impede a successful self-management.

Problem statement:

A study to assess the knowledge and practice of self administration of insulin in a view to develop self instructional module among the patients with diabetes mellitus in selected hospitals of Pune city.

OBJECTIVES:

1. To assess the knowledge regarding self-administration of insulin among patients with Diabetes Mellitus.
2. To assess the practice regarding self-administration of insulin among patients with Diabetes Mellitus.
3. To associate findings with selected demographic variables.

METHOD:

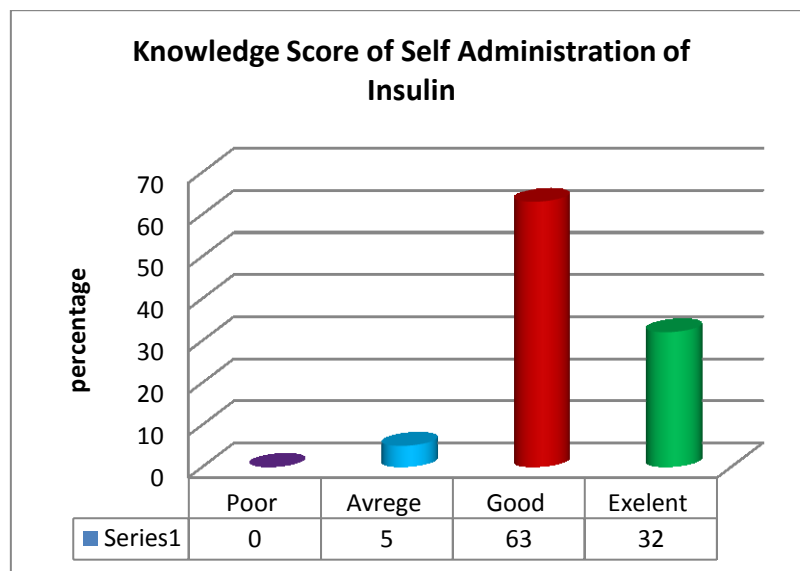
Non experimental descriptive research design and quantitative research approach was used. 60 diabetic patients were selected from selected hospitals by non-probability purposive sampling technique. Self-structured questionnaire was used to assess knowledge along with the observational check list of self-administration of insulin to assess practice. Tool was validated by experts. Reliability was done by split half method for questionnaire that was found .93 and observational checklist by inter-rater method and found .86 so tool was reliable. Pilot study was conducted it was feasible for further study. Main study was conducted in Bharati hospital and research Centre Pune

ANALYSIS AND INTERPRETATION

Maximum sample 32 (53.30%) belong to age group of 50 and above years. Majority of samples 20 (33.30%) belong to Secondary education.

The mean score of knowledge was found 19.81 with SD of 3.25 so it shows good knowledge regarding self-administration of insulin and mean score of practice was 11.85 with SD of 1.81 that shows the Average practice.

The p value of was more than level of significance 0.05 so no any association was found with all demographic variables and knowledge and practice.



CONCLUSION:

On the basis of the findings of the present study, it can be concluded that patient with self-administration of insulin are having good knowledge and average practice so self-instructional module can be prepared to enhance practices of self-administration of insulin.

ASSESS THE KNOWLEDGE OF MOTHER REGARDING GROWTH AND DEVELOPMENT OF INFANT

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Introduction

Growth is an essential feature of life of a child that distinguishes him or her from an adult. Growth refers to an increase in the physical size of the whole or any of its parts. Growth monitoring and promotion is an important aspect in childcare. Childcare in a right perspective is very important, as children are our future generation. Care implies not only providing children with proper food and shelter but also their growth, psychological, emotional and social development. This sort of upbringing helps in developing a physically, psychologically, emotionally and socially fit personality. It involves mothers and health workers in a meaningful and reinforcing way, aiming at action before overt malnutrition occurs. Growth monitoring is best initiated from birth rather than when the child is already 2 to 3 years.

The mothers play an important role in the life of children. Infants are usually seen at health care facilities for health maintenance at least six times during the first year. Anticipatory guidance offered at these visits can help parents prepare for the rapid changes that mark the first year of life.

Problem statement

A study to assess the knowledge of mother regarding growth and development of infant in selected areas of Pune city’.

Objectives:-

1. To assess the knowledge of mother regarding growth and development of infant.
2. To associate the knowledge with selected demographic variables.

Research methodology

A non experimental descriptive survey and quantitative approach was used. 100 mothers who are having infant were selected from community area of Pune city by Non probability purposive sampling technique. Tool consist of two section .section 1 consist of demographic variables and section 2 consist of structured knowledge questionnaire.

The tool was validated by experts and translated into Marathi which was again validated. The reliability of the tool was established and it was found to be 0.928 which is highly reliable.

Analysis and interpretation

Maximum samples 57(57%) were in the age group of 24 to 28 years. Maximum samples 50(50%) studied till secondary education .Majority of samples 85 (85%) were Hindu .Maximum samples 64 (64%) belongs to nuclear family, majority of samples 88 (88%) are housewife's

Majority 86(86%) of the sample had average knowledge followed by 14(14%) was in good knowledge score and none of them was in poor knowledge score

Conclusion:-

Most of the samples were having average knowledge regarding growth and development of an infant.



ASSESSMENT OF KNOWLEDGE REGARDING NESTING AMONG STUDENT NURSES.

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Introduction

Newborn have so many adjustment problems soon after the delivery. When they were in mother's womb, the temperature is maintained and also the flexed position provides much comfort to the baby. After the delivery there is alteration in the posture. The striking difference between the intrauterine environment and the neonatal intensive care unit is obvious. The sensory impact of the NICU is postulated to adversely influence the neurodevelopment outcome of preterm infants.

Observing the needs of the babies, Danielle Salducci, a pediatric physiotherapist, started to design and make nest which would enable newborns to make movements similar to those made inside their mother's womb.

Problem statement:

"A study to assess the knowledge regarding nesting among the nursing students from the selected colleges of Pune city."

Objectives

1. To assess the knowledge regarding nesting among student nurses.
2. To associate the finding with selected demographic variables.

Research methodology:

A quantitative research approach with descriptive research design was adopted for the study. 60 student nurses from selected nursing colleges of Pune city were selected for the study. Non probability convenient sampling method was used to select student nurses. Structured questionnaire was used to collect the data. Validity was obtained for the research tool. Karl Pearson's formula was used to find reliability of the research tool, the result of the correlation coefficient was 0.99

Analysis and interpretation

It was found that majority (78.33%) of the students had the average knowledge about nesting, (11.66%) are showing good knowledge. and (10%) students are showing poor knowledge about nesting among the student nurses.

