NATIONAL CONFERENCE

ON

BEST PRACTICES IN NURSING

CONFERENCE PROCEEDINGS

Organized By

BISHOP BENZIGER COLLEGE OF NURSING
Kollam

Accredited by NAAC,
Member - United Nations Academic Impact Program

30th Nov. & 1st Dec., 2018

BISHOP BENZIGER COLLEGE OF NURSING

(Accredited by NAAC, Member of United Nations Academic Impact)
P.B. No: 46, Sastri Jn., Kollam - 691001. Ph. No. 0474-2765582.
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Bishop Benziger College of Nursing came into existence in the year 2004 and the institution seeks to make qualitative contribution to health care through training personnel who are dedicated to the healing ministry. The college is managed by the Diocese of Quilon for development of Latin Catholics. Bishop Dr. Stanley Roman, Bishop Emeritus is the founder patron of this college. The motto of the institution is "To Love is to Serve". The college is situated in the heart of the Kollam City. The college offers B.Sc. and M.Sc. Nursing courses. Bishop Benziger Hospital which is a 500 bedded multi and super specialty hospital is our parent hospital. The college is approved and recognized by Indian Nursing Council, Kerala Nurses and Midwives Council and Kerala University of Health Sciences.

Bishop Benziger College of Nursing now proudly stands as first among the colleges of Nursing under AMCSFNCK (Consortium of 32 Christian Nursing Colleges in Kerala) and second among 127 Nursing Colleges in Kerala state to receive the remarkable achievement of NAAC Accreditation. Our College is also a member of United Nations Academic Impact Program, sharing a culture of Intellectual social responsibility.

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On

30th November—1st December, 2018

Venue: Bishop Joseph Hall

National Conference

on

BEST PRACTICES IN NURSING

Dear Delegates,

It's my pleasure to welcome you to the National Conference on "Best Practices in Nursing" organized by Bishop Benziger College of Nursing.

Best Practice in Nursing is a feature of accredited health care institutions and it is crucial to excellence in quality health care. The conference will highlight selected best practices identified from the institutions of excellence in the field of Nursing education, Service / administration and Research.

This conference is a platform for disseminating knowledge regarding Best Practice in Nursing, critical evaluation of ideas presented, robust exchange of views with analysis and feedback from eminent experts from the field of Nursing.

Tremendous support we received, from various institutions and the delegates, is not only a reflection of the value of the conference in professional community but also the success of previous conferences organized by Bishop Benziger College of Nursing.

We extend a warm welcome to all the speakers & delegates, particularly those who traveled from other states. We also welcome and thank the sponsors for this conference.

We hope that you will find the conference beneficial in terms of experience sharing and development of new collaborations.

Best Regards

Prof. (Dr.) Anoopa K.R
Principal/ Organizing Chairperson
Bishop Benziger College of Nursing, Kollam

CONTENT

CONFERENCE INFORMATION

Registration Desk

The registration desk will be located in Main Entrance of Bishop Joseph Hall. The main conference registration session will take place from 8.00-8.30 am on November 30th 2018 and staffed throughout the conference hours for queries or late registration.

Badges

Conference Sessions

The Conference sessions will be held in Bishop Joseph Hall. Each sessions will be led by chairperson & co-chairperson.

Scientific Paper/Poster Presentations

The Scientific paper presentations will be carried out in the main venue and Seminar Hall. The Posters will be displayed and the Best Paper and Poster will be awarded.

Programme

The entire Programme will be planned as per the schedule. Any changes in the programme, will be informed by the MC desk.

Refreshments

The refreshment will be arranged in the dining area next to the Bishop Joseph hall.

Certificates/Mementoes

The certificates will be available at the registration desk and issued on the 2nd day of Conference.

Sight seeing

Evaluation form

At the end of the conference, all delegates will be given feedback form for their valuable opinions and suggestions.

PROGRAMME SCHEDULE

DAY– 1

8.00 am to 8.30 am	**Registration**
8.30 am to 9.30 am	**Key Note Address – Best Practices in Nursing- Trends and Challenges** **(Speaker to be confirmed)**
9.30 am to 10.30 am	**Inauguration.**
10.30 am to 11.00 am	**Tea break.**
11.00 am to 11.45 am	**"Significance of Best Practice in Nursing Education"** **Speaker: L. Anand** **Reader** **College of Nursing, AIIMS, Bhubaneswar**
11.45 am to 12.30 pm	**"Teacher Guardian Scheme as a Best Practice "** **Speaker: Prof. Suresh K.N** **Principal** **WIMS College of Nursing** **Wayanad, Kerala**
12.30 pm to 1.15 pm	**"Innovative Teaching Learning Strategies- Subject Clinic & Walk with Scholars "** **Speaker: Prof. S. Anand** **Vice-Principal** **Bishop Benziger College of Nursing, Kollam, Kerala**
1.15pm to 2.00 pm	**Lunch Break**
2.00 pm to 2.45 pm	**"Good Clinical Practice Guidelines"** **Speaker: Dr. S. Kanchana** **Research Director- India** **International Centre for Collaborative Research** **Omayal Achi College of Nursing, Puzhal, Chennai**
2.45 pm to 3.30 pm	**"Scientific Research Grants "** **Speaker: Dr. Vishnu Renjith** **Research Assistant** **SCTIMST, Trivandrum, Kerala**
3.30 pm to 4.15 pm	**"Institutional Research & Development Centre- Design and Activities "** **Speaker: Dr. Rajee Reghunath** **Principal** **Amala College of Nursing, Thrissur, Kerala**
4.15 pm	**Sight Seeing**

DAY– 2

8.30 am to 9.30 am	**"Significance of Best Practice in Health Care Sector" Speaker: Dr. Dinesh Selvam S Dean of Students, Dr. Mohan's Diabetic Education Academy**
9.30 am to 10.30 am	**"Professional Excellence through Dual Role" Speaker: Dr. Angela Gnanadurai Principal Jubilee Mission College of Nursing Thrissur, Kerala**
10.30 am to 10.45 am	**Tea break.**
10.45 am to 11.45 am	**"Patient Safety & Satisfaction- Nurses Role" Speaker: Mr. Joseph Jennings M.M Staff Nurse Regional Cancer Centre Trivandrum, Kerala**
11.45 am to 12.15 pm	**"Best Practices- Institutional Experience" (Interaction Session)**
12.15 am to 1.15 pm	**"Preceptorship for Quality Care" Speaker: Mrs. Asha S Kumar Assistant Professor Govt. College of Nursing Trivandrum, Kerala**
1.15 pm to 2.15 pm	**Lunch Break**
2.15 pm to 4.00 pm	**Scientific Paper Presentation & Poster Presentation**
4.00 pm to 4.30 pm	**Valedictory Function & Certificate Distribution**

ORGANIZING COMMITTEE

CHIEF PATRON:

Most. Rev. Dr. Paul Antony Mullassery (Bishop of Quilon)

PATRON

Rev. Fr. Joseph John (Manager, BBCON)

ORGANIZING CHAIRPERSON:

Dr. Anoopa K R, (Principal , BBCON)

ORGANIZING SECRETARY:

Prof. Annal Angeline (BBCON)

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Mrs. Resmi Ravindran (Nursing Tutor), Ms. Anitta Thomas (Clinical Instructor).

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LIAISON OFFICER [PRO]

Prof. S. Anand (Vice Principal), Mrs. Annal Angeline (Professor), Mrs. Feby Fulgen (Assistant Professor).

[K1]
Dr. ANNU KAUSHIK
Biography

She is a dynamic professional with 21 years of rich experience in Strategic planning, operations, training and team management. Recently, she is the General Manager - Nursing Training and Quality, with Columbia Asia Hospitals, Bengaluru, Karnataka. She is an effective communicator with excellent relationship management skills and strong analytical, leadership, decision-making, problem solving and organizational abilities. She is the core team member of all leading initiatives. She completed B.Sc. (Hons) Nursing and M.Sc. (Nursing) under Delhi University, Ph.D. Nursing in 2016 and achieved diploma in Quality Management and Hospital Accreditation .She attended faculty training programme conducted by Institute for Nursing Health Care Leadership, Boston, USA. She presented scientific papers at various national and international conferences and published research articles. She is a Board member of Teerthanker Mahaveer University.

Current trends and Challenges in Nursing

Nursing is an art and a science. Nursing is the oldest of arts and youngest of professions. The heritage of nursing includes the successes, advances and units as well as failures, regressions and conflicts. Nursing was distinguished in its early history as a form of community services was originally related to strong instinct to preserve and protect the family. Modern nursing involves many activities, concepts and skills related to basic and social sciences, growth and development. The opportunities for a nursing career are limit-less. Nursing has its own identity as profession it is no longer considered as a paramedical science. The issues of nursing profession were identified by various earlier health committees constituted by the union government. There are many issues occurring in nursing management. These were the obstacles to provide proper nursing services to the patients and public at large and off course to the upliftment of the nursing profession at large.

TRENDS

It is defined as the general direction in which something tends to move. Or it is a general tendency or inclination or current style.

Trend is the event that occurs overtime and shows a series of fluctuation in its patterns. (Stanhope Lancaster)

Nursing trends

It is the general direction towards which the different nursing events have moved and are moving, as well as the opinions in and about our profession.

Keynote Abstract

ISSUE

A point or matter of discussion, debate, or dispute or a matter of public concern. It can also be defined as:

- A misgiving, objection, or complaint
- The essential point; crux
- A culminating point leading to a decision

FACTORS AFFECTING CURRENT NURSING TRENDS

Following are the international trends in nursing profession

- o Health needs of society
- o Awareness of health needs of the society
- o Economic conditions – if money is available to pay for nursing service
- o New developments in medicine
- o New knowledge and procedures developed through research in science
- o Need for specialization in medicine and nursing
- o Opportunities for services and education abroad
- o Changes in nursing education and the role of nursing student
- o Increased industrialization
- o Expansion of community health services
- o Govt. support programmes
- o Increased number of private nursing homes, private hospitals
- o Necessary military services
- o Development of nursing research

TRENDS IN NURSING MANAGEMENT

1. Changing Demographics and Increasing Diversity
2. The Technological Explosion
3. Globalization of the World's Economy and Society
4. The Era of the Educated Consumer, Alternative Therapies and Genomics
5. Quality assurance in nursing care
6. Decentralised approach to care management
7. Interdisciplinary Education for Collaborative Practice
8. The Current Nursing Shortage/Opportunities for Lifelong Learning and Workforce Development
9. Continuing nursing education
10. Evidence based practice
11. Nursing audits
12. Collective bargaining

13. Incentives for the health care professionals

14. Trend in span of authority

1. Changing Demographics and Increasing Diversity

With advances in public health and clinical care the average life span is increasing rapidly.

This poses a challenge the health care system's ability to provide efficient and effective continuing care. There is a significant increase in the diversity of the population which affects the nature and the prevalence of illness and disease, requiring changes in practice that reflect and respect diverse values and beliefs. Disparities in morbidity, mortality, and access to care among population sectors have increased, even as socioeconomic and other factors have led to increased violence and substance abuse. Ethnic and racial diversity of nursing institutes has increased dramatically, creating a rich cultural environment for learning. Older aged students bring varying college and work experiences, as well as more sophisticated expectations for their education. Nursing practice, education, and research embraced and responded to these changing demographics. Nurses are now focusing on spiritual health, as well as the physical and psychosocial health of the population. Nurses must focus on spiritual health, as well as the physical and psychosocial health of the population. There are preparations to confront the challenges associated with today's more mature student body, educational methods and policies, curriculum, and clinical practice settings. Research priorities need to value and reflect the diversity of the student body, as well as the population in general.

2. The Technological Explosion

There is reduction in distance through speedy communication. Advances in digital technology have increased the applications of tele-health and telemedicine mobiles, e-line, video conferences, bringing together patient and provider without physical proximity.

Nanotechnology is a new form of clinical diagnosis and treatment, which is capable of detecting a wide range of diseases from very minute specimens. There is computerization for patient care management. Easy reference on directions for patient care, record keeping, reporting, compilation of information, stock monitoring, auditing are some of the functions which computers have taken over ability to use computers for patient care management have become essential qualification for nurses. Accessibility of clinical data across settings and time has improved both outcomes and care management. Electronic recording replace traditional documentation systems. Through the Internet, consumers will be increasingly armed with information previously available only to clinicians. Electronic commerce will become routine for transacting health care services and products. Nurses of the 21st century need to be skilled in the use of computer technology. There is growing evidence of distance learning

modalities for continuing professional education, for e.g IGNOU is offering number of speciality courses. Even in nursing education technically sophisticated preclinical simulation laboratories will stimulate critical thinking and skill acquisition in a safe and user-friendly environment. Faster and more flexible access to data and new means of observation and communication are having an impact on how nursing research is conducted.

3. Globalisation of the World's Economy and Society

With the "death of distance" in the spread of disease and the delivery of health care, posing both extraordinary risks and benefits. Now there is potential for rapid disease transmission & potential for dramatic improvements in health due to knowledge transfer between cultures and health care systems. Nursing science needs to address health care issues, such as emerging and remerging infections, that result from globalization. Nursing education and research must become more internationally focused to disseminate information and benefit from the multicultural experience.

4. The Era of the Educated Consumer, Alternative Therapies and Genomics

Patient is a well-informed consumer – expects to participate in decisions affecting personal and family health care. Previously unavailable information is now public information. Technological advances in the treatment of disease have led to the need for ethical, informed decision making by patients and families. People have knowledge about health promotion as well as disease prevention and also there is an increased acceptance and demand for alternative and complementary health options. The increased power of the consumer creates a heightened demand for more sophisticated health education techniques. Voracious demand for alternative therapies has begun to influence mainstream health care delivery. Increasingly, major health systems are seeking ways to provide both, Western medicine as well as alternative therapies to their patients. Alternative Therapies holds both promise and peril. Although it may unlock behavioral and spiritual components of health and healing, risks of consumer fraud, therapeutic conflict, and patient noncompliance are real. Increase in gene mapping will drive rapid advances in the development of new drugs and the treatment and prevention of disease. Nursing research has the potential to enhance knowledge regarding what constitutes a "healing" therapy. Nursing education and practice must expand to include the implications of the emerging therapies from both genetic research and alternative medicine, while managing ethical conflicts and questions.

5. Quality assurance in nursing care

Public knows their rights, human rights, commissions , protection acts and process etc, are putting constant pressures on the professionals to deliver their best. Professionals cannot ignore or be careless in discharging duties especially when it concerns people lives

and health .Nurse managers have to ensure delivery of quality care by practicing as per standards laid down by their counsels and institutions.

6. Decentralised approach to care management

This makes each and every nurse responsible and accountable for the care of assigned patients .This approach is found applicable and effective in terms of patients satisfaction, quality care and smooth functioning of the units. The trend in span of authority appears to be towards large numbers. This is not the result of efforts to increase the span but rather to reduce the number of organizational levels for a given structure. Too many organizational levels impede communication. This forces the executive to select subordinates with good potential or proven executive ability.

7. Interdisciplinary Education for Collaborative Practice

There is a need for coordinated care and a significant increase in the use of midlevel providers, such as ANPs, as part of the health care team. There is an increased collaboration between nursing practice and nursing education.Team-based, interdisciplinary approaches are highly effective for improving clinical outcomes and reducing cost. There is a growing need of teaching methods that incorporate opportunities for interdisciplinary education and collaborative practice**.**Now a days there is increased emphasis on collaboration between healthcare disciplines. Also there is increased student and nurse mobility (including increased licensure mobility),increased distance (online) learning. Schools of nursing providing ongoing professional development for competence requirements. Also there is an increased teaching of evidence-based practice.

8. The Current Nursing Shortage, Opportunities for Lifelong Learning and Workforce Development

There is significant nursing manpower shortage both in acute and long-term care settings. That results from many factors such as :

–nurses of the “baby boom” generation are beginning to retire.

–women today have numerous career opportunities; and

–perception of nursing as a “trade,” versus a “profession,” contributes to the lack of individuals.

As the age of entering students rises, the number of years of practice decreases also affects supply. While the number of male and minority students has been steadily rising, their ranks are still underrepresented. Workforce Development is a positive recent advances which includes the opportunity to practice in a variety of clinical settings has resulted in dramatic increase in opportunities for ANP`S, new careers in care management and case management. There is an increasing interest in biotechnology, information technology, and

pharmaceutical companies in hiring skilled nursing professionals.Occupation attracted more women of superior class.Nursing training in regional languages also started.There different levels of education –graduate, post graduate & doctoral levels.

Continuing & in-service education is introduced for the working nurses.Nursing education must partner with the health care industry to develop innovative short and long-term solutions that address the nursing shortage, including aggressive student recruitment and the initiation of an intense media/marketing campaign. The public image of the nursing role must be revitalized to change outdated perceptions.

The image of nursing has always been one of dedication, service to the patient, and selflessness. Now as nursing profession, the issue of collective bargaining has become more important. Collective bargaining is the uniting of the employees for the purpose of increasing their ability to influence their employer and to improve the working conditions. Collective bargaining is based on the principle that there is greater strength in large numbers. The nurses who have joined nursing unions have increased. Nursing practices have often been defined and controlled by other groups also such as physician and hospital administrators. These groups saw the potential power of an organized large group of well educated and dedicated nurses and feared the time when they would become independent. Even though , in area of the country where collective bargaining of health care workers is not the part of the system, many hospital administrators react to any unionization attempts on the part of nurses with hostility and resistance.

Concept of supportive supervision is coming up. Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the resolution of problems, and helping to optimize the allocation of resources. It focuses on problem solving on the spot with the joint participation of the supervisee and supervisor.

Financial incentives are integral to the employment contract. It has been quoted in a study by Hongoro and Normand that at least half of the variation in turnover can be attributed to financial incentives. Now a day there is rise in performance linked payments. In one country in Africa, Nurses and officials posted in remote health facilities in areas of high HIV prevalence are given a 31% bonus if they stay on for more then 3 years. Also non financial incentives are also been introduced into the work place as it has been seen that financial incentives are not enough to motivate the employees e.g of non financial incentives are as follows:

- Career and professional development (inservice education programmes, study leave)
- Workload management
- Overtime payments

- Letter of appreciation to the good worker or for their extraordinary performance (best nurse award)
- Flexible working arrangements
- Positive working environment
- Access to benefits and support (Child care leave, housing loan, Earned leave)

9. Continuing nursing education

It has become essential to keep up with the changing needs of patient care. Nurses have to continuously update themselves with new and innovative approaches in patient care management. For this they should enable themselves with workshops, seminars, short term training programmes, attend conferences, make use of library, subscribe and read periodicals and books. Discussion on bedside and supportive supervision helps to keep abreast with newer techniques and information.

10. Evidence based practice

There has been a significant Advancement in Nursing Science and Research. The growing body of nursing research provides a scientific basis for patient care and should be regularly used by the nurses. Most studies concern health behaviors, symptom management, & improvement of patients' and families' experiences with illness, treatment, and disease prevention. There is lack in focus on the scholarship and science of nursing as top priorities. Doctorally prepared nursing professionals are not being produced in large enough numbers to meet the growing need. There is need for enhanced mentorship for new researchers to strengthen skills and capacity to conduct meaningful nursing research.

11. Nursing audits

A careful review of nursing care and its effectiveness is done by the administrators of nursing services. Not only clinical improvements but also emotional aspects of the patient need to be measured to decide the quality of nursing care given.

12. Collective bargaining

The image of nursing has always been one of dedication, service to the patient, and selflessness. Now as nursing profession, the issue of collective bargaining has become more important. Collective bargaining is the uniting of the employees for the pupose of increasing their ability to influence their employer and to improve the working conditions. Collective bargaining is based on the principle that there is greater strength in large numbers. The nurses who have joined nursing unions have increased. Nursing practices have often been defined and controlled by other groups also such as physician and hospital administrators. These groups saw the potential power of an organized large group of well educated and dedicated nurses and feared the time when they would become independent. Even though , in area of the country where collective bargaining of health care workers is not the part of the

system, many hospital administrators react to any unionization attempts on the part of nurses with hostility and resistance.

ISSUES IN NURSING ADMINISTRATION, NURSING PRACTICE AND , NURSING EDUCATION

ISSUES IN NURSING PRACTICE

- Status of nursing in society in the health care delivery system.
- Renewal of nursing registration
- Diploma Vs degree in nursing for registration to practice nursing
- Nursing care standards
- Values reflected in our nursing performances.
- Attitude, human approach.
- Higher education for senior positions in nursing
- Nurse patient ratio
- Different levels of nurses that we need in our country.
- Quality in nursing v/s education and practice.
- Define and delineation of nursing functions at the different level.
- Non availability of health care programme of nurses.
- Non involvement of nurses in nursing matters.
- Poor pay structures.
- Many hospitals in India had no nurses at all.
- Lack of security and safety.
- Less promotional opportunities
- Harassment by other personnels
- Inadequate supplies
- There are number of ethical issues related to nursing practice. By very nature of ethical dilemma,there can never be one correct solution. Still there are number of ethical issues that nurses are facing today for eg. Don`t resuscitate orders, Starting and withdrawing life support system, need to disclosure HIV positive status to his wife against his wishes.

ISSUES IN NURSING EDUCATION

- Nursing Training schools multiplied.
- Lack of independent building for schools and colleges
- Lack of independent principal for schools and colleges
- Inadequate hostel facilities for students
- Shortage of qualified teachers in nursing
- Inadequate library facilities

- No UGC pay scales for college teachers in nursing
- Very less or no stipend for nursing students
- Less supply of A.V. aids
- Less promotional opportunities for teachers of both schools and colleges
- Insufficient efforts to prepare nurses for the job they are accepted to perform in their work field in terms of appropriate skills, knowledge and right attitude and the desired behaviour patterns reflecting the values for caring.

ISSUES IN NURSING ADMINISTRATION

Nursing as a profession has flourished from the time of Florance nightingale till present day nursing. At some levels in nursing, the question of professionalism takes on immense significance. However, to the busy staff nurse- who is trying to allocate client assignment for a shift , distribute the medications at 9am to 24 clients ;and supervises ward aide, nursing students-the issue may not seem very significant at all. There are number of issues related to the nursing administration few of them are as follows:

- One of the concerns that plagued nurses and nursing almost from its development as a separate health care speciality is the relatively large amount of personal responsibility shouldered by nurses combined with a relatively small amount of control over their practice.
- Non involvement of nursing administrators in planning and decision making in hospital administration
- Lack of knowledge in management among nursing administrators
- Interference of non nursing personnel in nursing administration
- No written nursing policies or manuals
- No proper job description for various nursing cadres.
- No organized staff development programs for nurses like orientation, in-service education, continuing education etc.
- No special incentives
- Inefficiency of nursing councils of state and union to maintain standards in nursing

Conclusion: It has been rightly said "**The Decisions that you make and the actions that you take upon the earth are the means by which you evolve.**" By demonstrating their knowledge in nursing practice , education and administration nurses can demonstrate their expert power. This knowledge may increase the amount of respect that they are given by physicians and the society as such along with personal professional satisfaction.

"Today's issues are tomorrow's trends"

[C1]

Mr. Anand L

Biography

Mr Anand .L is an Associate Professor in College of Nursing, AIIMS, Bhubaneswar. . He completed B.Sc. Nursing in 2000, M.Sc. (Nursing) Medical Surgical Nursing under The Tamilnadu Dr. M.G.R Medical, University, Chennai, in 2005.He has 16 years of teaching experience. The additional responsibilities include Ad- hoc inspector in Gujarat Nursing Council, Member and Chairperson in Saurashtra University, Rajkot, Paper setter in Surat University, Gujarat University, North Eastern Hill University (NEHU) ,Martin Luther Christian University (MLCU), Dr. N. T.RU.H.S, R.G.U.H.S and K.S.D.N.E.B .He presented 16 research papers, published 4 articles, attended 15 conferences/workshops and organized 4 conferences/workshops.

Significance of Best Practice in Nursing Education

Introduction:

Nursing is a practice discipline and the shift of nursing education occurred from hospital to university. Ever since, nursing education become more challenging and complex. Nurse educator constantly strives to achieve best standards in the given context in order to achieve quality. However, the competencies of new graduates in actual clinical setting have left the questions regarding quality of nursing education. Teachers and admistrators are advised to adopt best practices by regulatory bodies. There is an emerging question among the Nursing educators that "What constitutes a best practice to deal the complex nursing education complex system?'. The following article discusses the concept of best practice and its significance in Nursing education.

Definitions of Best Practice:

Best practice in nursing is a directive, evidence-based, and quality-focused concept which is used in the nursing literature within the educational, administrative, clinical and theoretical/conceptual domains. (Nelson AM(2014)

Perleth et al. (2001) offer a definition of best practice in healthcare systems as: ''the 'best way' to identify, collect, evaluate, disseminate, and implement information about as well as to monitor the outcomes of health care interventions for patients/population groups and defined indications or conditions''

Lewis and Latney (2003): ‘‘In healthcare the terms benchmarking and best practice are described as continuous, collaborative, and systematic processes measuring and examining internal programs’ strengths and weaknesses. They are also commonly used to describe data comparison for the purpose of learning about and adapting best clinical or operational practices’’

Williams (2006) defined nursing best practice as ‘‘a pattern of individual and collective behaviors exhibited throughout a system in which patient care is delivered in a manner and context that maximize the potential for optimization of desired outcomes’’

Driever (2002) suggests that “best practice is judged as ‘best’ only in context, as either best for patients, the community, or a system when it meets or exceeds a standard (benchmark) which has been set”.

Characteristics of Best Practice:

1. Optimum Care/Practice
2. Highest possible standard of care/practice
3. Modifier or change of existing practice (e.g Guidelines/bundles)
4. Translation of Evidenced based practice (Best possible scientific evidence)
5. Research Utilization
6. Adopts ‘‘tacit knowledge’’ of the expert practitioner along with consideration of scientific evidence.
7. Systematic approach to effect change(Interchangeably Practice Development)
8. Outcome oriented driven by best practice development
9. Best practice is higher level than the standard of care.
10. Best practice focuses process as well as product.
11. Focus on need or problem of local facility (context based).
12. Based on antecedent occurrences / need

Why do we need “Best Practice” in nursing education?

1. Differing opinions and perceptions between teachers and hospital administrators regarding competencies of new graduates.
2. Skill and knowledge are given importance than attitude.
3. Competitive environment where the recruitment are based on written exams.

4. Changing roles of nursing cadre.
5. Deviation from professional values and ethics.
6. Focused on product rather than process.
7. Nursing education debate: University based vs Hospital based.
8. Gaps in education and practice.
9. Gaps in teachers' expectation and Society's expectation.
10. Challenges in clinical teaching and placement.
11. Conflict between traditional curriculum and Modern curriculum.
12. Problem in evaluation: Ultimately no one satisfy..
13. Cost and funding of Nursing education: Poor country can't afford.
14. Changing concepts of discipline and punishment.
15. Promote innovation and critical thinking.

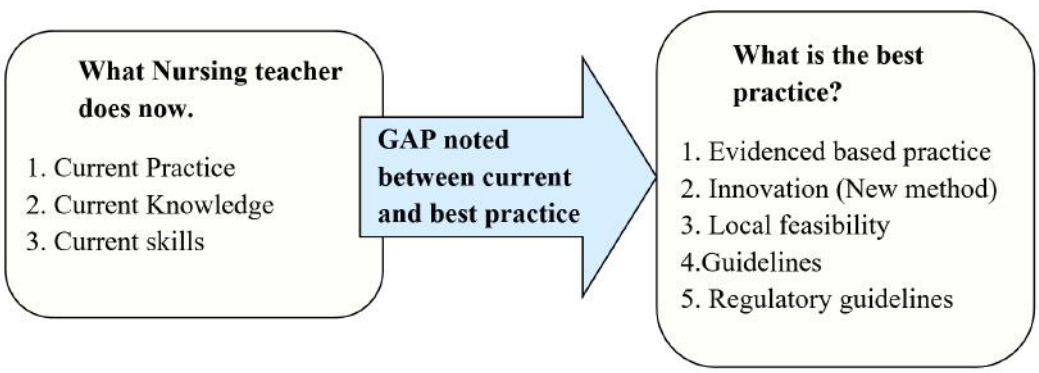
Dimensions of Best Practice:

1. Appropriateness
2. Availability
3. Efficiency
4. Effectiveness
5. Economy
6. Timeliness
7. Respect and caring

Model of Best Practice implementation:

It involves need assessment and gap analysis. The exiting practice is assessed for identifying need and gap and is acted up on.

Hargreaves (2004) defined as 'doing things differently in order to do them better, which can mean a modest adjustment to what one has done hitherto or a much more dramatic change in that one does something new to replace previous practice'



Issues in Innovation and Best Practice Implementation:

1. Introducing a best practice
2. Converting the practice to best practice
3. Measuring Best Practice
4. Sustaining Best Practice
5. Diffusing Best Practice

What "Best Practices" do we follow in AIIMS, Bhubaneswar.

1. Clinical Integration model: Additional responsibilities for teachers in patient care and additional responsibilities for nursing officers in classroom & clinical teaching.
2. Well designed orientation programme.
3. Mentorship program
4. Grievance redressal system
5. Specialized exit skill based training and evaluation program (Basic skill set, Stoma care, BLS&ALS, Fire safety, Disaster management, Trauma care)
6. Limited written assignments
7. Assignment using rubrics
8. Counseling & wellness clinic and Mental Health First Aid Clinic.
9. Patient assignment system in clinical.
10. Intramural and extramural funded projects
11. Orientation to clinical bundles to students from time to time.
12. Peer evaluated faculty demonstration of nursing procedures to develop consensus.
13. Reflective practice
14. Participation in quality council
15. Outreach programme to inculcate social responsibility.
16. OSCE/OSPE
17. Nurse led clinics.
18. Innovative teaching methods: Gaming and treasure hunt, Flipped class room, webinar.
19. Syllabus revision.
20. Regular feedback from employer, graduates and students.

Conclusion:

Innovations are inevitable. It should focus on identifying new solution to common problem rather than uncommon issue. This facilitates conversion of innovation to best practice in larger settings. Sharing the best practices among the institution of higher education would ensure mutual benefits. It is also to be noted that " Best Practice will not be the best forever" and continuous evaluation and revision is required.

[C2]

Prof. SURESH K. N.

Biography

He is the Principal, DMWIMS Nursing College, Wayanadu. He complete B.Sc. nursing in 1987 Govt. CON, Medical College, Trivandrum, Kerala and M.Sc. Nursing in 2000 at Omayal Achi College of Nursing, Chennai. He has 28 years of experience in service sector and teaching. He is the Previous member of Board of Studies of RGUHS, Research scholar with Saveetha Deemed University and has Membership in professional organizations (TNAI). He has published scientific papers and presented papers at various national and international conferences

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TEACHER GUARDIAN SCHEME AS BEST PRACTICE

Prof. Suresh.K.N, Principal, DMWIMS Nursing College.

Teacher guardian, Academic advisor, Academic mentor are the terminologies synonymously used.

All the educational institutions envisioned with overall development of the graduate and one of the above said program is adopted in most of the Universities and colleges to achieve the same.

Academic advising/ Teacher guardian is the structured activity of the campus in which all students have the opportunity for on-going, one-to-one interaction with a concerned representative of the institution. It is focusing on timely, relevant, personalized and informed interventions.

The whole purpose of the activity is to guide the students towards their academic, personnel and career goals. To provide a network of support with valuing partnership and ownership. The success of the students and success of the institution are inseparable in the outcome evaluation of an institution.