“ASSESS THE LEVEL OF ANXIETY TOWARDS CHILDBIRTH AMONG PRIMIGRAVIDA AND MULTIGRAVIDA MOTHERS”

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Introduction

A women encounters physical and psychological changes during pregnancy that are typical at this time periods .Pregnancy is also an individual experience that elicits a range of response from very positive to very negative the wide range of response are due the complexity of the process the physical ,emotional, psychological and social changes that occur in the women personality .

Childbirth is a new experience to the primigravida mothers. Childbirth in some women is a joyous relationship of hopes, together with a mass of fears and anxieties whether the baby will be normal and healthy. The level of anxiety may high in both primigravida and multigravida. In primigravida because of first baby and first experience too. In multigravida the women will have experience before ,so she will be aware with the process of delivery and complications due to hormonal changes the catecholamine is increases in brain may also cause stress and anxiety .

Problem Statement

“ A comparative study to assess the level of anxiety towards childbirth among primigravida and multigravida mothers in selected hospitals of Pune city ”

Objectives:

- ❖ To assess the anxiety level in both primigravida and multigravida mothers.
- ❖ To compare anxiety level in primigravida and multigravida mothers
- ❖ To associate the findings with selected demographic variables

Research methodology

A non experimental descriptive study and quantitative approach was used to compare the level of anxiety towards childbirth among 300 mothers (150 primigravida and 150 multigravida mothers) were selected from Bharati Hospital & Research Centre and Bharati Ayurvedic Hospitals by non probability convenient sampling technique .The tool was validated by experts

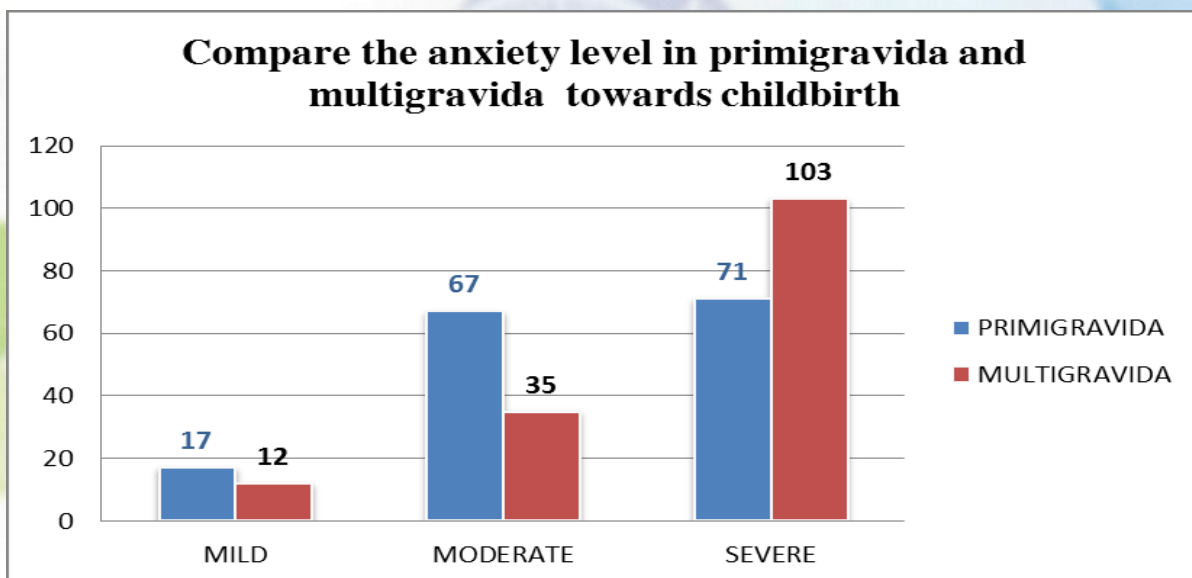
and translated into Marathi which was again validated by experts .Test and re-test was adopted and reliability was checked by cronbach alpha method. The calculated value is 0.95 which is highly reliable. Tool consists of two section .Section I

consists of demographic variables & Section II is Modified perinatal anxiety scale .Paper and pen was used for data collection.

Analysis and interpretation

Primigravida : Majority of sample 90 [60%] falls in the age group of 23-27 years, majority of sample 52 [34.65%] were studied primary education, majority of sample 118 [78.6%] were from join family , none of them has no history of infertility ; majority sample 125 [83.3%] have husband support system, majority of sample 149 [99.3%] has no history of illness .Majority of the samples 71(47.3%) had severe anxiety followed by 67(44.7%) had moderate anxiety score towards child birth

Multigravida : Majority of sample 81 [54%] belonged to age group of 23-27 years ,Majority of sample 73 [48%] belonged to primary education , majority of sample 56 [66.7%] belonged to join family, few sample 40 [26%] was having history of abortion , [26.7%] was having history of infertility , majority of sample 44 [29.3%] was having bad obstetric history like still birth, preeclampsia , gestational diabetes ,abortion etc, and majority of sample 136 [90.7%] was having husband support system .Majority of the samples 103(68.7) had severe anxiety followed by 35(23.3%) had moderate anxiety score towards child birth. The results shows that multigravida mothers had more severe anxiety score towards childbirth as compare to primigravida mother.



Conclusion:

Majority of the sample in the multigravida are found more severe anxiety score towards childbirth as compare to primigravida mothers .Multigravida mothers had bad obstetric history , anxious in next pregnancy ,outcome etc.



25
Glorious years of
Bharati Vidyapeeth
College of Nursing, Pune

ASSESS KNOWLEDGE REGARDING COMPLEMENTARY FEEDING AMONG MOTHERS

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INTRODUCTION

Mother is a very humanizing effect. Mother is placed at the level of God to provide love, warmth and satisfy needs of baby. The average annual number of births during a year per 1,000 persons in the population at midyear is known as birth rate. The birth rate is usually dominant factor in determining the rate of population growth. Establishing appropriate universal and timely introduction of complementary feeding has emerged as one major strategy to compact avoidable under nutrition in young children. As the baby grows and become more active, an age is reached when breast milk alone is not sufficient to meet child nutritional needs. So complementary foods are then needed to fill the gap between the total nutritional needs of child and the amount provided by breast milk. Complementary feeding is the systemic process of introduction of suitable food at the right time in addition to mother's milk in order to provide needed nutrients to the baby.

WHO, recommends that infants start receiving complementary foods at 6 months of age in addition to breast milk initially 2-3 times a day between 9-11 months and 12-24 months with additional nutritious snacks offered 1-2 times per day. Under nutrition is responsible for at least 35% of fewer than 5 deaths worldwide. As estimated 32% of children less than 5 year of age in developing countries are stunted & 10% are wasted.

Problem Statement

"A study to assess knowledge regarding complementary feeding among mothers in selected urban areas of Pune city."