The best way to keep students enrolled is to keep them stimulated, challenged, and progressing toward a meaningful goal. The best way to do that - especially among new students - is through informed academic advising. Mentoring is defined as the process to "help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance and become the person they want to be' (Parsloe, 1992)

Conference Abstract

The rationale for Academic Mentoring is to support the professional growth of the individual who is in the early stage of their career and to promote excellence in teaching & learning, research and academic leadership. **Leadership**

- Mentoring is a positive developmental partnership, which is driven primarily by the mentee. It offers a **reflective space** where the mentee can take responsibility for and discuss their development
- Its primary aim is to **build capability and self-reliance** in the Mentee
- Mentors can help **highlight issues** and to assist the Mentee in **planning** ways through them
- They can help **clarify the Mentee's perspective** while bringing an additional **impartial view** to bear on the issues
- Sometimes, when the issues are straightforward and urgent, a Mentor might offer advice or give some direction
- **Confidentiality, trust, understanding and positive expectation** are key to a successful partnership

Mentoring is not…….

- For dealing with underperforming individuals
- Taking on the problems or work of the Mentee – a Mentor should not find themselves doing things outside the mentoring sessions for a mentee
- Promoting/sponsoring/protecting the mentee
- Intended to deal with personal issues
- Therapy
- Allowing people to moan (except maybe sometimes...)

What can mentoring do ????

Mentoring can help Mentees to:

- Address the issues and concerns of their daily working life and find solutions that work for them
- Improve their level of performance and satisfaction levels
- Understand key institutional and decision-making structures in UCD
- Build relationships with colleagues and feel part of the community
- Manage the integration of job, career and personal goals

Mentoring Principles include…..

- The Mentee drives the Mentoring agenda
- Engagement is on a voluntary basis for both the Mentor and the Mentee

- The Mentoring relationship is confidential
- Mentoring is non-directive in its approach
- It is a relationship built upon trust and mutual respect
- The Mentor empowers the Mentee to take responsibility for their own learning and career development
- The relationship places no obligation on either party beyond its developmental intent
- It is distinct and separate from the Performance Management Development System (PMDS) in

The process of mentoring / mentoring cycle includes rapport building, contracting, direction setting, progress making, maturation and closure. These process will help the student to develop as an independent individual and progress towards achievement of academic goals.

[C3]

Prof. S Anand

Biography

Prof. S .Anand is the vice principal of Bishop Benziger College of Nursing. Kollam. He completed B.Sc. Nursing in 1998, M.Sc. (Nursing) Mental Health Nursing under The Tamilnadu Dr. M.G.R Medical, University, and Chennai.in 2004.He has one year of clinical experience and 15 years of teaching experience. The additional responsibilities include PG Guide in KUHS, KUHS Inspector and External Examiner for The TN Dr MGR Medical University, Chennai and RGUHS, Bangalore. He participated in various conferences, conducted workshops, resource person in two conferences and published research articles.

INNOVATIVE TEACHING LEARNING STRATEGIES - SUBJECT CLINIC AND WALK WITH SCHOLARS

A favorite quote;

"If a teacher explains something to a student the same way 100 times and the student still doesn't get it, it is not the student that is a slow learner."

INTRODUCTION:

One learner might describe learning as the literal return of knowledge often achieved through repetition and recitation, while another might describe it is an interpretation process aimed at understanding reality.

Learning strategy is the sequence of procedures for accomplishing learning and the specific procedures within this sequence are called "learning tactics". Strategies or tricks are conscious or intentional.

INNOVATIVE TEACHING LEARNING STRATEGIES:

Teaching strategies identify the different available learning methods to enable them to develop the right strategy to deal with the target group identified. Assessment of the learning capabilities of students provides a key pillar in development of a successful teaching strategy

GENERAL OBJECTIVE:

1. Innovative Teaching Learning Strategies
2. Subject Clinic
3. Walk with Scholars

Every best practice was once an innovation. As well, small innovations in practice happen daily in classrooms in order for educators to best serve our students.

AN IDEA TO INNOVATION TO BEST PRACTICE:

How dare a teacher "challenge" best practice? First of all, "best practice" in instruction and learning is not best practice for everyone. What works for one, might not work for another. There has never been a best practice in teaching and learning, that wasn't at first an "innovation". Someone, or some group, was in the pursuit of doing something better for students, and they saw their new practice as better than what they were doing before. Ideas lead to innovation, but only if we turn those thoughts into actions.
Yet if those actions are new and better, they will become best practice for a period of time. There should be no better researcher of student learning than the teacher working directly

in classrooms. They have to decide when to embrace best practice, and when to create "next practice". That is where the true innovation in teaching and learning happens.

Example:

Someone who writes novels, they must first learn to read and write. This is why the "basics" and "innovation" are connected. Learning is crucial to lay the foundation, but the basics are not the endpoint, just a beginning. But just as reading and writing are the "basics" before writing a book, understanding technology can lead to some amazingly innovative practices in our learning, and that of our students. It's a process, but one we must be willing to venture on.

Addressing Students Learning style and Needs:

Teaching and learning strategies can include a range of whole class, group and individual activities to accommodate different abilities, skills, learning rates and styles that allow every student to participate and to achieve success.

Not mean that every student must be given an individual work program (not one to one basis)

Being inclusive of all students:

1. Slow Learners (disability to achieve the educational standers with their peer Group) Teacher can adopt the delivery of activities and strategies to ensure students with disabilities.
2. Average Learners (Normal Learners)
3. Advanced Learners (Gifted Learners)

After considering the students range- select the strategies

The study population included third year undergraduate nursing students (N=44) from two different colleges in Bangalore, India. Colleges were selected using simple random sampling technique and the method of teaching for each college was assigned conveniently. This posttest only design study compared the effectiveness of traditional vs innovative teaching strategies (brain storming, concept mapping and problem based learning) on mental health learning outcome among under graduate nursing students . One group was exposed to traditional teaching strategy and the other group was exposed to innovative teaching strategy about mental health assessment and therapeutic communication (Psychiatric Nursing Learning). Findings indicated a statistically significant increase ($p<0.003$) in the knowledge score among students exposed to innovative teaching strategies than those exposed to the lecture method at the end of two weeks, though this was not observed at after 4 weeks. The results

of this study indicate that innovative teaching strategies may enhance mental health learning among nursing students.

SUBJECT CLINIC:

Clinician: The students who is expert in the particular subject.

Student: The Student who is interested to attend the subject clinic.

Clinic: The place where the clinic Run by the clinician.

Is the clinic where the subject expert student will teach and clarify the doubt of the learner who needs extra support and different approach in Teaching Learning Process.

ROLE OF THE SUBJECT TEACHER IN SUBJECT CLINIC:

- Identify the Clinician.
- Fixed the Date of Subject Clinic with Clinician convenient Time.
- Notification: Inform the students about the Subject Clinic.
- Conduct the Subject Clinic on stipulated Date.
- Get the feedback from the students.

ADVANTAGES OF SUBJECT CLINICS:

- Peer Group Influence.
- Open Communication.
- Doubt Clarification.

DISADVANTAGES:

- Limited Candidate only participate at one day
- subject expert student - Knowledge

WALK WITH SCHOLARS:

Walk with a Scholar (WWS) scheme proposes to arrange specialized mentoring programs for students in Under Graduate Programs in Science and to provide guidance for their future. The scheme introduces the idea of mentoring and builds on the concept of mentor as a ‘Guide’ and ‘Friend’. The mentoring scheme for students will be purely voluntary in nature. It will be open for all students entering the first year of the Under Graduate Programme of Study. The Scheme aims at giving necessary orientation to needy students, to prepare them for employment and give them necessary guidance, motivation and necessary mental support to identify appropriate areas for higher study as well as employment.

The mentoring scheme should be planned to identify the opportunities available for the

scholars, the areas suitable for them, the manner in which the scholar should proceed before them and evolve ways by which they can be acquired.

PRELIMINARY STEPS- PREPARATION:

(i) The College Council should identify a College level Coordinator for the WWS Scheme from the faculty of the college. Preference can be given to faculty who have worked as placement officers or coordinators of career guidance unit in the college

(ii) The scheme should be discussed by the College Council and amongst the faculty members

(iii) The College Council should act as a Monitoring Committee for the implementation of the Programme and the Coordinator should function in consultation with the Principal and the College Council.

STUDENT SELECTION:

Students (Scholars) of first year Degree Programme alone are to be included in the Scheme
*The students of First Year UG Programme should be made aware of the Programme, for which, a meeting of the first year UG students may be convened at the college level and the scheme and objective explained to them
*Applications should be invited from willing candidates for enrolment
*Students selected for the Programme should have secured at least 60% marks At the Higher Secondary/Plus Two level.
*The number of students identified under WWS Scheme, should not exceed 30. If the number of applicants exceeds 30, the College council should evolve a method of selecting the required number of students so that the neediest students and those genuinely interested in the scheme alone are selected.

IDENTIFICATION OF MENTORS:

For the purpose of mentoring, two categories of mentors are to be identified.
One will be 'Internal Mentor' and the second will be 'External Mentor'
The Internal mentor has to be a faculty from the Institution in which the student (Scholar) is studying. They should be persons who are able to do mentoring and support the scholars and act as a Guide, in building their career.
Each Internal Mentor will be in charge of 6 students. So an institution admitting 30 students in the WWS Scheme must identify 5 Internal Mentors.
Internal Mentors will be given training for a minimum of 8 hours, in imparting guidance to the students. The schedule related to the Training Programme will be intimated to the Col-

leges in due course. External Mentors have to be identified from persons working in Industry, as well as from Professions like Engineering, Medicine, Architecture, Law, Hospitality, Media, Business, Teaching, Administration or from any filed as found necessary according to the local needs of the Institution/students.

External Mentors can be persons working in the State and Central Public sector. Reputed persons from Private sector may also be identified as External mentors. Proven expertise and merit must be the criterion followed for identifying External Mentors. Consent of the person must be ensured before including a person as an External Mentor. External Mentors can be identified by the institution locally or they can be identified from the list that will be made available. Each 'External Mentor' will be in charge of 5 students. Hence a total of 6 'External Mentors' will have to be identified by each institution.

IMPLEMENTING THE SCHEME:

Students selected under the Programme will be paired to two mentors. An Internal Mentor and an External Mentor. As far as possible, women external mentors should be allotted to girl scholars. A college should identify 100 hours in an academic year (20 hours per Internal Mentor for 5 Mentors) for Internal Mentoring. A college should identify 30 hours (5 sessions (hours) per External mentor for 6 External Mentors) in an academic year for External Mentoring. The schedule for the mentoring may be decided at the Institutional level and Proper records related to the attendance of students and mentors may be maintained. The progress of the Scholar must be evaluated at regular intervals by the Internal and External Mentors and necessary corrective measures taken to meet the desired objectives.

CONCLUSION:

This objective of the presentation is to create greater awareness and discussion about slow learners. Learners in this category will exist in almost every class, yet at present a systematic way of identifying and supporting them does not exist. There is no doubt that the individual teachers have developed many effective techniques for supporting those learners who need additional help. It would be valuable therefore if opportunities could be created for teachers to share and discuss their work with slow learners. It is also important for further research to build on this initial study to develop guidelines to assist teachers in supporting slow learners

[C4]
Dr.S. KANCHANA
Biography

Dr S.Kanchana completed her Post-Doctoral Fellowship from Queen Margaret University, Edinburgh, Doctor of Philosophy (Ph.D.) in Nursing from M. P. Bhoj Open University, post graduate and baccalaureate degree from The T.N Dr.M.G.R Medical University.

She has been awarded with,

- Best Teacher Award from T.N. Dr. M.G.R Medical University.
- Paul Harris Fellow from Rotary Club of Tambaram.
- Best Nurse Educator from Education Today and Tamilnadu Nursing Council

She is the Member of Board of Studies and Senate of The T.N. Dr. M.G.R. Medical University, Chennai, Convener and PhD Research Guide at Omayal Achi College of Nursing, Member of PhD Advisory committee at Meenakshi University, Chennai, Member, PhD Screening Committee at T.N.Dr.M.G.R. Medical University, Executive Editor for Tamilnadu Nurses and Midwives

Council and Journal of Community Health Nursing and Peer reviewer for Journal of Psychiatry Nursing. She has published scientific papers and presented papers at various national and international platforms.

GOOD CLINICAL PRACTICE GUIDELINES

Abstract

Clinical research is a mechanism or a process that provides concrete evidence that new treatments or remedies suggested are safe and effective. The ultimate aim of clinical research is the identification and discovery of contemporary diagnostic methods as well as the establishment of advanced standards of therapy. Good clinical practice (GCP) is an ethical and scientific quality standard for designing, conducting and recording trials that involve the participation of human subjects. Acquiescence with the guideline gives a pledge to the public that the morality, integrity and welfare of humans participating in the trials are protected. India offers distinctive opportunities for performing clinical trials with large patient population, experienced and well-equipped investigators and leading medical institutions with low patient trial cost when compared to the regulated nations.

Introduction

Good clinical practice (GCP) is an internationally accepted ethical, scientific quality

standard, used to design, conduct, record and report clinical trials that involve the participation of human subjects. It encompasses all aspects and facets of clinical trials, i.e. from the stage when the trials are initiated, right up to the stage where the clinical trial results are reported

Compliance with these principles provides assurance that the rights, safety and well-being of subjects participating clinical trials are protected, and the data generated from the clinical trials are credible.

The two most prime tenets set down by the GCP guidelines are

- Protection of Human Subjects
- Authenticity and Reliability of the biomedical data produced

These guidelines are purposed and aimed at ensuring that the clinical studies are ethically and scientifically secure and sound and that the properties of the drug or pharmaceutical substance under exploration are properly documented.

While GCP was only a recommendation in commercial studies at the time it was introduced, over the years, the importance of GCP has risen significantly and on1stMay 2004, an EU Directive became applicable in Danish Law, which stated that GCP was no longer a mere recommendation but a legitimate requirement when carrying out clinical trials on new drugs and medical products.

The creation of GCP guidelines not only intended to protect the rights and safety of the study subjects but was also intended to serve the interests of all parties involved in the clinical research. The basic principles governing the concept of GCP are as follows:

- To assist and stimulate the attainment of a unified standard, at a global level, for the conduct of clinical research studies on human beings.
- To act as an educational tool for personnel interested in clinical research or for clinicians already engaged in research, by furnishing the requisite information with respect to the requirements of GCP and its efficient implementation.
- Assist clinical research editors to assess the acceptability of the research submitted for publication, and to enable regulatory personnel to evaluate studies that may affect the use and registration of certain medicinal products.
- To provide a general summary and any other necessary advice on how to apply and how to implement globally accepted GCP principles for clinical research in human beings

Core Principles

- The ethical principles established by the Declaration of Helsinki should be strictly

adhered to when carrying out research in human subjects. The three ethical principles namely justice, respect of public and beneficiary, shall be considered above all other GCP principles.

- All research involving human subjects should have scientific reasoning and should be reported in a detailed, extensive protocol.
- Any foreseeable risks and potential side effects along with the potential benefits should be intimated to the trials subjects.
- Clinical studies involving human participation shall be carried out only if the benefits that are anticipated from the studies far outweigh the potential risks.
- The intended research can be carried out only after obtaining the go-ahead from the institutional review board or the independent ethics committee.
- The protocol shall be approved prior to initiating the clinical trials.
- Voluntary informed consent shall be obtained from the trial participants as per national requirements. Incase of pediatric or geriatric patients or when the trial subject is not capable of giving the consent by himself, the consent form can be received from a legally authorized representative.
- Research studies inculcating human beings, as trial subjects, should be allowed to carry on as long as the risk-benefit analysis remains appropriate and conducive.
- The medical care of research subjects shall be the responsibility of qualified medical personnel (physician, dentist etc.)
- Individuals who work on clinical trials as well as other personnel involved in conducting trials shall have requisite qualifications and shall also be adequately experienced in the same.
- All research data gathered and generated should be recorded and stored in order to ensure accurate reporting, verification and analysis.
- The privacy of trial subjects shall not be disclosed and shall be closely guarded by maintaining the confidentiality of the reports generated.
- Good Manufacturing Practices shall be strictly implemented in case of investigational product manufacture, handling and storage.
- Strategies shall be put in place in order to execute processes that ensure the caliber of every facet of the clinical trial.