Objectives

1. To assess the knowledge regarding complementary feeding
2. To compare the knowledge with selected demographic variables

Materials and methods:

Quantitative research approach with non-experimental exploratory survey design was adopted in the present study. 100 samples were recruited in the study using non probability purposive sampling technique. Sampling criteria are mothers having children between 6-24 months of age; Mothers who are willing to participate in study; Mothers who can understand questions and speak English, Hindi and Marathi; Mothers who are available at the time of data collection. A structured questionnaire consisting of objective type questions were prepared to assess the knowledge regarding complementary feeding among mothers. Data collection was carried out in Upper Indira Nagar Bibvewadi, Padmavati Vasant Sahakar Nagar and Padmavati Taljai Vasahat areas of Pune City from 24/10/17 to 6/11/17.

Analysis and Interpretation

The data was analyzed by using frequency and percentage distribution. Findings of the study revealed that the majority of the samples in the study 52% are 20-25yrs old mothers, educational status of the mothers 64% are secondary education, the majority of the samples in the study 55% are joint families, then the occupational status of the mothers 64% are housewives, the majority of monthly families

income 47% are RS.10001-Rs.15000 and the majority of the number of children the mothers has 48% are two children .

The majority of the mothers i.e, 54(54%) has good knowledge score and 25 (25%) has poor knowledge score and 21 (21%) has excellent knowledge. Overall mean value of the data analysis is 33.33. 25% of the mothers between 20-25 yrs of age group possess excellent knowledge regarding complementary feeding where as 33% of mothers between 26-30yrs of age group possess good knowledge regarding complementary feeding. 40% of mothers educated secondary education possess good knowledge. 20% of mothers from joint family possess excellent knowledge. 22% of mothers having two children possess excellent knowledge. 35% of mothers whose family income are Rs.10001-Rs.15000 possess good knowledge. 34% of mothers are housewives who possess excellent knowledge.

Conclusion

Mothers does not possess more excellent knowledge regarding complementary feeding, so nurses should organize education programme to create awareness regarding complementary feeding among mothers. Nurses should perform the demonstration regarding complementary feeding in front of the mothers to increase the knowledge of the mothers.



ASSESS KNOWLEDGE REGARDING MEDICO LEGAL ASPECTS IN CARE OF ROAD TRAFFIC ACCIDENT PATIENT AMONG THE NURSES

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Introduction

Road traffic accidents which lead to serious injuries including death of innocent and ignorant human being. This became a matter of great concern due to an alarming development of road traffic transportation alone, which includes various types of motor vehicles that is buses trucks three wheelers. A large no of accidents take place day in and day out, in most of the accidents, caused by motor vehicles mainly the pedestrians or the cyclists are involved, since the driver and owner of such erring vehicles are responsible for the accidents on the roads. The law requires then to give compensation to such victims of the motor vehicle accidents.

Problem statement

“A study to assess knowledge regarding medico legal aspects in care of road traffic accident patient among the nurses in selected hospitals of Pune city.”

Objectives

1. To assess knowledge regarding medico legal aspects in care of road traffic accident

Research Methodology

The population of the present study is nurses from selected hospitals of Pune city. Non-probability convenient sampling technique was used to select 100 staff nurses fulfilling the inclusion criteria. Structured questionnaire was used to assess the knowledge. The content validity of the tool was done, reliability of the tool was established and it was found to be 0.83.

Analysis and interpretation

Item analysis showed that majority of the nurses had a high score in the area of admission followed by high score is 80%, in the area of medical law staff nurse showed very low score 40% was seen.

Majority of the samples (i.e. 64%) are in between the age group of 21- 25 years. Majority of the samples (i.e. 90%) are female staff nurses. Majority of the samples (i.e. 56%) are RGNM staff nurse. Majority of the samples (i.e. 87%) are having one to 5 years of professional experience. Majority of the samples (i.e. 37%) are having experience in casualty emergency area.

It was found that, 60% participant had average knowledge 25% participant good knowledge and only 15% participant poor knowledge regarding medico legal aspect in care of road traffic accident patient, among the nurses.

Conclusion

Study was conducted among the nurses to assess knowledge regarding medico legal aspect in care of road traffic accident patient. Staff nurse have average knowledge related to medico legal aspect, but need to improve confidence and competency in various medico legal cases.

Keywords: Medico legal aspect, knowledge, road traffic accident, staff nurses.



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ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING SELF-ADMINISTRATION OF INSULIN AMONG INSULIN REQUIRING DIABETIC PATIENTS

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Introduction

Diabetes mellitus is a syndrome that embraces many etiologies and abnormalities that share hyperglycaemia as a common characteristic. Diabetic symptom may result from insulin deficiency or from insulin resistance that renders insulin ineffective. Diabetes prevalence is increasing rapidly; previous 2013 estimates from the International Diabetes Federation put the number at 381 million people having diabetes.

The number is projected to almost double by 2030. The WHO estimates that diabetes resulted in 1.5million deaths in 2012, making it the 8th leading cause of death. Until recently, India had more diabetics than any other country in the world, according to the International Diabetes Foundation, although the country has now been surpassed in the top spot by China. Diabetes currently affects more than 62 million Indians, which is more than 7.1% of the adult population. The average age on onset is 42.5 years.

Nearly 1 million Indians die due to diabetes every year. According to the Indian Heart Association, India is projected to be home to 109 million individuals with diabetes by 2035. The research aimed at finding the effectiveness of structured teaching programmerelated to self-administration of insulin on knowledge and practice among insulin requiring diabetic patients.

Problem statement

“A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding self-administration of insulin among insulin requiring diabetic patients”

Objectives

1. To assess the existing level of knowledge regarding self administration of insulin among insulin requiring diabetic patients before and after structured teaching programme.
2. To assess the existing practice regarding self-administration of Insulin among insulin requiring diabetic patients before and after structured teaching programme.
3. To find the association between selected background factors of insulin requiring diabetic patients and the level of knowledge and practice regarding self-administration of insulin

Research methodology

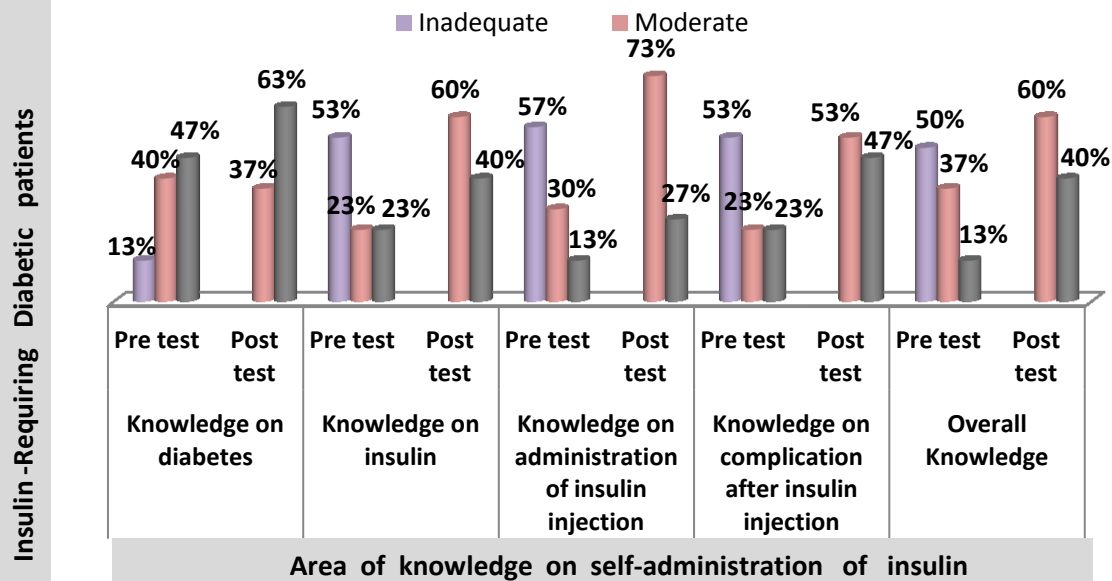
One-group pre-test and post-test methods of pre-experimental design were taken. The samples for the study were chosen by non-probability purposive sampling. 30 insulin requiring diabetic patients were selected as sample based on the selection criteria. A structured interview schedule and observational checklist was developed based on review of literature and opinion from experts. Level of knowledge was studied in relation to various aspects like knowledge on diabetes, insulin, administration of injection technique and complication after insulin injection. Data were collected from insulin requiring diabetic patients who attended the outpatient department of Krithika Hospital and Research Centre, Salem, Tamilnadu, India.

Analysis and interpretation

Pre- test score had found that the existing level of knowledge on self-administration of insulin was inadequate 15 (50%) and the existing practice level was inadequate 16(53%) among insulin requiring diabetic patients. Exposure to the structured teaching programme had increased the knowledge among insulin requiring diabetic patients and it had been proved statistically significant ('t' value 12.3). Further, exposure to the structured teaching programme on demonstration of self-administration of insulin had increased their practice level and had been proved statistically significant ('t' value 25.2).

Majority of the selected background factors like age, education, occupation and duration of disease condition were not associated with knowledge and practice level among insulin requiring diabetic patients regarding self-administration of insulin. However, the background factor of education was associated with practice level among insulin requiring diabetic patients.

COMPARISON OF PRE-TEST AND POST-TEST KNOWLEDGE



Conclusion

The study findings have concluded that the existing level of knowledge and practice on self-administration of insulin was inadequate among insulin requiring diabetic patients. Exposure to the structured teaching programme increased the knowledge and practice level among insulin requiring diabetic patients which would help them for an effective diabetes management.

EFFECTIVENESS OF COLD APPLICATION ON THE OCCURRENCE OF ECCHYMOSIS AT SUBCUTANEOUS INJECTION SITE OF HEPARIN IN PATIENTS

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Introduction

Low molecular weight heparin is a universally used injectable anticoagulant and nurses are the one who administer this medication. A very commonly occurring local side effect of the drug is ecchymosis which poses a challenge to both the patients and the nurses. Patients develop a disturbed body image, poor compliance to therapy and lose confidence over the nurses. Nurses have a moral and professional obligation of safe administration of medications. Pain, bruise and hematomas are most common complications detected at subcutaneous injection site of heparin among the patients. The literature reports a high degree of incidence of bruising from any subcutaneous heparin injections.

Problem statement

A study to assess the Effectiveness of cold application on the occurrence of ecchymosis at subcutaneous injection site of heparin in patients of selected tertiary care hospitals.

Objective of the study

To assess the efficacy, safety of cold application in reducing the occurrence of ecchymosis at the injection site of low molecular weight heparin.

Methodology

An experimental approach with cross over design was used and the study conducted at two tertiary care hospitals in Aug - Sep 2017. Simple random sampling was used and a total of 103 injection sites were selected both in the experiment and control group for the study. A semi structured tool consisting of demographic data, clinical data, safety and tolerance questions with an observation chart was used for data collection. Ice cold application was given at local injection site prior to administration of LMWH in the experiment group and a placebo was given to the control group. The primary outcome was the incidence and size of ecchymosis both in the experimental and control group which was measured at 48 and 72 hours post injection.

Analysis and interpretation

Mean size of ecchymosis at 48 hours in control group was 1.82 mm which was 1.04 mm in experimental group. Mean size of ecchymosis at 72 hours in control group was 1.74 mm which was 1.04 mm in experimental group. Z-values for this comparison were 2.6 and 2.3 at 48 hours and 72

hours respectively. Corresponding p-values were 0.005 and 0.010 at 48 hours and 72 hours respectively. 100(100%) of the subjects had tolerance to ice and none of them developed pricking pain and itching.

Discussion

The result of the present study is congruent with the findings of the study assessment of four different methods in subcutaneous heparin applications with regard to causing bruise and pain by Gulcin Avsar and Magfired Kasikci. Findings of the study demonstrated that administering subcutaneous heparin injection without aspiration, with airlock and 2 minute cold application significantly reduces bruising incidence and size.³ The researcher in her present study too administered subcutaneous low molecular weight heparin without aspiration, with airlock and 2 minute cold application.

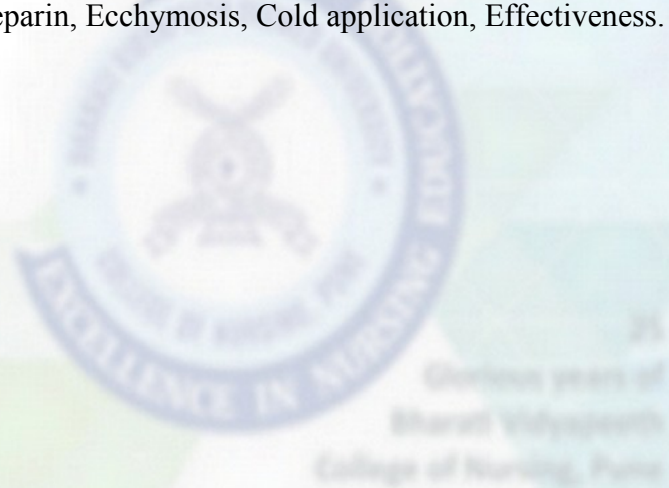
The findings of this study statistically proved that cold application for two minutes prior to administration of injection is effective in reducing the incidence and size of ecchymosis at subcutaneous injection site of low molecular weight heparin.

Conclusion

The aim of the study was to assess the effectiveness of cold application on the occurrence of ecchymosis at the subcutaneous injection site of low molecular weight heparin. From the findings of this study it can be statistically stated that cold application of two minutes duration prior to LMWH administration is not only effective in reducing the incidence and size of ecchymosis at subcutaneous injection site of low molecular weight heparin but also safe.

Key words

Low molecular weight heparin, Ecchymosis, Cold application, Effectiveness.