Conclusion

Good Clinical Practices in India have come a long way, from being mere ideological concepts to being a set of well-organized and methodical guidelines. They have helped establish and maintain the highest standards with regards to the planning and conduct of clini-

cal trials.The Indian GCP guidelines, governing clinical trials are now at par with internationally followed GCP guidelines. However, taking into consideration the vastness of the country and the enormous population size, the necessity for impartial supervision by efficient and regulated bodies is paramount. It should also be noted that a transparent monitoring system shall be in place, which can be assured by bringing clinical trials results under the domain of the RTI i.e. the Right to Information Act.By emphasizing on the upgradation of already existing infrastructure and control measures in place through an extensive and coordinated programme of clinical research education, a clinical trial environment of zero-tolerance to non-compliance with GCP guidelines can be created.

References:

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  www.rjptonline.org

[C5]
DR. VISHNU RENJITH

Biography

Dr. Vishnu is the National Coordinator for the Indian Stroke Clinical Trial Network (INSTRuCT), established under the Indian Council of Medical Research (ICMR) and hosted by the Department of neurology of Sree Chitra Tirunal Institute, Thiruvananthapuram. Dr. Renjith completed his Ph.D., postgraduate and undergraduate studies in Nursing from Manipal University. Formerly, he served the South Asian Centre for Cochrane Public Health as a research officer. Recently he was awarded the national record for being the youngest Ph.D. holder in Nursing by the India Book of Records. Dr Renjith holds membership in Sigma ThetaTau International – the honour society of Nursing, Cochrane Nursing Group and the Mixed Methods International Research Association. He is a recipient of the Clinical expertise award- 2010, Best research award- 2013, Dr. TMA Pai Ph.D. fellowship - 2013 and the Omicron Delta international research grant - 2015.He has published more than 24 scholarly manuscripts and delivered more than 40 sessions at various conferences. His research interests include randomized trials, systematic reviews, qualitative & mixed methods research.

Scientific Research Grants: Opportunities and Processes

Grant writing is an important step in building evidence for nursing practice. Nurses drive science and evidence-based practice by asking important questions and carrying out studies to find the answers. Grant funding can facilitate this work by supporting the costs of the investigators' time, research equipment, materials, travel, incentives to participants, and other expenses necessary to complete the study (Kwekkeboom, 2014). The objectives of the session are to describe the role of funding in research, identify appropriate Indian and international sources of funding, discuss the typical sections of a grant application and provides tips for writing an application that will contribute to a positive review.

An effective grant proposal must demonstrate that an organization has carefully planned a project (Pullen, 2012). Each granting agency or organization will have its own instructions for the type of information to provide and where to place it in the application. In general, applications include an abstract; a description of facilities, resources, and equipment available; investigators' bio sketches; a budget; a specific aims page and research plan; a description of human subjects' protection; and a statement regarding inclusion of women, minorities, and children. (Kwekkeboom, 2014). Lengthy documents mentioned in the narrative are best included in the appendix (Pullen, 2012). Grant applications often ask for an explanation of how the proposed work is innovative—that is, what is new, original, or novel about the work (Kwekkeboom, 2014).

All grant applications will ask for a detailed budget. Before drafting a budget, it is important to know if the PI's employer has fiscal or regulatory staff to help with this process and subsequent grant management if funding is awarded. The investigators must write a budget justification that provides an explanation of what each requested item will be used for (Kwekkeboom, 2014).

The major Indian funding agencies include, Indian Council of Medical Research (ICMR), Department of Biotechnology (DBT), Department of Science and Technology (DST), Council of Scientific and Industrial Research (CSIR). Applications submitted to the ICMR are evaluated for -scientific and technical merit, novelty, national importance, ICMR priority research area, methodology, ethical issues, budget of the proposal and the research track record of the principal investigator (ICMR, 2018)

Grant writing can be a daunting process (Visowski 2015). Be persistent. Grant applications are rarely funded on the first submission. Most funding agencies allow at least one submission of a revised grant application. This allows the investigators time to reflect on

reviewers' comments and craft a stronger application and more rigorous study for the next submission deadline. (Kwekkeboom, 2014). Remember, the more preparation and attention to detail you put in, the more likely that you will have success in securing your desired funding.

References:

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Visovsky, C. (2015). Writing a Successful Grant: Tips and Tools. Journal of the advanced practitioner in oncology, 6(3), 279-280.

[C6]

Dr. RAJEE REGHUNATH

Biography

Dr. Rajee Reghunath is the Principal of Amala College of Nursing. He completed B.Sc. Nursing in 1989, M.Sc. (Community Health Nursing) under The Tamilnadu Dr. M .G.R Medical, University, Chennai in 1995, Ph.D. (M.G. University), in 2010.He worked as Staff Nurse, C.M.C. Hospital, Vellore from 1990 February to 1992 August. He has 2 years of clinical experience and 22 years of teaching experience. The additional responsibilities include Ph.D. guide of Indian Nursing Council and Kerala University of Health Sciences member of malpractice and lapses enquiry committee of Kerala University of health sciences, Chief Editor, Kerala Nursing Forum journal from 01-01-2015,Editorial board member of International journal of oncology nursing, international journal of cardiovascular nursing and international journal of nursing sciences. He published 19 research projects and presented 16 papers. He is the writer of short Text book of Nursing Research, 2010 and a Text book of nursing research, 2012.

INSTITUTIONAL RESEARCH AND DEVELOPMENT OF CENTRE

Research is an integral part of development of any academic institution. Institutional research is an important component of accreditation and crediting of institutions. A separate department to plan, co-ordinate, conduct and evaluate research activities is needed in all educational institutions.

KUHS has invited applications from departments/ institutions to register as recognized research centers. (No.4563/Dean R/KUHS/2013 dated 24.11.2018

Fees: Rs.15000/- per department

Application forms – following informations are needed.

I. General Information:

1. Date of establishment
2. Aims and objectives
3. Statement of financial resources
4. Constitution of the organization
5. Details of governing body of the institution

II. Basic information of institution:

Name, address, administrative status, HOI & address, name of authority, name of university, course details, recognition is needed for whole institution or part, details of supporting departments, any department received earlier recognition.

III. Details of institution:

1. Total area of building, research labs, library, animal house, stores, administrative area (general) administrative area (research).
2. Details of laboratory (Name, area, type of research activity, methodology etc).
3. List of equipments (Name, source, year of purchase, application, if outsourced, details.
4. Library facility. (Total books, books related to research, print journals, etc)
5. Animal house facility.
6. Lecture Halls
7. Any other facility supporting research
8. Other facilities in the building (common room, toilets, staff room, auditorium etc)

IV. Details of hospital facilities available and related to research activities.

V. Details of faculty members (designation, qualification, subject expertise, post doctoral research teaching and supervision, external funded projects, area of research expertise, no. of publications, research projects involved.

VI. Research output during the last 5 years.

1. Publication in peer reviewed journals (publisher, impact factor, citation, comments etc.)
2. Details of patent received/ applied for
3. External funded research projects (Govt/industry/other sources)
4. Projects funded from internal / shared/consultancy/fees/other sources)
   (Tile of projects, Name of investigator, funding agency, year of starting and completing, amount sanctioned)

VII. Ongoing research activities/ preliminary studies not included in the above projects. Title, investigators, status, expected future outcomes

Details asked for inspection (As per inspection format)
Additional information like

⇒ Supportive department details like biostatistics, IT, clinical departments
⇒ Lab/work area details – micro, biochemistry etc.
⇒ Library – no. of print journals, e-journals, online search facility, medical record library with filing and indexing system, access to literature database. Plagiarism check software, statistics software and quantitative research data base.
⇒ All INC requirements for entire programmes.
⇒ Details of guides recognized /eligible (at least one recognized guide who has 4 years of service left).
⇒ Publication from department in the last 5 years (10 in scopus /web of science. Pubmed indexed – 2).
⇒ Other academic activities – seminars/conferences (2 regional conferences essential).
⇒ Institutional review boards.
⇒ Computer lab with internet.
⇒ Collaboration / MOUs with other research institutions.
⇒ Access to language editing, copy editing and printing services.

[C7]
DR. DINESH SELVAM S

Biography

Dr. Dinesh Selvam S completed his PhD (2015) Omayal Achi college of Nursing, The Tamilnadu Dr MGR Medical University, MSc Nursing (2002) Omayal Achi College Nursing -The Tamilnadu Dr MGR Medical University, B.Sc. Nursing (1997) Sree Balaji College of Nursing- The Tamilnadu Dr MGR Medical University. He has 19 years of varied experience from the position of clinical instructor to professor cum principal.

He achieved many awards which includes:

- AMM Arunachalam Trust Silver Medal Award for Best Clinical Nursing in MSc Nursing, Omayal Achi college of Nursing
- Best Research Paper presentation in International Conference on Epidemiological Research in Advanced Nursing Practices organised PIMS
- Best institution, best teacher award for World Record Essay titled Conserve natural Resources for future generation by Karnataka Sate Pollution Control Board.
- Life time achievement for receiving Doctorate of Philosophy in Nursing awarded by ICCR and OACN. . He has published scientific papers and presented papers at various national and international conferences.

Significance of Best Practices in Health Care Sector

Activities, disciplines and methods that are available to identify, implement and monitor the available evidence in health care are called ‘best practice’.

The framework for the definition of best practice in health care is an iterative loop. It consists of the overriding concept of health care based on reliable evidence. In this concept, HTA, EBM and CPG are related to each other in three "domains", input, implementation and outcome. Information that constitutes evidence is delivered through disciplines and evaluation methods in health care to the input domain. The implementation domain refers to methods to effectively translate evidence into practice as well as to implementation barriers. The outcome domain considers methods to monitor best practice. This implies that indicators of performance at different levels of health care have to be identified which could serve as measures of success. The outcome domain may serve as information source for the input domain (iterative loop). Research recommendations are centered around improving availability and use of evidence (including systematic reviews), and promoting existing activities in best practice.

Conference Abstract

Role of Best Practices involving four key elements of successful healthcare outcomes:

1. Cost of health care
2. Clinical
3. Patient education and care experience
   Health care provider education and experience

Trends to watch in healthcare industry in 2018

The year 2018 is said to witness how technology will contribute in uplifting the healthcare sector with transparency being one of the key concerns.

- Artificial Intelligence and Cloud:
- The Need for Transparency in Healthcare
- Internet of Thing in Healthcare Sector:
- Benefits of Electronic Health Record:
- Wearable devices:

Best practices and innovation –

- Health care strengthening
- Community processes
- Telemedicine
- Human Resource and Grievance Redressal
- DCP/NCDS
- Quality assurance
- ICT in health care
- Disease control programme
- NUHM and RSBY
- Central Government initiatives
- Puplic private partnership
- Health insurance

[C8]

MR. JOSEPH JENNINGS M. M.

Biography

Mr. Joseph Jennings is a Registered Nurse for the last four years, at Regional Cancer Center, Trivandrum. He completed B.Sc. Nursing in 2007 from School of Medical Education, M.G. University with distinction. He completed M.Sc. Nursing in 2011 from Govt. College of Nursing, Trivandrum with Kerala University First Rank and State level first rank holder and bagged TNAI state award. Also completed MBA in Health care management and Hospital administration from Ariston School of Business studies, Kochi in 2016 with A level. He has 7 years of clinical and one year of teaching experience. He had undertaken 4 study projects and published 4 articles and a thesis in national journals. He participated in state, national and international conferences, and resource person for 5 conferences.

PATIENT SAFETY AND SATISFACTION – NURSES ROLE

Introduction

We are following the guidelines of Indian health care system and it has some deficiencies in maintaining the guidelines as such. Patient safety and satisfaction, a core element of health care system which should be measured periodically and should rectify all the pitfalls immediately to retain its own integrity. Medical errors can occur in different health care settings, even if it is a developed or developing country, and those that happen in hospitals can have serious consequences.

Patient Safety

The simplest definition of patient safety is the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments.

Areas to be addressed in Patient Safety

1. Adverse drug events (ADEs)
2. Catheter- associated urinary tract infections (CAUTIs)
3. Central- line associated blood stream infections (CLABSIs)
4. Early elective deliveries (EEDs)
5. Injuries from falls and immobility

6. Hospital-acquired pressure ulcers (HAPUs)
7. Preventable readmissions
8. Surgical site infections (SSIs)
9. Ventilator associated pneumonias (VAPs) and ventilator associated events (VAEs)
10. Venous thromboembolisms (VTEs)

Measurement of Patient Safety

Among the strategies, interventions and programmes to improve safety and reduce harm in health care, measurement is critical. But it is inadequate. Measurement of safety risks, occurrence of adverse events and patient harm is important because it enables all those who have a stake in safe care- providers, patients, funders, regulators and politicians - to understand the extent, impact and variation in patient harm, monitor performance over time and across settings and sectors, and evaluate the effectiveness of interventions to improve safety.

Specifically three types of safety measurement should be regarded as the minimum components of a safety measurement system:

a. Adverse event reporting
b. Routinely collected data
c. Patient- reported measures

Patient safety practices in hospitals

1. Use multicomponent interventions to reduce in-hospital falls.
2. Use clinical pharmacists to reduce adverse drug events
3. Reconcile medications during care transitions
4. Implement computerized physician order entry system
5. Use surgical outcome measurements and report cards
6. Obtain informed consent to improve patients' understanding of the potential risks of the procedure.
7. Use rapid response systems to provide quick treatment when hospital patients deteriorate outside the ICUs.
8. Reduce radiation exposure
9. Document patient preferences for life- sustaining treatment
10. Use teamwork training to optimize among health professionals
11. Use simulation exercises to enhance medical and patient safety training
12. Utilize complementary methods such as chart reviews, incident reporting systems and electronic health records to track medical errors and adverse events.

Nurses Role in Patient Safety

a. Clinical role: to assess the adverse events in the ward, to monitor the progress and measure patient safety, to provide effective nursing care to prevent all the adverse events.
b. Administrative role: to act as an advocate for maintain the safety of the patients, to communicate effectively with intra/interdisciplinary team, conducting periodical ward and patient surveys.
c. Educative role: to educate the patient and care givers regarding ward policies, include patient safety in the nursing curriculum, to teach the colleagues regarding updated hospital policies.
d. Research role: to conduct frequent patient satisfaction survey, to analyze the pitfalls in patient safety measures, introduce evidence based practices in clinical practices

Patient satisfaction

Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects. Whatever its strengths and limitations, patient satisfaction is an indicator that should be indispensable to the assessment of the quality of care in hospitals. As the main touch point for patients, nurses need to possess both the clinical expertise and the interpersonal skills necessary for a positive patient experience. Contrary to popular belief, the luxury amenities are not what patients are looking for in healthcare – patients want to feel safe, be cared for as an individual, and receive quality care. Nurses need to refine their patient-provider communication strategies, portray good teamwork, and practice attentiveness to patients to yield better patient satisfaction in the hospital environment.

Conclusion

Health care professionals do the best they can to provide the best and safest care possible to patients. Improving patient safety and satisfaction requires collaborative efforts among health care professionals in addition to institutional support, in order to address quality challenges and make the transformation to safe, cost-effective and value driven health care.

[C9]

Dr. ASHA SASIKUMAR

Biography

Dr, Asha Sasikumar is a Proven academician with 16 years' devoted experience in imparting nursing education, Experienced in research guidance both graduate and postgraduate students in nursing and allied Disciplines, Proficient in presenting on various topics on Nursing and research Experienced in preparing research proposals, organisation and conduct of workshops and conferences. She works as an Assistant Professor in Government College of Nursing, Thiruvananthapuram. She completed B.Sc. Nursing in 1998 under Kerala University, M.Sc. (Nursing) Medical Surgical Nursing under RGUHS in 2002, Post Graduate Diploma in Health Science Research in 2015 with first rank and PhD.in Nursing in 2015.She also worked as Lecturer in Sultan Qaboos University, Sultanate of Oman from 15 January 2006 to 11 June, 2008 .Her additional responsibilities include examiner ship, Chapter contribution on Nursing Administration for Master of Hospital Administration, External member ,Institutional Research and Ethics committee, Bishop Benziger College of Nursing, Kollam, Member of Inspection committee, KUHS for granting recognition for PhD Research centres and Member Critical Care and Rehab Nurses Association, Kerala. She achieved Outstanding Faculty Award by Venus International Foundation, Chennai, 2016.She participated and organised various conferences/workshops. She presented 5 papers, 2 posters and published 9 articles.