ASSESS THE KNOWLEDGE AND ATTITUDE OF ADULTS REGARDING SWINE FLU AND ITS PREVENTION

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Introduction

Health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and service to make appropriate health decision. It is also the cognitive and social skill which determines the motivation and use information in ways which promote and maintain good health. An exploratory study was conducted to assess the knowledge and attitude of adults regarding swine flu and its prevention with the aim of assess the level of the knowledge and attitude regarding swine flu and its prevention among adults.

Problem Statement

“A study to assess the knowledge and attitude of adults regarding swine flu and its prevention in selected community area of Dehradun, Uttarakhand

Objectives

- ❖ To assess the level of the knowledge regarding swine flu and its prevention among adults.
- ❖ To determine the level of attitude regarding swine flu and its prevention among adults.
- ❖ To assess correlation between knowledge score and attitude score.
- ❖ To find out the association with their knowledge score and socio demographic variables among adults above 18 years of age.

Methodology

Quantitative survey approach, exploratory descriptive design was used in the study to assess the relationship between knowledge and attitude of adults regarding swine flu and its prevention. The study was conducted at Ram Nagar, Danda, Thano, Dehradun, Uttarakhand. Systematic random sampling technique was used to select the study subjects. Data was collected from 62 adults by using socio-demographic variables, structured knowledge questionnaire and likert scale.

Analysis and interpretation

Most of the adults were at the age group of 18 – 35 year of age. The majority of gender 32 was female. Mean and standard deviation of knowledge score of adults regarding swine flu and its prevention were 12.0 ± 2.85 , and median were 9.5, and mode were 11. The mean and standard deviation of attitude score of adults regarding swine flu and its prevention were 35 ± 6.0 , and median were 35, and mode were 36 and 39.

Conclusion

The present study had found that there was negative correlation between knowledge and attitude score of adults regarding swine flu, symptoms and prevention. As the knowledge increases, attitude level was decreased.

Key words: Knowledge, Attitude, Adults, Swine flu, Prevention



EFFICACY OF MULTIGRAIN PANJIRI WITH IRON AND FOLIC ACID THERAPEUTIC SUPPLEMENTATION IN MANAGEMENT OF ANAEMIA AMONG MALNOURISHED WOMEN

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Introduction:

Anaemia is one of the most common health problems in India. The problem is much more in rural than the urban areas high – risk groups for anaemia are pregnant and lactating females and in children the prevalence of anaemia is disproportionately. High in developing countries, due to poverty, inadequate diet , certain diseases, pregnancy/ lactation and poor access to health services. The nutritional anaemia in woman attributes to high MMR, high incidence of low birth weight babies, high perinatal mortality and fetal wastage and consequent high fertility rates. To address the issue of anaemia in malnourished women number of additional dietary supplementation were thought to be useful. Multigrain pangiri is one of them. The soybean in the U.S., also called the soya bean in Europe (Glycine max), is a species of legume native to East Asia, widely grown for its edible bean which has numerous uses. The plant is classed as an oilseed rather than a pulse by the UN Food and Agriculture Organization (FAO).

Problem statement

“A study to assess the efficacy of multigrain panjiri with iron and folic acid therapeutic supplementation in management of anaemia among malnourished women.”

Objectives

The main objective of the present study is to assess the efficacy of multigrain panjiri with iron and folic acid therapeutic supplementation in management of anaemia among malnourished women.

Materials And Methods

Sample

The samples comprise of 200 malnourished women subjects from Raipur Chhattisgarh. The selection of sample was based on WHO classification of anaemia in which haemoglobin values less than 12 are classified as anaemic. The selection of sample was done purposively from age group 19 to 23 years.

Tools : Estimation of haemoglobin –Haemoglobin levels of the samples was estimated by Cyanmet Haemoglobin method.

Design : Pre-post randomized group design was preferred to conduct the study

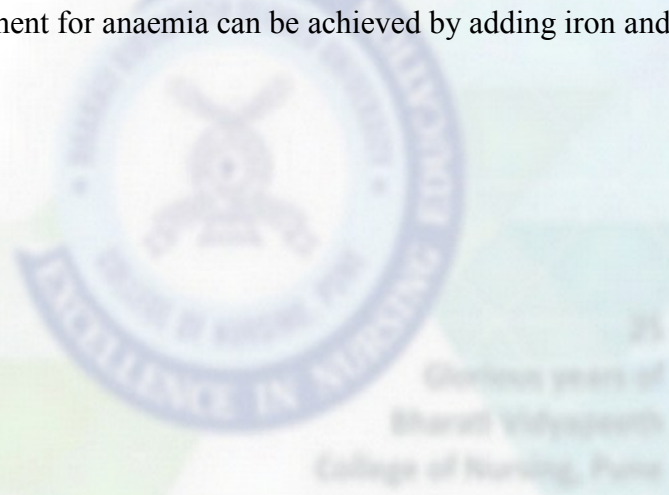
Analysis and interpretation

The pre-post frequency distribution on the basis of WHO classification of anaemia in different study groups in experimental group I, pre test statistics showing that 2% subjects had severe anaemia, 14% classified as moderately anaemic while 84% were mildly anaemic. The post test frequency distribution for experimental group I shows that none of the subjects had severe anaemia while 2% and 7% came under the category of moderate and mild anaemic. The post test frequency distribution reveals that 91% women subjects had normal haemoglobin levels. In experimental group II, pre test statistics showing that 2% subjects had severe anaemia, 17% classified as moderately anaemic while 81% were mildly anaemic. The post test frequency distribution in experimental group II shows that none of the subjects had severe anaemia while 2% and 3% came under the category of moderate and mild anaemic. The post test frequency distribution reveals that 95% women subjects had normal haemoglobin levels.

Results indicate that supplementation of multigrain panjiri with addition of iron and folic acid tablet is more effective in management of anaemia in malnourished women. This fact is verified by changes in anaemia profile of experimental group I and II. The improvement in haemoglobin levels of subjects belonging to experimental group I was found to be significantly higher as compared to subjects belonging to experimental group I. Hence the results are not surprising. .

Conclusion

On the basis of results it may be concluded that maximum benefits of soya multigrain supplementation in treatment for anaemia can be achieved by adding iron and folic acid tablets with it



ASSESSMENT OF KNOWLEDGE REGARDING POSTNATAL CARE AMONG ANTENATAL MOTHERS

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Introduction

Postnatal period, a crucial period in woman's life. They are in need of special care throughout pregnancy, during labour as well as after delivery of child in order to achieve safe motherhood and healthy living. Mostly, incorrect perception of postnatal health practices leads the individual to move towards the unsafe motherhood.

Problem Statement

"A study to assess the knowledge regarding post natal care among antenatal mothers in selected areas of Pune city."

Objectives

1. To assess the knowledge regarding post natal care among antenatal mothers.
2. To associate the findings with selected demographic variables.