PRECEPTORSHIP FOR QUALITY CARE

Introduction

Effective, consistent, systematic preceptorships are a major factor in the recruitment and retention of nurses. Majority of the reputed hospitals support professional nursing practice within the context of teaching and learning environments. They provide consistently high-quality nursing care while accepting excellent preceptorships. Integration of these two factors requires creativity, flexibility, and a commitment to quality nursing care through facilitated orientations, competency assessments, and competency verifications by preceptees.

Why preceptorship?

Two peers can solve difficulties they encounter in their work together much better than with an educator or manager—no matter how expert or experienced the manager may be. In many ways, the working nurse preceptor can help a new nurse or student preceptee more than the educator or a peer. Establishing definitive nurse preceptorships to guide nursing students and prepare new nurses for today's demanding professional practice environ-

ments is efficient and cost-effective when done well. An effective staff nurse preceptorship program with such preceptors is critical to the success of student nurses, new graduate nurses, and experienced nurses moving among the multiple disciplines and specialty areas of our complex healthcare systems.

What is a preceptorship?

A preceptorship is a formal agreement between or among individuals to engage in a time-limited apprenticeship. It is a relationship fabricated to link veteran, experienced nurses (preceptors) with students, new graduate nurses, or new orientees (preceptees) to facilitate their orientation and integration into their new roles and responsibilities in the professional practice environment of care. Preceptorships are intentional, individualized, inspired, and transformational. Although preceptorships may extend beyond the orientation or integration phase, they generally do not facilitate preceptees' career development beyond their present positions on their assigned units or work settings. If a preceptorship evolves into formal or long-term career advancement, it has become a mentorship.

Definition of Preceptorship

Preceptorship is defined as: "A period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further" (NMC, 2006). Nursing and Midwives council is of the opinion that during this time they should be supported by a preceptor, who is an experienced practitioner to develop their confidence as an independent professional.

Nursing model for transforming practice

Relationship-based care (RBC) is a nursing model for transforming practice (Koloroutis 2004), focusing on the value of relationships—the healthcare provider's relationships with patients, families, and community; with self; and with colleagues and interdisciplinary team members. This is the essence of staff-centered, patient-focused, relationship-based care.

Emotions and personal health affect our reactions to others and may diminish our ability to care for others, to engage in teamwork, or to anticipate or respond to the needs of new nurses or students. Once personal well-being is managed, focus can shift to helping team members and preceptees. Healthy interpersonal relationships are critical for delivering interdependent care to patients and their families. Then, and only then, can nurses focus on providing care. If one struggles with anxiety, anger, or physical discomfort (self) and cannot work well with his or her colleagues (healthcare team and preceptees), he or she cannot en-

gage effectively in even the most basic aspects or tasks of patient care (patients or their families).

Roles of a preceptor

There are varied roles a preceptor is expected to perform. They are educators, facilitators, protectors, socializing agents and evaluators.

1. **Educator**: The most common role people think of when thinking about preceptors. However, in a successful relationship, the education takes place on both sides. Every person brings something new to the experience. We acknowledge that the preceptor is the expert, otherwise, they would not be precepting.
2. **Facilitator**: Finding activities and experiences for the student is key. In the community setting this has required a bit of creativity. If you know that a co-worker has an interesting case allow your preceptee go with them which you can debrief afterwards.
3. **Protector**: Role of protector is dual. The preceptor must protect the patient and the student providing a safe learning environment for both patients and preceptees. Patient safety is always priority concern. As preceptors we must be aware of our surroundings. We must look for indications of bullying. Preceptees are vulnerable.
4. **Socialization Agent:** This is not referring to partying after work. It refers to socializing the new grad/employee to the work environment.
5. **Evaluator:** Feedback should be everyday occurrence and matter of fact. Non judgmental feedback regarding specific behaviors is required. Goal of feedback is to lead to changes in the learner's thinking, behavior and performance.

Improving quality of care through preceptorship

Successful preceptorships clearly define measures and outcomes based on the purpose and vision of the organization, which are articulated and evaluated in the orientation process for the new nurse or student. Coaching, precepting, and mentoring are all essential concepts and roles filled with possibilities for increased self-awareness, commitment, and mutual respect among new nurses and nursing students. Preceptors are nurses talking about difficulties they have met, sharing insights they have gained, and passing on lessons they have learned by caring for patients in the many arenas of need they encounter each day. They facilitate the orientation, growth, and development of nurses who will one day work side by side with them, and who may become their peers, colleagues, and leaders tomorrow. They can connect with preceptees in ways that no one else can, building trust and responsibility as they gently draw preceptees into the "real world" of healthcare.

Summary

Who really benefits from all of this effort? Patients—and us! Effective nurse preceptorships provide the flexibility for the close, trusting relationships needed to develop the new employee, student nurse, or new graduate nurse to his or her fullest potential.

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[C10]
Dr. ANGELA GNANADURAI
Biography

She is the Principal, Jubilee Mission College of Nursing, Thrissur. She Completed BSc (N), MSc (N), PhD(N) in 1986,1991,2007 respectively from Christian Medical College ,Vellore. She had done a Certificate course on law in Hospital Administration in batch of 2016, Christian Medical Association of India (CMAI), New Delhi and done post diploma courses in psychological counselling and certificate course in palliative care and

Law in hospital management. She was awarded fellowships in cancer prevention from UICC & did the fellowship in National University Hospital, Singapore, Neuro critical care fellowship from Columbia Presbyterian university hospital, New York. She has 32 years of clinical and teaching experience in Nursing Profession. She is the member of more than 10 national and international professional organizations. She has NABH Assessor certificate since 2009.She has published 35 papers in national and (15) international journals and Presented papers in national and international conferences. She is the supervisor and guide for the PhD candidates in INC PhD consortium and other universities .She is the President in Society of Indian Neuro Science Nurses. She is the Representative from India in World Federation of Neuroscience Nurses.

A suitable model for academic & practical success among present and future nursing students in India: Faculty Dual Role

Introduction :

Integration of nursing education and nursing service has become one of the most remarkable achievement of the college of nursing where faculty college of nursing hold the standard of patients care and nursing education high.

Objectives

To achieve optimal patient care and sound education for students through effective utilization of qualified nursing faculty.

To improve international relationship between college of nursing faculty and nursing service staff

To create a healthy learning environment in the clinical setting for nursing students

To provide opportunities for involvement of senior staff from the nursing service and the college of nursing at the policy making level by serving on academic and service committees

Methodology for application of Integration of Nursing Education and Nursing Service Model :

The head of 7 major nursing departments (medical nursing, surgical nursing, speciality nursing, Community health nursing , mental health nursing & Maternity Nursing) along with their faculty report to the principal college of nursing for nursing education and to nursing superintendent for patient care. (Fg1) The Organisation Chart for Dual Role in nursing explains that. Every Faculty will be assigned specific number of hours of teaching students and manage assigned clinical area where they function as nurse managers responsible for patients care supervision and clinical unit management. They mentor staff nurses and educate staff and students. Involved in research and serve in various academic , hospital & Institutional committees. The work load distribution of time spent in education and service varies between cadre position of MSc(N) faculty .Fig 2 describes the quality learning environment model for student nurses under Integration of Nursing Education and Nursing Services. The quality patient care is never compromised in dual role . The nursing faculty is involved in various activities for both Nursing students & registered nurses in her clinical area.

1. Recruitment & retention
2. Plans and executes developmental activities
3. Plans best clinical experience while the students are posted in her area along with well

qualified and fully developed ward incharges & registered nurses team.

Hence the clinical area of learning environment provided for the nursing students includes the following.

1. Well maintained clinical area where High quality patient care is rendered .
2. Conducive interpersonal relationship is maintained & quality patient outcome is both experienced and witnessed.

The nursing students are well supported and they also have well supported ward incharges and team of nurses to teach in clinical area. This facilitates lifelong learning for the nursing students & registered nurses. The theory classes for the nursing students are handled by these nursing faculty who has dual role.

Strengths of integration of Nursing education and nursing service :

It helps students in translating classroom learning into clinical practice. Enhances confidence and security of students due to presence of expert teachers in clinical area. Keeps teachers updated in theoretical/ clinical knowledge. Helps students to learn clinical roles directly from teachers. Enhances good interpersonal relationship with members of health team who provide input into teaching students. Student witness the faculty with dual role effectively working with and duelly respected & consulted in all aspects of patient care by chief of the medical unit of the clinical area.

- Gives faculty the freedom to modify the learning environment in the clinical area as per requirement.
- Assists in bringing advancement and changes in patient care area
- Extension of community health practices supervised by nurse educator is a challenge

Challenges faced in the model of integration of nursing education & nursing services:

1. Heavy work load & long hours of working
2. Potential for stress :
   a. Faculty do not complain as this dual role model gives great job satisfaction for them.
   b. Dual role is well appreciated by other disciplines and accepted as part of health team.
   c. Appreciated by nursing and medical fraternity in the country and abroad.
   d. Deep culture which has became the professional practice.
3. Faculty's lack time for publishing papers and writing books during their service period.

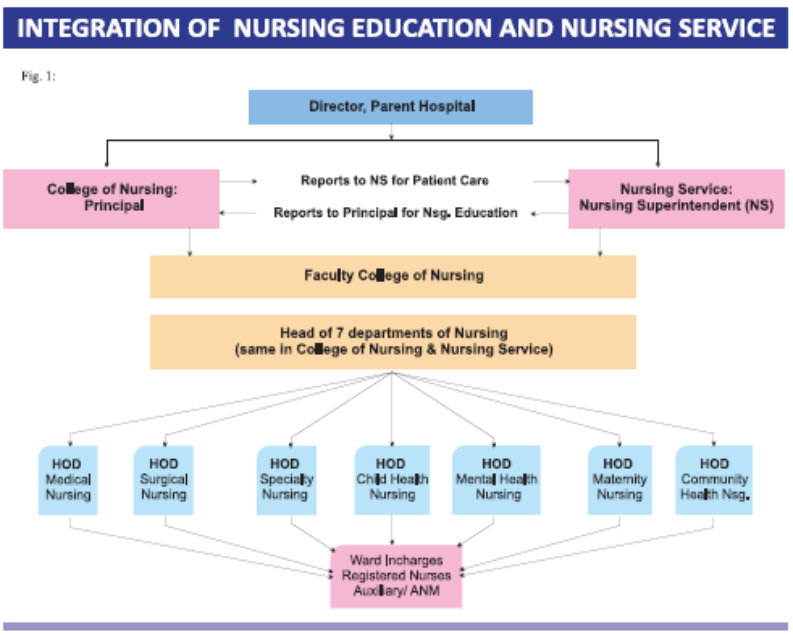

Figure 1

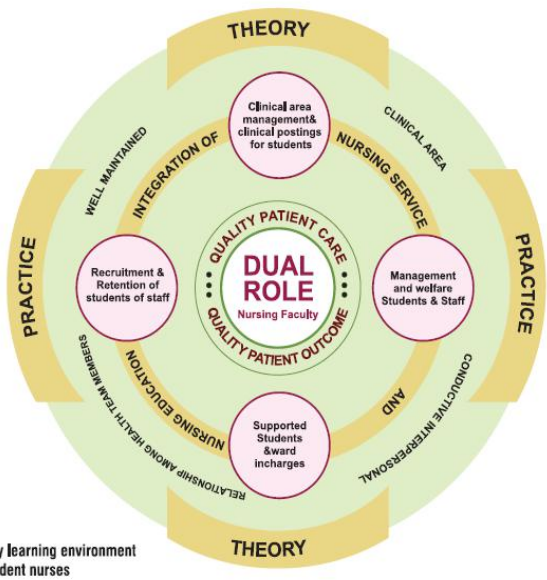

Fig. 2: Quality learning environment model for student nurses

Can overcome by provision of sabbatical leave for these purposes.

Conclusion : A unique model of integration of nursing education and nursing service is a perfect blend of practitioners with teaching. It can be applied in primary, secondary and tertiary care settings. Nursing education has been effective as Principal and Nursing Superintendent serve as members of Administrative committee as a very important members of the policy making body. Dual role faculty empowers leadership role and motivates in translating the plans into actions, instrumental in building positive work effective both as educators and as practitioners.

Conference Abstract

Dual role lifts the standard of patient care as well as preparing committed, compwtent, compassionate nurses with professional Excellence. Finally integration of nursing education & nursing service is the only way to improve the image of Nursing, quality of nursing education & nursing service and quality of patient outcome in India. Professionals from India and abroad have shown keen interest to know, learn and apply this model.

Keywords:

Integration : It means integration of nursing education and nursing service where the faculty of nursing from college of nursing are appointed as nursing superintendent, head of departments, department supervision of clinical area of nursing services and take dual responsibility in Nursing education and nursing service.

Dual Role : The role of faculty in the system of integration of nursing education and nursing service is termed as dual role. Refer also the meaning of integration in the article as explained above.

Unique model : It is the only existing one of its type of model of integration of nursing educations and nursing services in institutions like CMC Vellore. . More generally, it is unusual and special in many ways from development of students to faculty with the best outcome of patients witnessing the excellent form of inter - personal relationship among the health team members in each unit.

Optimal patient care : Providing optimal care and services means that clinical practice and decision making, while meeting the needs of individual patients, is effective reliable and safe. The care provided fulfil the established standards and requirements based on evidence of best prractices by national, state professionalorganisations.

Sound education : Sound educations in nursing not only includes knowledge but also the skills, competency, commitment, comparison, high integrity, each and courtesy.

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[O1]

Antenatal stress, a risk factor for Low Birth Weight: a cohort study

Ms. K. V. Asha, Assistant Professor,
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Thiruvananthapuram

Background:

Low Birth Weight and decreased gestational age at birth are the 2 significant factors associated with neonatal mortality and morbidity. Among the various risk factors of Low Birth Weight, psychosocial factors are emerging out as significant. Evidences show a link between maternal stress during pregnancy and decreased birth weight. Antenatal stress is associated with other adverse pregnancy outcomes also. Birth weight can be counted as the health status indicator of a community. So the investigations leading to the identification of factors contributing to Low Birth Weight unfolds as a momentous need to initiate strategies for the prevention of the aforesaid.

Objective of the study

To identify the influence of antenatal psychosocial stress on risk for Low Birth Weight among women attending the Government hospitals at Thiruvananthapuram district, Kerala.

Methods

Prospective cohort design was used for the study. The study was conducted in selected hospitals of Thiruvananthapuram district .Antenatal women (sample size: 366) in the gestational age of 20-24 weeks were recruited for the study. Antenatal stress was measured using Antenatal psychosocial stress scale (APSS) twice during pregnancy, at second and third trimesters. The mean stress score was observed for ascertaining the exposure status. The incidence of Low Birth Weight was ascertained and relative risk was computed.

Results

Findings of the study show that 19.6% of antenatal women were affected with high stress.18.27 % of the subjects had low birth weight babies. The risk for Low Birth Weight was statistically significant for women with high antenatal stress [Relative risk 2.784, 95% CI 1.776- 4.362].

Conclusion

Findings of the study throw light on the need for focusing on the psychosocial aspects of antenatal women for the improvement of neonatal health status. Counseling services and purveyance of support system during gestation is preeminent for the furtherance in birth outcomes.

[O2]

A study to assess the predictors of non-adherence to Anti Epileptic Drugs among Children

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ABSTRACT

Introduction

Epilepsy is a common neurological disorder in children worldwide which requires incorporation of complex therapeutic regimens. Drug treatment is the major form of therapy for a vast majority of children with epilepsy. The choice of antiepileptic drugs (AEDs) in a child depends on many factors. Success of the AED regimen depends on the medication adherence. Non-adherence leads to recurrence of seizure and higher incidence of hospital admissions.

Objectives

To assess the predictors of non-adherence to Anti Epileptic Drugs (AED) among children.

Materials and Methods

A cross-sectional design was used. Seven hundred and forty children between 6 to 12 years who were diagnosed to have seizure disorder and on AED for last 6 months with their mothers were consecutively selected from pediatric neurology outpatient department of a tertiary care hospital. Medication adherence was measured by self report using a Medication Adherence Scale. Univariate analysis was done to compare adherent and non-adherent children. Associated factors of drug adherence were analysed using bivariate logistic regression at 95% Confidence interval (CI).

Results

Out of the 740 children, 386 (52.2%) were boys, mean age of the children was 9.04 ±2.08 years and mean duration of epilepsy was 3.67 years. About 14.7% of children

reported side effects to AEDs. 52.2% (386) of them were found to have good adherence to AEDs, 8.9% (66) scored moderate adherence and 38.9% (288) were poor in drug adherence. In the present study children with moderate and poor drug adherence scores were considered as non- adherent to AEDs and 47.8% (354) children were non-adherent. Univariate Analysis showed that age of child, gender, domicile, type of family, educational status of mother, occupation of mother, type of seizures, side effects of AED, duration of AED therapy and home care practice had a statistically significant association ($p=<0.05$) with drug adherence. Regression analysis depicted that age of child, duration of AED therapy and home care practices were the factors that predicted non-adherence to AEDs.

Conclusion

In the study 47.8% of the patients were found to be non-adherent to AEDs. Non adherence was significantly higher among children with increasing age and duration of AED therapy and poor homecare practice.

[O3]

KNOWLEDGE REGARDING FOOD AND FEEDING PATTERN OF TODDLERS AMONG THEIR MOTHERS

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Chacka,Trivandrum

Background: Children are the treasures of a nation. Toddler period is the phase of physical emotional and mental development and forms the foundation of child's future well -being. Nutrition plays a vital role in supporting a child's growth. In toddlers, the activity level increases as part of normal growth pattern. While their taste buds are only in developing stage. Primary care giver especially their mothers find it is difficult to feed the toddlers, resulting in poor feeding in them. Eating problems leads to poor nutrition and malnutrition in children. A mother is the principle provider of primary care that a child needs during first five years of life. Mother`s perfect knowledge about food and feeding practice plays an important role in their child's health, eating behaviours and prevention of malnutrition. **Objective:** The aim of this study was to assess nutrition related knowledge level among mother having primary school going children. **Methods:** In this study

quantitative approach and descriptive design with a sample size of 100mothers of toddlers in outpatient department of selected hospital in Trivandrum. The samples were selected conveniently on the basis of inclusion and exclusion criteria. A semi structured questionnaire was used to collect data and consent was taken prior interview. SPSS version was used to analyse data. **Result:** Majority of participants (58%) has average knowledge regarding food of toddlers and 41% has poor knowledge, and only 1% of mothers had good knowledge regarding food of toddlers. Majority of participants (60%) had average knowledge regarding feeding pattern of toddler and 40% had poor knowledge. Significant association was observed between age of mothers and knowledge regarding food of toddlers (p=0.030). The study concluded that it is important to impart proper education regarding food and feeding pattern of toddlers to their mothers and thereby preventing nutritional deficiencies and feeding problems later.

[O4]

A STUDY TO ASSESS THE EFFECT OF PROTOCOL BASED INTRAVENOUS THERAPY TECHNIQUES ON THE OUTCOME OF IV THERAPY AMONG PATIENTS RECEIVING CONTINUOUS IV INFUSION AND IV MEDICATIONS, IN A SELECTED HOSPITAL AT TIRUPUR.

Mr. Mourian Aman, Assistant Professor,

SSNMM College of Nursing, Varkala

ABSTRACT

Introduction: The aim of the study was to evaluate whether the application of protocol based IV therapy techniques made a difference in the outcome of IV therapy among patients who received IV infusion and medications, compared to patients who receive IV therapy without the prescribed IV therapy techniques.

Methodology: A quasi experimental post test only time series multiple treatment control group design was used. The samples consisted of 20 subjects in experimental and 20 subjects in control group selected by convenient sampling technique. In the Experimental

group, selected IV therapy techniques on various features – hand hygiene, site selection and preparation, cannulation technique, site dressing and maintenance, drug loading and administration & heparin lock prophylaxis – were implemented. Both the groups were observed and assessed for the level of pain, grade of thrombophlebitis and grade of infiltration for at least three days after cannulation. The tools used were 0-10 Numerical Pain Intensity scale (Mcgreggory & Pasero), Thrombophlebitis scale (Jackson, 1998) and Infiltration scale (INS, 2006), which were standardized tools, tested and proven to be reliable and valid.

Results: The results showed a significant difference in the overall pain score of the experimental group and control group (M=1.74 to M=3.40) (t=10.05 df=38 p=0.05) and in the overall thrombophlebitis score (M=1.30 to M=1.80) (t=4.54 df=38 p=0.05). But there was no significant difference in the mean infiltration score among both groups.

Discussion: The study concludes that protocol based IV therapy techniques were effective in improving the outcome of the IV therapy and promote comfort of the patients, who underwent IV therapy. In the experimental group and in the control group, the mean pain score, mean thrombophlebitis score and the mean infiltration score did gradually increase with each day of therapy. But it was found that the magnitude of increase was far higher in the control group, when compared with experimental group.

[O5]

Influence of social security measures in improving the health related quality of children with cerebral palsy

Ms. Stella Jose, Assistant Professor,
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Thiruvananthapuram

Abstract

Introduction

Cerebral palsy is a chronic disabling condition which can create physical and emotional consequences for the victims as well as their families. It also has financial repercussions associated with the cost of care and accommodations a child will require for the rest of their lives. Social security measures provided by health authorities play a major role in maintaining their health related quality of life.

Objectives

- Assess the health related quality of children with cerebral palsy
- Assess the utilization of social security measures among cerebral palsy children
- Find out the association of utilization of social security measures with health related quality of life of children with cerebral palsy

Materials and methods

A cross sectional survey was conducted among 450 children with cerebral palsy in a tertiary care centre of South Kerala. Children of age group 2-12 years were recruited consecutively from pediatric neurology OPD and cerebral palsy clinic of Physical Medicine and Rehabilitation centre of Medical College Hospital Thiruvananthapuram. Health related quality of life was assessed using the Peds QL cerebral palsy module-parent version. A structured questionnaire prepared by the researcher and validated by experts assessed the socio personal details of subjects and their utilization pattern of social security measures. Descriptive statistical methods were used to assess the utilization of social security measures. Chi square test was used to analyze the association between various domains of HRQOL and utilization of social security measures.

Results

Mean age of the study group was 6.56 years and 51.1% were males. The most common type of cerebral palsy was spastic type (69.8%). Socioeconomic status of 64.9% of families fell in low class group. Majority (73.6%) availed social security services partially or completely. The mean health related quality of life of children with cerebral palsy was 37.33+/-16.625. Only 8.2% reported good HRQOL. There was a significant association between the utilization of social security measures and HRQOL (<0.001)

Conclusion

Ensuring adequate distribution of financial aids to disabled children can improve their health related quality of life.

[O6]

Effectiveness of Video Assisted Teaching Module regarding First AID measures for foreign body aspiration in primary school children on knowledge among TTC Students

Mrs. Jyothi Lakshmi J, Nursing Tutor,
Bishop Benziger College of Nursing, Kollam

INTRODUCTION

A large number of foreign body aspiration in the tracheo-bronchial tree occur in the Indian sub-continent. [1]

MATERIALS AND METHODS

Research approach: Quantitative research approach

Research design: Quasi experimental pretest post test comparison group design.

Variables

Independent variable: video assisted teaching module.

Dependent variable: knowledge

Setting of the study: Kasthoorbha Teachers Training Institutes and Government Teachers Training Institutes,Kollam.

Sample : 60 TTC Students (30 in experimental group and 30 in comparison group)

Sampling technique - convenience sampling technique

Tool / Instruments: structured questionnaire

Method of data collection

The main study was conducted from 7th January 2013 to 29th January 2013. After conducting the pretest on both groups, the researcher gave the intervention, in experimental group only. After one week, post test was conducted on both group and the study findings were assessed by using the same tool.

Data analysis

1.Descriptive statistics & Inferential statistics ('t' test, Chi-square)

RESULTS

1. The mean pre test knowledge score in the experimental group was 14.53± 2.03, whereas the post test knowledge score was increased to 26.97±1.67 with a paired SD of 2.5. Since p- value(0.001) is less than 0.05, Hence it is proved that there is significant effect of video assisted teaching module in improving the knowledge score of the TTC students in experimental group.

2.There was no significant association between pretest knowledge score and selected demographic variables.

DISCUSSION

A study was conducted to assess the knowledge, attitude and practice of undergraduate students regarding first aid measures. The study result showed that a total of 446 students were interviewed,17.5 percent students had first aid training . Therefore first aid training programmes should be introduced at school and college level decrease the mortality and morbidity of accidents and emergencies.(2)

The paired 't' value of knowledge among experimental group was 27.23 and the p value (0.001) is less than 0.05 and is significant. Thus there is significant improvement in the knowledge level of students in the experimental group.

[O7]

A comparative study to assess the effectiveness of normal saline lock versus heparin lock on the patency of peripheral intravenous cannula among patients receiving intravenous medication in a selected hospital at Kollam

Mrs. Sherin Sebastian, Nursing Tutor,

Bishop Benziger College of Nursing, Kollam

INTRODUCTION

'Heparin versus normal saline'- the search for a better flush solution began a couple of decades ago as nursing moved from a traditional practice in to an Evidence Based Practice, where the best course of action is based on current and reliable evidence. A comparative study was done to compare the effectiveness of normal saline lock versus heparin lock on the patency of peripheral intravenous cannula among patients receiving intravenous medications. The objectives of the study were to compare the effectiveness of

normal saline lock versus heparin lock on the patency of peripheral intravenous cannula and to find out the association between the patency of peripheral intravenous cannula among patients receiving intravenous medications in experimental group I and II with selected demographic variables.

METHODOLOGY

In this study an evaluative research approach was used and the research design selected was completely randomised design. The setting of the study was Holy Cross Hospital, Kottiyam, Kollam. The sample were patients who were receiving intravenous antibiotic injections 12th hourly through intravenous cannula. The sample size was 60, 30 patients each in experimental group I and experimental group II. The tool used for the study were the Scale to assess resistance to intravenous flush and Phlebitis scale. After administering 6 doses of normal saline lock in experimental group I and 6 doses of heparin lock in experimental group II, assessment was done using Phlebitis scale and the Scale to assess the resistance to intravenous flush. The data were analyzed using descriptive and inferential statistics.

RESULTS

The study result reveals that there is no significant difference between normal saline and heparin lock in maintaining the patency of the intravenous cannula; that is both normal saline lock and heparin lock are equally effective in maintaining the patency. There were no significant association between patency of peripheral intravenous cannula among sample receiving intravenous medications in experimental group I and experimental group II with selected demographic variables.

DISCUSSION

Based on the study the investigator have drawn implications which were of vital concerns in the field of nursing practice, nursing research, nursing education and nursing administration.

[O8]

Effectiveness of video assisted teaching regarding colonoscopy procedure on knowledge and pre procedure anxiety among patients undergoing colonoscopy in selected hospitals at Kollam

Mrs. Resmi Ravindran, Nursing Tutor

Bishop Benziger College of Nursing, Kollam

INTRODUCTION

Intestinal disorders especially colorectal cancer is the most important cause of mortality and morbidity in the world. Colorectal cancer is the third most common cancer in the world, with nearly 1.4 million new cases diagnosed in 2013[1].

MATERIALS AND METHODS

Research approach: Quantitative research approach

Research design: quasi experimental pre test – post test control group design.

Variables

Independent variable: video assisted teaching.

Dependent variable: knowledge and pre procedure anxiety

Setting of the study: Bishop Benziger hospital and Upasana Hospital at Kollam.

Sample: 60 patients who are undergoing colonoscopy in the age group of 40-80 years (30 in experimental group and 30 in control group)

Sampling technique - Purposive sampling technique

Tool / Instruments: structured questionnaire and State Scale of Anxiety

Method of data collection

The main study was conducted from 19th January to 19th February 2015 Three day before the colonoscopy, collection of base line data and pre test knowledge and Pre procedure anxiety was assessed using Structured knowledge questionnaire and state scale of anxiety for both experimental and control group. Then video assisted teaching was given to experimental group only. On the day of procedure post test was conducted for both experimental and control group using the same tool.

Data analysis

1.Descriptive statistics & Inferential statistics ('t' test, Chi-square)

RESULTS

The finding of the study were that the mean post test knowledge score of experimental group (17.7) was greater than the mean post test score of control group (8.97).The p value =0.001 less than 0.05 level of significance. The mean post test pre procedure anxiety score of experimental group (37.28) was lesser than the mean post test anxiety score of control group (48). The p valve =0.001 lesser than 0.05 level of significance. The association between knowledge and pre procedure anxiety with demographic variable showed no significance at 0.05 level. The present study suggested that video assisted teaching improved the knowledge and reduced the pre procedure anxiety of patient's undergone colonoscopy.

DISCUSSION

Study was conducted to evaluate the effectiveness of video assisted teaching regarding colonoscopy procedure on knowledge and pre procedure anxiety among patients undergoing colonoscopy in selected hospitals at Kollam.

Regarding knowledge

In the present study mean post test score of experimental group (17.17) is greater than the mean pre test score (8.53) . the mean post test score of experimental group (17.7) is greater than the mean post test score of control group (8.97).

Regarding pre -procedure anxiety

In the present study the mean post test score of experimental group (37.28) is lesser than the mean pre test score (49.23). The mean post test score of control group (48) is greater than the mean post test score of experimental group (37.28)

REFERENCE

1. Wenming Wu, Xu Guo etal. Prevalence of Functional Gastrointestinal Disorders. Journal of gastroenterology research and practice.2013 March 6. Available from; http://dx.doi.org\10.1155\2013\497585.

[O9]

Effectiveness of planned teaching program on knowledge and practice regarding the use of incentive spirometry in prevention of post operative pulmonary complications among patients undergoing abdominal surgery in selected hospitals at Kollam.

Mr. Jerin J, Nursing Tutor

Bishop Benziger College of Nursing, Kollam

INTRODUCTION

Postoperative pulmonary complications play a significant role in the risk for surgery and anaesthesia. The most important and morbid postoperative pulmonary complications are atelectasis, pneumonia, respiratory failure, and exacerbation of underlying chronic lung disease. Because of the introduction of more insoluble inhalation anaesthetics, which enable tracheal tube removal in the operating room and the use of pulse oxymeter's in clinical practice, the factors that may influence the occurrence of postoperative pulmonary complications. Low-tech breathing devices, such as incentive spirometers, are often used to promote expansion of the alveoli postoperatively by guiding the client to reach a determined level of lung inflation. Use of these aids promote alveolar inflation and strengthens respiratory muscles that are weakened during anaesthesia administration.

MATERIALS AND METHODS

Research approach*:* Quantitative research approach

Research design: quasi experimental pre test – post test control group design.

Variables

Independent variable: Planned teaching programme.

Dependent variable*:* knowledge and practice in use of incentive spirometry exercise

Setting of the study: Bishop Benziger hospital, Upasana Hospital at Kollam and , Sree Narayana Trusts Medical Mission Hospital at Kollam

Sample: 60 patients who are undergoing abdominal surgery (30 in experimental group and 30 in control group)

Sampling technique - Purposive sampling technique

Tool / Instruments: structured questionnaire and Observation checklist

experimental group was greater than the control group at 0.05 level of significance ($p < 0.05$).

DISCUSSION: The present study shows that video assisted teaching program was effective in improving knowledge of polycystic ovarian disease and its prevention among adolescent girls.

Nursing implications

Nursing practice: Health education programmes regarding polycystic ovary syndrome can be given at gynaecology OPDs and adolescent clinics in hospitals

Nursing education: Nurse educators should plan and conduct health education programmes focusing on adolescent health using videos to create awareness on polycystic ovarian disease in the schools and colleges

Nursing administration: Video assisted teaching programme can be used as education material for in-service educational programme for nursing staff in order to improve the adolescent health.

Nursing research: The findings should be utilized by nurse researchers to present in various conferences relating to upgrading the knowledge of nursing personnel.