Material & Methods

Quantitative research approach with descriptive research design was adopted for the study. 100 antenatal mothers with ≥ 32 weeks of gestation were enrolled by using non-probability convenient sampling technique.

Analysis And Interpretation

The samples under study comprised of the following demographic variables: majority of the mothers (i.e., 42%) belongs to the age group 24-29 years, majority (i.e., 46%) of the mothers was educated up to higher secondary level. Maximum samples under the study (i.e., 89%) were house makers; most of the mothers (i.e., 55%) were multipara. Maximum mothers taken for the study (i.e., 47%) were with gestational age 32-34 weeks and 35-37 weeks. Occupation and parity (<0.05) were found to have significant association with the knowledge of the antenatal mothers regarding postnatal care that may be due to the impact of receiving information from the elders in home as well as the neighbors and relatives and the previous experience of childbirth respectively

Conclusion

The study thereby concluded that there is a need to create awareness among mothers regarding various aspects of post natal care in order to reduce maternal and neonatal complications. Keeping in view the research findings the same kind of study can be replicated in large setting.

Keywords: Antenatal mother, knowledge, postnatal care



ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) INFECTION AMONG STAFF NURSES

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Introduction

Educating the nurses and creating awareness in helping them to learn more about MRSA will help to protect themselves and to prevent the nosocomial spread of MRSA.

Problem Statement

“A study to assess the effectiveness of structured teaching programme on knowledge regarding Methicillin Resistant Staphylococcus Aureus (MRSA) infection (MRSA) infection among staff nurses of Bharati Hospital Pune.”

Objectives

1. To assess the knowledge regarding methicillin resistant staphylococcus aureus (MRSA) infection among the staff nurses of Bharati Hospital.
2. To administer of structured teaching programme on Methicillin Resistant Staphylococcus Aureus (MRSA) infection.
3. To assess the post test knowledge regarding MRSA infection among the staff nurses of Bharati Hospital.
4. To associate selected background variable with the findings.

Research Methodology

This study is done using pre-experimental research design in selected hospitals. Non Probability Convenient sampling technique was used. To select 150 staff nurses between the age group of 20 to 50 years of age. The tool for data collection consists of 2 sections which consists of demographic data and the knowledge level on MRSA infection . Validation and reliability of the tool was established it was found to be valid and reliable. A structured questionnaire was given to participants followed by of structured teaching programme on Methicillin Resistant Staphylococcus Aureus (MRSA) infection the data collected has been analysed using descriptive statistics.

Analysis And Interpretation

In this study 68% of nurses were in the age group of 20-30 years. Out of 150 nurses under the study 56% of staff nurses were RGNM and 44% of staff nurses were BSc. 94 % nurses were involved in patient care. 53.33% of the nurses had taken care of patients having with MRSA. The knowledge score before teaching was 12% nurses had poor knowledge, 77.60 % had average knowledge and 10.40% had good score.

After the administration of structured teaching programme, the post test results were 100% of staff nurses had good knowledge score The knowledge score shows that a marked increase was seen in the post test score, which indicates that the structured teaching programme was effective in increasing the knowledge score of the samples regarding Methicillin Resistant Staphylococcus Aureus Infection.

Conclusion

The best method to screen for early detection of MRSA. This being the cheapest means is the best method to be used for screening among the MRSA infection patient, the knowledge and demonstration if given timely to the staff nurses to help them to the patient care. This study could help in bringing about awareness about MRSA infection leading to healthy life ahead

“ASSESS THE ORAL HEALTH OF CHILDREN IN THE SELECTED ANGANWADIS OF PUNE DISTRICT”

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Introduction

Good oral health is an important prerequisite for good health and subjective wellbeing. Nowadays, Dental carries is a common and chronic diseases process with significant short and long term consequences mostly found in children.

Problem statement

“A study to assess the oral health of anganwadi children in the selected anganwadis of Pune district.”

Objectives

The objective of the study was to assess the oral health among the Anganwadi children.

Research methodology

A non -probability convenience sampling technique was used for the study. The content validity of the tool was done by the experts in the field of nursing. The tool consisted of demographical and oral assessment scale. Data analysis was done by using descriptive statistics.

Analysis and interpretation

The major finding of the study was: 55% of children were having healthy lips, 43% of them were suffering from dry lips and 2% of children had ulcerated lips. 42% of the children were having healthy tongue, 55% children were having patchy tongue, 3% of them were having white coated tongue. 34% children were having healthy gums and tissues, 63% were having swollen gums and ulcers, 3% were suffering from bleeding gums and ulcers. 61% children were having less saliva, 2% having patched tissues. 13% were having healthy teeth, 76% of them were having one to three broken teeth, 11% of the children were having four or more broken teeth. No children were having dentures. 11% children were having oral cleanliness, 79% were having food particles/tartar in some parts of the mouth, 10% were

having plaque and severe oral malocclusion. 16% of them had no dental pain, 28% were having behavioural signs of pain, 4% were having physical signs of pain.

Conclusion

As per scoring most of children that is about 76% of children required preventive and routine treatment, about 22% children need prompt treatment. Only 2% of children were having good oral health.

During assessment, it was found that the prevalence of dental caries is high, about 76% of children are suffering from dental caries and 11% are having severe condition.

Next to dental caries 79% of children are having poor oral cleanliness and about 10% are having unhealthy oral health. As per scoring most of children that is about 76% of children required preventive and routine treatment, about 22% children need prompt treatment. Only 2% of children were having good oral health.

Recommendations

- The study can be replicated on large number of sample to validate and generalize the sample.
- A similar study can be conducted in school going children.
- The interventions can be implemented in comparison of oral health of rural & urban children.



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EFFECT OF THE STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICES REGARDING EPILEPSY

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Introduction:

Epilepsy is a more common in children and includes a variety of seizure types. Seizures can sometimes be confused with other conditions children with epilepsy can still attend preschool, school and sports, but the risks must be managed. Epilepsy may affect learning and behaviour in some children.

Statement of problem :

A study to evaluate the effectiveness of the structured teaching programme on knowledge and practices regarding epilepsy among the mother of under five children at selected village at CHC Kundgol of Dharwad district, Karnataka.

Objectives:

1. To assess the knowledge regarding epilepsy.
2. To assess practices regarding epilepsy.
3. To evaluate the effectiveness of structured teaching program regarding epilepsy.
4. To find out the co-relation between pre-test scores of knowledge and practices regarding epilepsy.
5. To find out the association between pre-test practices scores and their selected socio demographic variables.
6. To find out the association between pre-test practices scores and their selected socio-demographic variables.

Methodology:

Conceptual frame work was based on General system model of Ludwig Von Bertalanffy. Study design adopted was one group pre test post test (pre experimental) design. Simple random sampling technique was used to collect data from 60 mothers of under five children from Kundgol 'A' village. Data was collected using structured interview schedule.