[O11]

Effectiveness of Structured Teaching Programme on Knowledge and Practice of Staff Nurses Regarding Endotracheal Suctioning among Staff Nurses in Intensive Care Units of selected hospitals in Kollam

Mrs. Mercy Thomas,

M.Sc Nursing , (Bishop Benziger College of Nursing, Kollam

Introduction: A pre experimental study was done to assess the effectiveness of structured teaching programme on knowledge and practice regarding endotracheal suctioning among staff nurses in intensive care units of selected hospitals in Kollam. The objectives of the study were to determine the effectiveness of structured teaching programme on knowledge regarding endotracheal suctioning, to determine the effectiveness of structured teaching programme on practice regarding endotracheal suctioning, to correlate between knowledge and practice of endotracheal suctioning, to find out the association between mean pretest knowledge and practice scores and demographic variables among staff nurses in intensive care units.

Method: Quantitative research approach was used with pre experimental one group pretest posttest design. Purposive sampling technique was used to select 50 Intensive Care Unit staff nurses who meet the inclusion criteria. Pretest was done on the first day followed by structured teaching programme (Day 1) and reinforcement intervention (Day7) to all the samples and posttest on the $7^{th}$and 14^{th} day.

Result: The findings of the study revealed that the calculated ANOVA value for knowledge (389.34) was greater than the table value (3.05) and for practice as well the calculated ANOVA value (424.81) was greater than the table value (3.05) at a 0.05 level of significance. The calculated coefficient value (0.66) was $0 < r < 1$, indicated that there is statistically strong positive relationship between knowledge and practice scores.

Discussion: The present study suggested that Structured Teaching Programme with reinforcement intervention was effective in improving knowledge and practice regarding endotracheal suctioning among staff nurses in different intensive care units.

Keywords: Knowledge; Practice; Structured Teaching Programme; Staff Nurses; Endotracheal Suctioning; Selected hospital; Intensive Care Units.

Method of data collection

The researcher assessed the effectiveness of planned teaching programme using knowledge questionnaire and observation checklist. Planned teaching programme was given to the experimental group alone. Post test conducted on five days after pre-test for both the control and experimental group.

Data analysis

Descriptive statistics & Inferential statistics ('t' test, Chi-square)

RESULTS

The findings of the study shows that the mean post-test knowledge score of experimental group (16.10±2.26) was greater than the mean post test score of control group (7.27±1.89) and the mean post-test practice score of experimental group (5.87 ± 0.63) was greater than the mean post-test control group (2.10 ± 0.40): after the intervention ($p<0.001$). The result also showed a significant difference in the mean knowledge and practice score in the experimental group ($p=0.001<0.05$) before and after the planned teaching programme regarding the use of incentive spirometry. So the planned teaching programme regarding the use of incentive spirometry in prevention of pulmonary complications among patients undergoing abdominal surgery in selected hospitals.

DISCUSSION

The present study suggests the need for planned teaching programme regarding the use of incentive spirometry in prevention of pulmonary complications among patients undergoing abdominal surgery.

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[O10]

Effectiveness of Video Assisted Teaching Program regarding the Knowledge of Polycystic Ovarian Disease and its Prevention among Adolescent Girls studying in selected Higher Secondary Schools at Kollam

Mrs. P.V. Greeshma
M.Sc Nursing , Bishop Benziger College of Nursing, Kollam

ABSTRACT

INTRODUCTION: This study entitled "effectiveness of video assisted teaching program regarding knowledge of polycystic ovarian disease and its prevention among adolescent girls studying in selected higher secondary schools at Kollam" was conducted with the objectives; to assess the effectiveness of video assisted teaching program on polycystic ovarian disease and its prevention, to find the association between pre-test knowledge on polycystic ovarian disease and its prevention with selected demographic variables.

MATERIALS AND METHODS

Research approach and design:

Quantitative approach with quasi experimental non-equivalent pretest posttest control group design was used.

Sample: 100 adolescent girls.

Sampling technique: Simple random sampling technique was adopted.

Tools and techniques

Tool 1 – Demographic proforma

Tool 2 – Structured knowledge questionnaire

Video assisted teaching program: The intervention was video assisted teaching program.

RESULTS: The study result shows in the experimental group calculated 't value is greater than the table value at 0.05 level of significance. It indicates that there was significant improvement in the knowledge of polycystic ovarian disease and its prevention among adolescent girls in the experimental group. The calculated 't' value of

[P1]

Innovative Teaching and Learning Strategy

Mrs. Liznie Dennis, Sr. Jaisy Sebastian, Ms. Susy Mary Thomas

First Year M.Sc, Bishop Benziger College of Nursing

Introduction

Education should optimally prepare the students for future career to become global leader and valuable citizens of today and tomorrow. Our students must learn to be independent critical thinkers. They must be socially and ethically responsible to have a broad understanding of the world.

Definition

The process of making changes to something established by introducing something new.

Our strategy

1. Strong foundation for greater success.
2. Higher education in fast changing world.
3. Evidence based practice.

Educational experience

- Research based
- Student based
- Evidence based
- Inclusion and diverse
- Outward looking
- Technology enhances

10 Learning strategies for modern pedagogy

1-Crossover learning

2-Learning through argumentation

3-Incidental learning

4- Context based learning

5- Computational thinking

6- Learning by doing

7- Embodied learning

[P2]

BEST PRACTICES IN NURSING

Dr. Annie P. Alexander

Professor, Upasana College of Nursing, Kollam

Evidence Based Practice

Evidence Based Practice is a process of life-long, problem-based learning. EBP is a concept that applies to all of the health sciences.

Definition

Sackett, et al. defined Evidence-Based Practice (EBP) as "the integration of best research evidence with clinical expertise and patient values."

Dr. David Sackett defined Evidence-Based Practice (EBP) is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

JOHNS HOPKINS EVIDENCE BASED PRACTICE MODEL

Used as a framework to guide the synthesis and translation of evidence into practice.

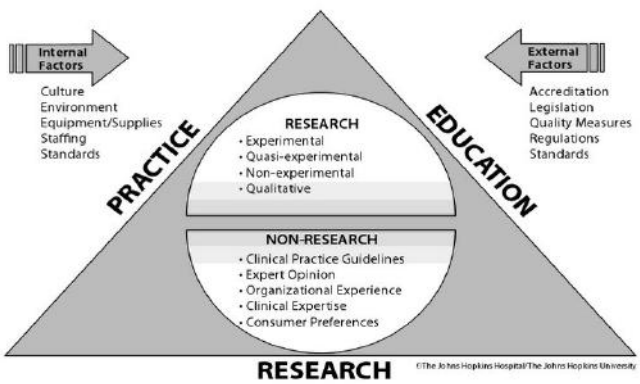


Figure 3.1 The Johns Hopkins Nursing Evidence-Based Practice Model

The 3 phases of EBP

The JH Evidence-based Practice Model consists of three phases:

Practice - Develop and refine your question and your team

Evidence - Search, appraise, summarize and synthesize internal and external sources of evidence.

Translation - Create and implement an action plan, evaluate outcomes, disseminate findings.

Poster Abstract

Johns Hopkins Nursing EBP: Levels of Evidence

Level I

Experimental study, randomized controlled trial (RCT)

Systematice review of RCTs, with or without meta-analysis

Level II

Quasi-experimental Study

Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis.

Level III

Non-experimental study

Systematic review of a combination of RCTs, quasi-experimental and non-experimental, or non-experimental studies only, with or without meta-analysis.

Qualitative study or systematice review, with or without meta-analysis

Level IV

Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence.

Includes:

- Clinical practice guidelines
- Consensus panels

Level V

Based on experiential and non-research evidence.

Includes:

- Literature reviews
- Quality improvement, program or financial evaluation
- Case reports
- Opinion of nationally recognized expert(s) based on experiential evidence

Barriers in EBP

- Lack of value for research in practice
- Difficulty in bringing change
- Lack of administrative support
- Lack of knowledge mentors
- Lack of time for research
- Lack of knowledge about research
- Research reports not easily available
- Complexity of research reports
- Lack of knowledge about EBP

- **References**

1. Dearholt, S., Dang, Deborah, & Sigma Theta Tau International. (2012). *Johns Hopkins Nursing Evidence-based Practice : Models and Guidelines*.

2. https://researchguides.uic.edu/c.php?g=252564&p=1683884

[P3]

Mrs. Betcy K Jayims
Assistant Professor
Bishop Benziger College of Nursing, Kollam

INTRODUCTION

The concept "best practice in nursing" is an important one. New knowledge based on nursing and related interdisciplinary research is rapidly expanding. Provision of high quality care depends on translating research-based knowledge into real-life nursing practice. Regrettably, methods used by many nurses in the past, such as attending conferences, networking with colleagues, and reading professional journals, can barely keep pace with the array of potentially valuable practice-related reports released

Best practice" refers to nursing practices that are based on the "best evidence" available from nursing research. The goal of "best practices" is to apply the most recent, relevant, and helpful nursing interventions, based on research, in real-life practice.

BEST PRACTICE IN NURSING SERVIC

Pediatric inpatient safety and quality of care are dynamic and complex phenomena.

- Development: As children mature both cognitively and physically, their needs as consumers of health care goods and services change. Therefore, planning a unified approach to pediatric safety and quality is affected by the fluid nature of childhood development.
- Dependency: Hospitalized children, especially those who are very young and/or nonverbal, are dependent on caregivers, parents, or other surrogates to convey key information associated with patient encounters. Even when children can accurately express their needs, they are unlikely to receive the same acknowledgment accorded adult patients. In addition, because children are dependent on their caregivers, their care must be approved by parents or surrogates during all encounters.
- Different epidemiology: Most hospitalized children require acute episodic care, not care for chronic conditions as with adult patients. Planning safety and quality initiatives within a framework of "wellness, interrupted by acute conditions or exacerbations," presents distinct challenges and requires a new way of thinking.

- Demographics: Children are more likely than other groups to live in poverty and experience racial and ethnic disparities in health care.

BEST PRACTICE IN NURSING EDUCATION

Best practices in nursing education presents evidence demonstration, how people learn and suggests best practices with implications for curricular development.

- Research on Learning.
- Evidence on Best Practices in **Teaching** and Learning in **Higher Education**.
- Evidence on **Aspects of Teaching and Learning in Nursing Education**.
- Evidence Regarding Pedagogical Strategies.
- Faculty Development and Evaluation.

BEST PRACTICE IN NURSING RESEARCH

The implantation of quality management systems can bring organizations innumerable benefits, with certification being part of the quest to improve quality[1]. The conceptualization of quality in health is held to be complex, which entails the need for understanding on the part of professionals in relation to the logic behind this process.

- Education as Best Practice in Risk Management
- The Critical Analysis of the Context as Best Practice in Risk Management
- The Multiple Dimensions of the Management as Best Practice in Risk Management

CONCLUSION

"**B**est practices" among nurses and others who provide day-to-day care to older adults. In this context, "best practice" means the use of care concepts, interventions and techniques that are grounded in research and known to promote higher quality of care. Best practices are critical to the advancement of nursing care excellence because they are evidence-based. Evidence-based health interventions are proven to be effective because they are based on systemic empirical research

[P4]

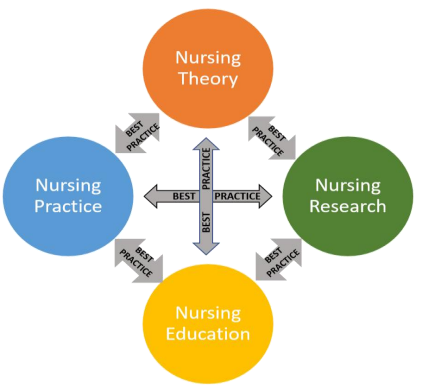
Mrs. Jyothilakshmi J, Nursing Tutor

Bishop Benziger College of Nursing, Kollam

What is a 'Best Practice'?

A technique or methodology that, through experience and research, has proven to reliably lead to a desired result.

Best Practice in Medical Education: A commitment to using the knowledge, methodology and technology at one's disposal to ensure success in medical training.There are interactive teaching and learning – How and when to use simulation – Inclusion in procedural training , Burnout – Prevalence and identification – Prevention and treatment.



Nursing Theory, Research, Education, & Practice are Linked
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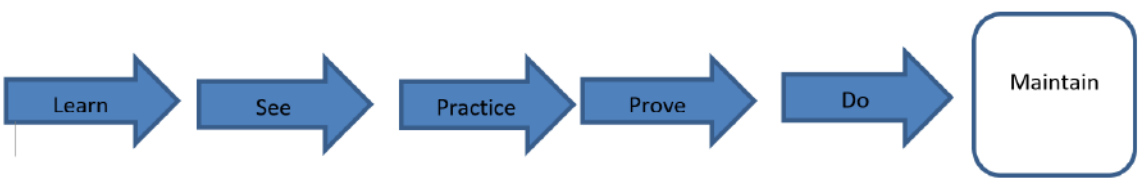
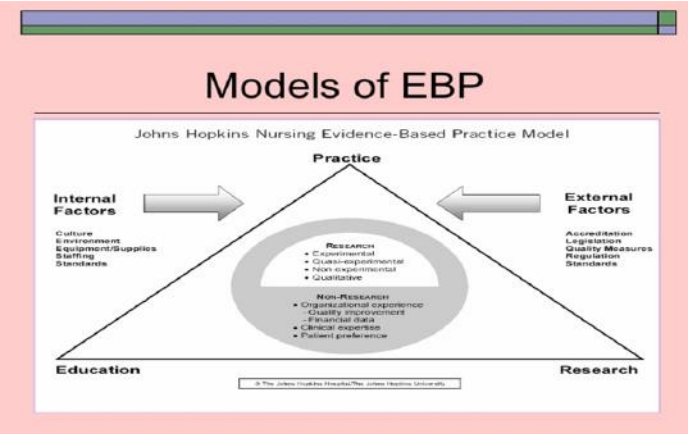


Best Practice in Clinical Nursing: Nurses face a variety of ethical situations in their day-to-day practice, and these seven values act as guideposts.

- Providing safe, compassionate, competent and ethical care
- Promoting health and well-being
- Promoting and respecting informed decision-making
- Preserving dignity
- Maintaining privacy and confidentiality
- Promoting justice
- Being accountable



Reference: ttps://www.google.co.in/search?q=best+practices+in+clinical+nursing&tbm=isch&tbs=rimg

[P5]

EFFECT OF HOT WATER FOOT BATH THERAPY AND TEPID SPONGING AMONG CHILDREN WITH FEVER.

Dr. Premaletha. T, Associate Professor
Gov. College of Nursing, Trivandrum

A wide range of childhood illness are accompanied by fever. Fever is said to occur in children when body temperature is above 37^0C (98.6^0 F). It occurs when various infectious and non-infectious processes interact with the host's defense mechanism. Several methods have been recommended to reduce the fever in children, which include tepid sponging, warm water bath, fanning, alcohol sponging and antipyretics. The present study was intended to compare the effect of hot water foot bath therapy and tepid sponging in reducing fever among children of age group 4 to 12 years admitted in paediatric medical wards and casualty department of Sree Avittam Thirunal Hospital, Thiruvananthapuram. Sample size of the study was sixty children thirty in each arm. After obtaining informed consent from the parents, children satisfying inclusion and exclusion criteria were selected and checked the initial temperature, administered syrup or tablet paracetamol and immediately after that provided hot water foot bath therapy in one arm

and tepid sponging in other arm for about 15 minutes. Then the temperature was assessed using standardized oral thermometer after 15 minutes, 30 minutes, 45 minutes of initiation of intervention among children of both arms to know the temperature reduction. It is evident from the study that both external cooling measures were found to be effective. But at different timing the children receiving hot water foot bath therapy reduction in temperature at 30 minutes were found to be significant at p value (0.001) and among children receiving tepid sponging the reduction in temperature at 15 minutes were found to be significant at p value (0.016).

Key words: Effect, Hot water foot bath therapy, Tepid sponging, Fever.

[P6]

EVIDENCE BASED PRACTICES

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Bishop Benziger College of Nursing, Kollam

INTRODUCTION

During 1980s the term "evidence-based medicine" emerged to describe the approach that used scientific evidence to determine the best practice. Evidence based practice movement started in England in the early 1990s . Evidence-based medicine (EBM) or evidence based practice (EBP), is the judicious use of the best current evidence in making decisions about the care of the individual patient.