Structured teaching programme (STP) on epilepsy was developed. The STP and the tool (interview schedule) was validated by the experts in the field of nursing.

Reliability of the tool was established by Split Half method using Karl Pearson's coefficient of correlation formula and the reliability for structured knowledge interview schedule was $r = 0.73$ and practice questionnaire is $r = 0.91$. Analysis was done using descriptive and inferential statistics. Paired 't' test was used for correlation between knowledge and practice scores.

Results:

Findings revealed that, Pre test scores of 60 mothers of under five children was 9(15%) had good knowledge, 40 (66.67%) had average knowledge, 11(18.33%) had poor knowledge. After administration of STP there was significant gain in the knowledge. The post test scores revealed that 53(88.3%) had good knowledge and 7(11.7%) had average knowledge.

Pre test scores of the 60 mothers of under five children revealed that 8(13.33%) had good practice, 44(73.34%) had average practice and 8(13.33%) had poor practice. After administration of STP there was significant gain in the practice. The post test scores revealed that 55(91.7%) had good practice and 5(8.3%) had average practice.

Paired 't' value 17.77 in knowledge, 9.54 in practice scores revealed that there is a gain in knowledge and practices of epilepsy after introduction of STP at 0.05 level of significance.

There is a positive correlation between the variables i.e., knowledge and practice.

Probability values of X^2 contingency table revealed that the knowledge scores and socio demographic variables were dependent in case of education of the mother and number of children whereas independent in case of other demographic variables. Practice scores and socio demographic variables were dependent on education of the mother, history of instrumental delivery and history of epilepsy in the family and independent in case of other demographic variables.

Interpretation and conclusion:

The study findings concluded that STP on Epilepsy was effective in improving the knowledge and practices of mothers of under five children. The study also revealed that there is positive correlation between the knowledge and practices of mothers of under five children regarding Epilepsy.



KNOWLEDGE ASSESSMENT REGARDING CHILD ABUSE AMONG MOTHERS

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Introduction

Child abuse has negative outcome in children and adolescents that can extent into adulthood. Child abuse is significant problem that requires an effective means of prevention. Child abuse includes physical abuse, emotional abuse, sexual abuse and neglect. Hildyard JC et al. while working in the community and hospital observed increased number of child abuse and among them there were children whose parents especially mothers were not aware of the problems of child abuse.

Objectives

1. To assess the knowledge of mothers regarding child abuse.
2. To find out the association between the knowledge of mothers with the selected socio-demographic variables.

Methodology

The research design adopted for this study was descriptive design. The research study was conducted in selected rural area of Pune District. Data collection was carried out in the month of October, 2017. Sample of 100 mothers were taken. Tool used were questionnaire consist of two sections. First section included variables for age, level of education, occupation, type of family and age of youngest child were assessed. Second section included 15 items on knowledge assessment on child abuse with scoring on adequate knowledge (8-15) and inadequate knowledge (0-7). The reliability was done by Karl Pearson correlation co-efficient formula. The gathered data were analysed by frequency and percentage.

Analysis and Interpretation

Findings depicts the majority of mothers (48%) were in age group category of 20-30 years, 46% of these mothers had primary level of education, majority of mothers (62%) were farmers, 66% of mothers are living in nuclear families and 49% of mothers have their child less than five years of age. 70% mothers had adequate knowledge and 30% of mothers have inadequate knowledge on child abuse.

Conclusion

It can therefore be concluded that majority of mothers have adequate knowledge regarding child abuse.

“TO IDENTIFY THE STRESS LEVELS AMONG STUDENTS OF SELECTED JUNIOR COLLEGE IN PUNE CITY.”

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Introduction:

Adolescence is a period when individual become independent from their parents. Apart from home environment they spend time in school, college environment which may influence the level of stress by adolescents. Academic matters are the important sources of chronic and sporadic stress for young people in both Western and Asian countries, it has significant associations with mental health problems, such as depression, anxiety and suicidal ideation. Suicide is the third leading cause of death among adolescents. Academic stress may be contributing factor in depression.

Keeping this in mind a study was undertaken to exploratory study to identify the stress levels among students of selected Junior College in Pune city, with the objective of assessing the stress levels among Junior college students.

Materials & Methods:

An exploratory design was selected with a quantitative approach; the samples selected were through a non-probability convenient sampling method. The total sample size was 200 and the variable studied was stress level. The setting of the study was selected junior colleges. Tool consisted of two sections, the first dealing with the demographic data, and the second section consisted of a modified stress scale.

Results:

130 (65%) of the students were female. In type of family, 126 (63%) are from nuclear family and 67 (33.5%) are from joint family. Birth order among adolescents 100 (50%) were 2nd child in their family, 65 (32.5%) were the first child and 33 (16.5%) were the third child. Students aged 16 were 78 (48%), age of 17 years were 76 (39%) and age of 18 years were 22 (11%). Occupation of mothers 169 (84.5%) were homemakers, 16 (8%) were in any other professions, 07 (3.5%) were private employees and 05 (2.5%) were business women. In terms of occupation of father 70 (35%) were business man, 56 (28%) were in other profession, 50 (25%) were private employee. Science stream had 39 (58.20%) were having mild stress and 27 (40.30%) were having moderate stress. Commerce stream students had 47 (70.15%) were having moderate stress and 20 (29.85%) were having mild level of stress. Arts Stream Students had 34 (51.50%) were having moderate stress and 32 (48.50%) were having mild level of stress. Male adolescent students had 39 (56.50%) were having moderate stress and 29 (42%) were having mild level of stress. Female adolescent students i.e. 68 (53.30%) were having moderate stress and 62 (47.70%) were having mild level of stress. Overall stress levels were 108 (54%) were having moderate stress and 91 (45.5%) were having mild level of stress.

Conclusion:

The purpose of the present study was to assess the stress levels among adolescent students attending junior colleges in Pune city.

Overall analysis reveals that the stress levels among adolescent students i.e. 108 (54%) were having moderate stress and 91 (45.5%) were having mild level of stress.

TO ASSESS KNOWLEDGE ON HOME MANAGEMENT OF HAEMODIALYSIS AMONG PATIENTS RECEIVING HAEMODIALYSIS

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Introduction:

Haemodialysis is “A medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a machine and a dialyzer, also referred to as an "artificial kidney." Haemodialysis is for patients with advanced Chronic Kidney Disease and End Stage Renal Disease who requires long term or permanent renal replacement therapy.

Problem statement

“A non experimental study to assess knowledge on home management of haemodialysis among patients receiving haemodialysis in Bharati hospital and research centre of Pune city.”