Evidence based practice:

It is systemic inter connecting of scientifically generated evidence with the tacit knowledge of the expert practitioner to achieve a change in a particular practice for the benefit of a well- defined client / patient group.

Evidence based nursing-

It is a process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences

NEED FOR EBP

•For making sure that each client get the best possible services.

• Update knowledge and is essential for lifelong learning.

•Provide clinical judgement.

• Improvement care provided and save lives.

GOAL OF EBP

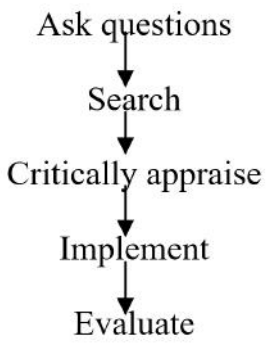
Provide practicing nurse the evidence based data to deliver effective care.

• Resolve problem in clinical setting.

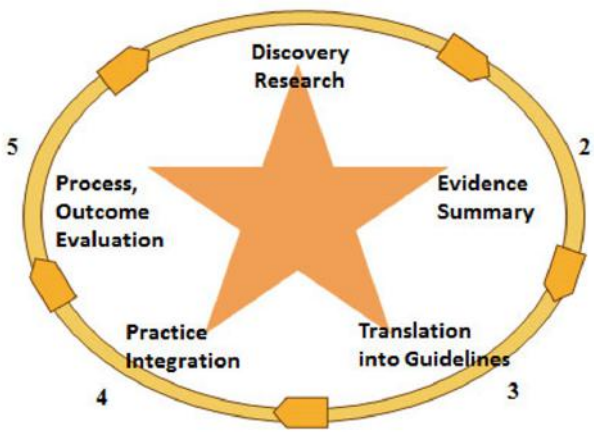
• Achieve excellence in care delivery.

- Reduces the variations in nursing care and assist with efficient and effective decision making.

STEPS



MODEL



BARRIERS IN EBP

• Lack of value for research in practice

• Difficulty in bringing change

• Lack of administrative support

• Lack of knowledge mentors

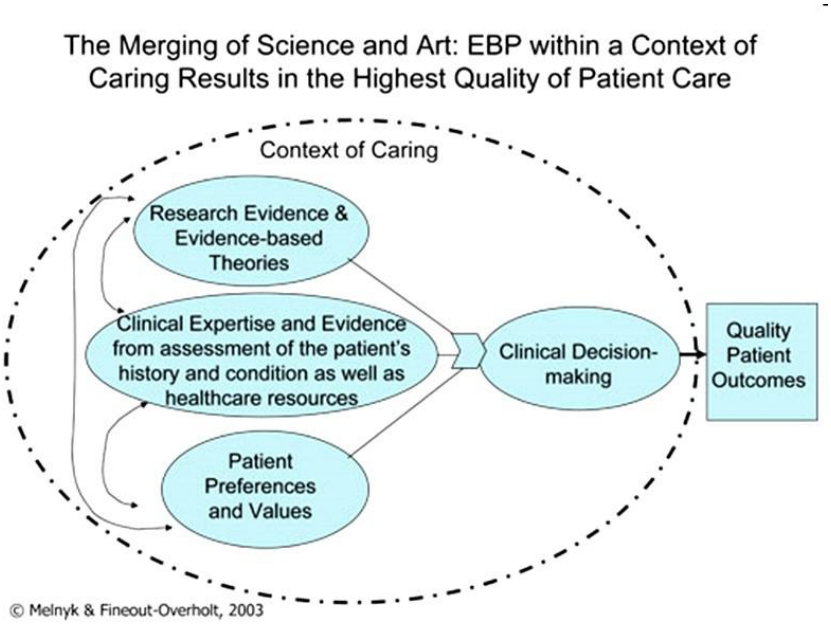
ADVANTAGES OF EBP

- Provide better information to practitioner
- Enable consistency of care
- Better patient outcome

DISADVANTAGES OF EBP

- Not enough evidence for EBP
- Time consuming
- Reduced client choice
- Reduced professional judgement/ autonomy

IMPLICATIONS FOR NURSING MANAGEMENT



CONCLUSION

Evidence-based nursing care is a lifelong approach to clinical decision making and excellence in practice. Evidence-based nursing care is informed by research findings, clinical expertise, and patients' values, and its use can improve patients' outcomes.

[P7]

ABSTRACT FOR POSTER PRESENTATION

Prof. Annal Angeline, Mrs. Joyce Yesudas, Mrs.Nisha John

Department of Obstetrics And Gynaecology

(Bishop Benziger College of Nursing)

Introduction

The only constant feature in this world is change. While all the change may not lead to progress, there can be no progress without change. This is true for the individual, institution, organization or the country. Civilization owes its existence to change. The success or even survival of an institution or organization on depends on making necessary changes.

Innovation is the act of constructive thinking , grouping knowledge , skills and attitude into new original & rational ideas

Need of innovation:

1 Innovation to central to maintaining and improving quality of care

2. Growing demands in health services

3. Global workforce shortage

4. Increasing advance in the healthcare field

5. Emerging clinical/nursing specialities

Innovation in nursing education

- Handheld computers in nursing education
- Videoconferencing and web based conferencing
- E-learning
- Service-learning
- High fidelity patient simulator
- Tele teaching
- Micro teaching
- Nursing informatics
- Nursing mobile library
- Staff and student recruitment
- OSCE &OSPE

Innovation in clinical practice area

- Computer assistance
- Wireless technology
- Evidence based practice
- Patient classification by activity & acuity of illness

Poster Abstract

Innovation in administration and management

- Manual based procedures
- TRIAGE based emergency care
- Awareness on nursing ethics
- Magnet Hospital Status
- Computer-based records
  - ⇒ Computerized physician order entry (CPOE)
  - ⇒ Clinical decision support system (CDSS)
- Electronic medical records
- Outsourcing
- Benchmarking:

Innovation in research

- Increased focus on outcome research
- Using nursing research to promote EBP
- Promotion or research utilization
- Expanded dissemination
- Electronic publication

Innovation in primary and community health care

- Innovation in health promotion and disease prevention
- Application of telenursing in home care
- Population based health care

Innovation implementation

- Dissemination
- Diffusion

Conclusion

Unlocking the power of innovation requires the engagement of nursing staff with clinicians at the bedside. Innovative leaders, given the conceptual framework, innovation methods, and organizational support structures and systems, can drive significant innovation and change within a healthcare system. Nurses are mastering the concepts and skills of innovation and making a tremendous difference in the practice of nursing, thus improving patient care.

[P8]

POSTER PRESENTATION ON BEST PRACTICES IN NURSING

Prof. Anand S, Mrs. Anu S Khosh, Mrs. Sajini Raju
Department of Mental Health Nursing,
Bishop Benziger College of Nursing, Kollam

Introduction

Nursing is an art and science of caring. According to Virginia Henderson, "the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge."

What is Best Practice in Nursing?

Use of the phrase "best practice in nursing" has become increasingly popular over the last few years. At the same time, a clear and consistently used definition of what "best practice" really constitutes remains unavailable to many practicing nurses. In many cases, "best practice" refers to nursing practices that are based on the "best evidence" available from nursing research. The goal of "best practices" is to apply the most recent, relevant, and helpful nursing interventions, based on research, in real-life practice. Although other terms for infusing day-to-day nursing practice with research-based interventions have been used in the past (e.g., research utilization, research-based practice), the phrase "best practices in nursing" is the most popular today.

The implications in nursing is widened over

Nursing service
Nursing education
Nursing management
Nursing research

BEST PRACTICES IN NURSING EDUCATION

Learning: Providing different ways for students to access and learn content, demonstrate their learning, and engage in the coursework.

Teaching: Providing professional development opportunities to educators for using technology, understanding privacy and security issues, and collaborating outside of your institution.

Leadership: Having a vision for the use of technology to enhance achievement of student learning outcomes.

Assessment: Having assessment strategies for providing feedback to learners, and having valid and reliable measures to assess student learning.

Infrastructure: Providing adequate means for students to engage technology and utilizing openly licensed educational resources.

Research on Learning.

Evidence on **Best Practices** in Teaching and Learning in Higher **Education**.

Evidence on Aspects of Teaching and Learning in **Nursing Education**.

Evidence Regarding Pedagogical Strategies.

Faculty Development and Evaluation.

Mentor Mentee system

Subject Clinics

Guidance and Counselling Cells

Continuing Nursing Education Programs

BEST PRACTICES IN NURSING PRACTICE

Throughout their daily routines, nurses need to use best practices. The following are examples of nursing best practices in these three areas:

1. Nurse-to-nurse shift change.
2. Prevention of infection.
3. Patient care and discharge.

Nurse-to-nurse shift change.

In a clinical setting, the term "shift change" may be used interchangeably with any of the following:

Handoff.

Handover.

Sign-out.

Cross-coverage.

Shift report.

The most important element in nursing best practices is communication — especially during a shift change. During a shift change, nurses record and transfer important patient information, and it is imperative that the information is accurate and complete. A successful handoff happens without interruption to a patient's care. Regulatory agencies such as the Agency for Healthcare Research & Quality, The Joint Commission and the National Quality Forum have established protocols for handoffs. Details of a patient's care should not have any omissions regarding medication regimen or treatments, and the new attending nurse should know about any patient restrictions or physical needs. During a shift change, there should be full staff coverage so nurses are free from distractions. The shift change handoff should include the submission of accurate and up-to-date patient documentation and the opportunity to ask questions. The on-duty nurse should verify patient information

by reading it back to the end-of-shift nurse.

Prevention of infection.

The evidence-based practice for combating the spread of infection consists of these standard care procedures:

Hand hygiene.

Barrier protection.

Decontamination.

Antibiotic stewardship.

A nurse should conduct hand hygiene after every interaction with a patient and when entering and exiting a patient's room. Barrier protection includes wearing gloves, gowns, masks and goggles. Decontamination of the room and equipment is necessary in reducing and preventing the spread of infection. Antibiotic stewardship is critical to stopping the overuse of the treatment. Antibiotics should only be used when other methods fail and the therapy should be closely monitored. In extreme cases, patients with an active infection may have to be isolated.

Patient care and discharge.

Hospitals are implementing best practices for patient care follow-up and discharge instruction. Care rounding is used to reduce the need for the patient's call light. Typically, patients push the call button to notify nurses that they need urgent care. Nurses who institute a care-rounding schedule are more accessible to patients. This procedure reduces the number of times patients use the call light to summon a nurse for a non- emergency reason.

When patients are ready for discharge, they are often impatient and unable to retain a nurse's instructions about medications or home care. Care calls allow nurses to check up on discharged patients and answer any questions. Generally, a nurse will make a care call 48 to 72 hours after a patient is discharged. Care calls build relationships between nurses and patients and improve patients' satisfaction regarding their healthcare experience.

Some hospitals are including both care rounding and care calls as part of their best practices. By adding technology, nurses can streamline the discharge process. They can upload instructions to a patient's phone or computer and send patients the following items:

Links to healthcare resources.

Insurance information.

Reminders about healthcare instructions.

BEST PRACTICES IN NURSING RESEARCH

Evidence-Based Practice in Nursing

Evidence-based practice emerges from evidence-based medicine (EBM), which is defined as the conscientious, explicit, and judicious use of current best evidence in making

decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. Systematic research implies a number of things. First, it connotes use of research that is rigorous and well designed. Systematic research also suggests use of findings that have been supported in a series of studies. Systematic reviews use randomized clinical trials as the gold standard by which evidence is judged. The process of grading research using preset criteria means that all evidence from research is not considered of equal value, and some may not be admissible at all. Decisions are guided by the hierarchy used by the organization or person to evaluate the evidence.

The hierarchy for levels of evidence set forth by the Agency for Healthcare Research and Quality is often used in nursing. Those criteria include, from most valued to least valued.

I. A. Meta-analysis of randomized controlled trials

I. B. One randomized controlled trial

II. A. One well-designed controlled study without randomization

II. B. One well-designed quasi-experimental study

III. Well-designed non experimental studies (e.g., comparative, correlational, other descriptive studies)

IV. Expert committee reports, expert opinions, consensus statements, expert judgment

BEST PRACTICES IN NURSING MANAGEMENT

Transformational leadership

Organizations constantly face changes that require an increasingly adaptive and flexible leadership. This type of adaptive leadership is referred to as 'transformational'; under it, environments of shared responsibilities that influence new ways of knowing are created. Transformational leadership motivates followers by appealing to higher ideas and moral values, where the leader has a deep set of internal values and ideas. This leads to followers acting to sustain the greater good, rather than their own interests, and supportive environments where responsibility is shared. Its application to nursing is through the four components of transformational leadership which are idealized influence, inspirational motivation, intellectual stimulation and individual consideration.

Patient assignment systems

Accreditation, licensure and certification

Staff morale

Patient satisfaction surveys

Employee satisfaction surveys

Guidance and counselling services

Conclusion

The concept "best practice in nursing" is an important one. New knowledge based on nursing and related interdisciplinary research is rapidly expanding. Provision of high quality care depends on translating research-based knowledge into real-life nursing practice.

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PATIENT SAFETY

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Patient safety is a discipline that empazsizes safety in health care through the prevention, reduction, reporting and analysis of medical error that after leads to adverse effects.

Patient safety

- Environmental safety
- Medical safety
- Surgical safety
- Electrical safety
- Laboratory safety
- Sanitation infection control
- Blood safety
- Equipment installation safety

Five rights

- Right drug
- Right dose

- Right route
- Right time

Patient safety Goals

- Identify patient correctly
- Improve effective communication
- Improve the safety of high alert medication
- Ensure correct site, procedure, patient surgery
- Reduce falls
- Reduce infections

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STANDARDS OF PSYCHIATRIC-MENTAL HEALTH CLINICAL NURSING PRACTICE

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INTRODUCTION : PSYCHIATRIC NURSING PRACTICE

In 1873, Linda Richards graduated from the New England Hospital for Women and Children in Boston. She went on to improve nursing care in psychiatric hospitals and organized educational programs in state mental hospitals in Illinois. Richards is called the first American psychiatric nurse; she believed that “the mentally sick should be at least as well cared for as the physically sick” (Doona, 1984).

STANDARDS OF CARE: PROFESSIONAL PRACTICE STANDARDS

Standard I. Assessment

Standard II. Diagnosis

Standard III. Outcome Identification

Standard IV. Planning

Standard V. Implementation

Standard Va. Counseling

Standard Vb. Milieu Therapy

Standard V. Evaluation

Poster Abstract

STANDARDS OF CARE: PROFESSIONAL PERFORMANCE STANDARDS

Standards VII. Peer review – To assure quality care

Standards VIII. Continuing education

Standards IX. Interdisciplinary collaboration

Standards X. Utilization of community health system

Standards XI. Research

PSYCHIATRIC MENTAL HEALTH NURSING PHENOMENA OF CONCERN

• The maintenance of optimal health and well-being and the prevention of psychobiologic illness

• Self-concept changes, developmental issues, and life process changes

• Problems related to emotions such as anxiety, anger, sadness, loneliness, and grief

• Alterations in thinking, perceiving, symbolizing, communicating, and decision-making

• Behaviors and mental states that indicate the client is a danger to self or others or has a severe disability.

• Symptom management, side effects/toxicities associated with psychopharmacologic intervention, and other aspects of the treatment regimen

AREAS OF PRACTICE : BASIC-LEVEL FUNCTIONS

• Counseling

• Milieu therapy

• Self-care activities

• Psychobiologic interventions

• Health teaching

• Case management

• Health promotion and maintenance

ADVANCED-LEVEL FUNCTIONS

• Psychotherapy

• Prescriptive authority for drugs (in many states)

• Consultation

• Evaluation

CONCLUSION

The standard of leadership is one of the most important, since it requires psychiatric nurses to think beyond their immediate care giving responsibilities to the way in which they can impact the broader health care environment. Their interactions with other nurses and providers, health care administrators, and the public define them and reflect on their profession.

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