Objectives:

The objectives of study was,

1. To Assess the Knowledge on Home Management of Hemodialysis among patients receiving Hemodialysis.

Method and material

This was quantitative descriptive survey study of 60 patients who are receiving Hemodialysis, aged 18-60 years. The patients selected for study were CKD patients who were receiving Hemodialysis from Bharati Hospital and research centre Of Pune city. The data for study was collected from 23rd October 2017 to 1st November 2017. Non-probability convenient sampling technique was used for the selection of patients. To obtain necessary data for the study, the tool used for data collection was assessment of knowledge on Home management of Hemodialysis. The

assessment of the knowledge on home management of Hemodialysis was done with the help of structured questionnaire with the survey method.

Analysis and interpretation

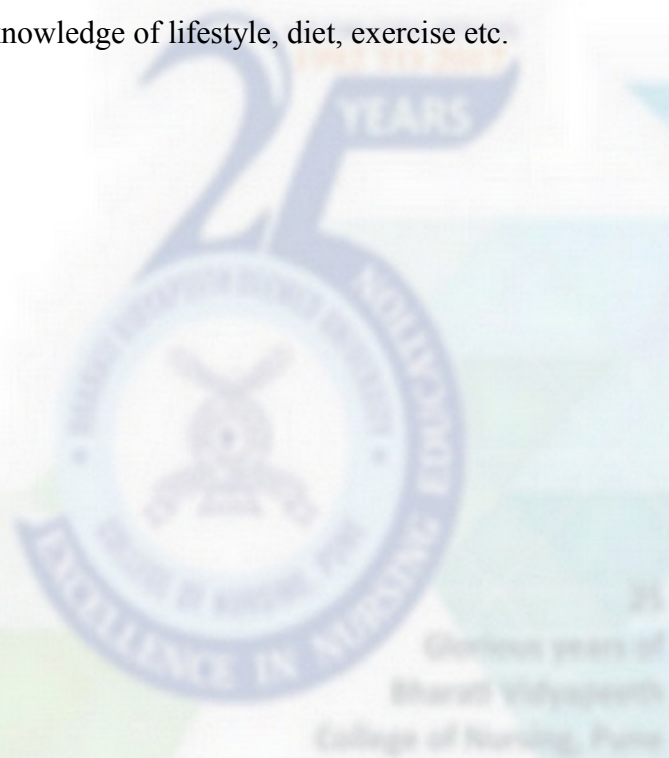
4.1 .The findings of sample characteristics:

Majority of the samples were from the age group of 50-60 years. 70% of the samples was from urban area. Majority of the samples i.e. 31.67% educated secondary education and majority of the samples belongs to joint family i.e. 58.34%. The 100% of the samples were suffering from Chronic kidney disease and majority of the samples were receiving Hemodialysis since 0-2 years

The assessment of knowledge was carried out and was found that 75% of the samples receiving Hemodialysis had good knowledge on home management of Hemodialysis and 25% of them had average knowledge.

Conclusion

The knowledge of the CKD patient is important to assess because the knowledge of patients will give idea of their lifestyles, diet etc. The questionnaire contains such questions which will be helpful for patient to improve their knowledge of lifestyle, diet, exercise etc.



TO ASSESS THE KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENTS.

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Introduction

The impact of mental disorder in community is large and many fold. There is cost of providing care, loss of productivity and certain legal problems associated with some mental disorder. It is observed that one in four patients visiting a health services has at least one mental, neurological or behavioral disorder but most of these disorders are neither diagnosed nor treated. It needs to assess the knowledge in adolescent regarding mental illness and the care to be taken for the patient with mental illness is very important.

Problem statement

“A study to assess the knowledge regarding mental illness among adolescent in selected areas of Pune city.”

Objectives of the study

- To assess the knowledge regarding mental illness among adolescent

Research methodology

A non experimental research design was adopted to conduct the study. A total of 200 samples, age between 15-19 years was selected by using purposive sampling technique. Validity and the reliability of the tool was established and the tool was found to be reliable. Study instrument was Mental illness knowledge Assessment Tool used by the researcher. The data was analyzed using descriptive statistics.

Analysis and interpretation

The finding of the study revealed that 20.5 % of the adolescent have poor knowledge regarding mental illness. 10.5 % of the adolescent have good knowledge and 69 % of the adolescent have average knowledge regarding mental illness.

Conclusion

The studies concluded that the adolescent have average knowledge there is an association between the level of knowledge regarding mental illness among adolescent with the selected demographic variables such as age, gender, education, family income and sources of information regarding mental illness are significant association.

AN EXPLORATORY - DESCRIPTIVE STUDY TO ASSESS FACTORS CONTRIBUTING TO DEPRESSION AMONG ELDERLY FROM SELECTED COMMUNITY AREAS OF PUNE CITY

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INTRODUCTION

The world health organization (WHO) estimates that by 2020 depression will be the most important single cause of disability in both developed and developing countries. All through depression is a common mental health problem in the aging population estimates for the prevalence of depression in elderly differs greatly. Adjusting to the changes that accompany old age requires than an individual is flexible and develops new coping skill to the changes that are common to this time in their lives.

PROBLEM STATEMENT:

“An exploratory - descriptive study to assess factors contributing to depression among elderly from selected community areas of Pune city”.

OBJECTIVES

- 1) To assess the level of depression among elderly from selected areas of Pune city.(to screen for depression)
- 2) To assess factors leading to depression among elderly from selected areas of Pune city.
- 3) To associate the depression level with selected demographic variables.
- 4) To associate the contributing factors leading to depression with selected demographic variables

Research Methodology

The population of the present study is elderly from selected community areas of Pune city. nurses in selected hospitals of Pune city. The non probability convenient sampling technique was used the sample consists of 200 elderly who has fulfilled the inclusion criteria of the study in order to assess the contributing factors for the depression. Short form of Geriatric depression scale were used to assess the level of depression, If the GDS scores is more than 5 then the samples taken for the study otherwise discontinue. Structured questionnaires was used to assess the contributing factors for the depression, the content validity of the tool was established reliability of the tool was established and it was found to be 0.9

Analysis and interpretation

Maximum sample were in the age group of 65 to 70 years with 36%; in gender male were more with 67%. The education level shows maximum sample had primary education with 46.5%. In occupation maximum sample were doing business with 32.5%. Maximum sample had monthly income in the range of 10,000 to 50,000 with 57%. 65% of the elderly were living in the joint family and 3% were living in others places like in day care center, Vrudha-ashram or separately. Married elderly were 85percentage and 2 percentage were divorced.21% of the elderly were financially dependent on the others like their son, daughter and pension.

It was found that, Fifty six percentages of the samples were having moderate depression and 4% were having severe depression. The major physical or medical condition contributing to depression in elderly was hypertension(67%) followed by arthritis and eye problem with 64% each. The major behavioral and psychological factor contributing factor for depression in elderly was anger with 67% followed by anxiety/restlessness with 65%. The major stressful life event which contributing to depression in elderly was loss of relative or close friend with 69%. Association was found between levels of depression and occupation and financial dependence, With regards to contributing factors leading to depression there was association between the factors with occupation.



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