A Change in the Concept of Training

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A W.H.O. committee in 1974 identified and recommended that if Nursing services are destined to respond to the real needs of the community, then Nursing education should reflect those needs. In 1979 an I.C.N. committee suggested that nurses can act as multichannel communicators as they are very close to the health problems and understand community needs clearly. So, realisation must come within them and as an agent of change they must be equipped with the relevant knowledge and skills to remove the gap between service providers and consumers.

The present status of Nursing education reveals the fact that unless a drastic change is brought about in the philosophy, objective and curriculum it will be difficult for us to provide community health Nursing services as per the global strategy. An analysis of the cirruculum indicates that the manuals and job responsibilities are directly related to fertility (Report of USAID: Sept., 1983) and child mortality reduction related tasks. The Health worker (F) course curriculum has:

(1) More theory than the minimum required in certain areas - Anatomy and Physiology.

(2) Orientation in theory and practice of how to teach and supervise village-level workers, TBAs and Health Workers(F) are inadequate.

(3) Health Assistant(F) curriculum lacks adequate content on supervisory skills and record keeping.

(4) Studies done by USAID have shown deficiencies in training also,

They found that

- In most of the institutions the educational objectives are subordinate to service objectives.

- The text books, manuals and teaching aids are mostly foreign publications and some of them are out of print yet prescribed in the syllabus and difficult to buy and read: if, at all they are available they are not fit for our community and the languages of the books are difficult for the health workers to understand correctly.

- Audio-visual aids, charts, models and kits, prescribed as teaching tools by the INC are not specified and at times not based on the locally available resources.

Besides these, there are other problems that bring about distortions in practice during the service period. They are as follows:

Nursing education is mostly imparted in the hospital setting in the District and Medical College hospitals which mainly cater to the curative purposes and are primarily procedure-oriented with little orientation to the community service needs. They do not give importance to the socio-cultural, economic and family problems related to care.

The students are not exposed to the community during the training period in the beginning and this situation does not allow the students to develop a sense of self-reliance, understanding and confidence to be able to practise community health Nursing service after training. Thus also it creates and develops a negative attitude in the students which inhibits them in coming forward and serve in the community.

The Main Lacunae

In the community field training, there is no ideal field demonstration area where the students can be educated and gain complete knowledge about community field practice. Where it exists, it does not have facilities for continuity of service when the students are not in the field area for example, in vacation, examination, etc. Thus, usual and common practice in most of our institutions are to orient the students to know field survey and provide service whenever needed without planning. They do not get a chance to involve themselves with the community and learn from the society. Hence, after training when they are directly sent to the community, they feel inadequate and try to shirk work or are maladjusted. Thus, effective service is not being delivered to the community. The main lacuna in Nursing education is that it does not prepare students for entry into the primary health care situation and poor confidence developed due to poor training programmes and incomplete experience.

Most of our institutions are classroom-oriented where the students are familiar with pen and paper. This type of exposure does not allow students to be practical-oriented and to develop self-understanding and improving them in practical situations which they face during their service period.

Effectiveness implies cost effectiveness. Since education is costly, it must be effective for its purpose and thus it should be based on cost effectiveness.

The process of education in Nursing should prepare Nursing personnel who can accept the professional challenges as qualified community nurses and Nursing leaders to be able to satisfy the needs of the common masses.

To overcome all the above problems our first step should be to select the candidates and prepare them in such a manner that they are able to accept community health Nursing by developing a postive attitude towards services of the poor, rural and illiterate masses within their own cultural, socio-economic and available resources and guide them to achieve positive health within their limitations.

It is also essential that supervisors and leaders should not feel reluctant to supervise the students continuously in the field and provide guidance to make

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them able to indentify, analyse and solve problems in their own way applying certain common scientific principles. All nurse teachers must develop a positive attitude towards community health Nursing service and unite together to facilitate community health Nursing service educational programme, which is a present challenge for achieving Health for All. It is matter of deep regret that in spite of different reports making pointers for the urgent need of curriculum change by INC, not much has been done in this direction.

Three Levels of Service

Nursing education provided must be based on the operation of the health services at three levels-peripheral, intermediate and national levels. It should also be related to the international points of view.

Education in various places should be based on their own geographical, social, cultural and political structure so that it can be practised in each level effectively. The philosophy and objective of Nursing education needs to be changed keeping in view the objectives of primary health care with maximum importance and time given to community health care practice.

Certain goals and general principles must be set and applied to the curriculum to see the effectiveness of the community health Nursing programme.

At the first level of community Nursing care or primary health care all essential elements must be taught to make the worker fit for providing primary health care.

At the intermediate level, more complex health problems which need specialised and skilled care and referral service which is to be taught to facilitate the linkage of care between institutional Nursing service and family health care service.

At each level, continuing education, supervision, guidance and support must be given top priority.

Education should be planned in such a manner that it should be fit for the practical aspects of community health Nursing where there is sharing of knowledge between community and students.

Philosophy and curriculum of Nursing should give priority to the community health Nursing service needs of the community. It should begin from the entry of the student to the profession and the maximum period of training should be utilised for preventive and promotive aspects of the community field training programme esspecially in rural areas which constitute 80% of the total population. This will give the student an opportunity to compare the community with his own situation and to find individual difference both in life-style and health habits.

Grounding in Nursing theory should be provided in such a way that it is practicable and each trainee of primary health care service must practise it during her exposure to the community based on various resources available in various circumstances in the community.

Local language and culture should be given importance in the training programmes to bring about attitudinal changes in the pattern of health practices of the given community.

Research should be oriented in the beginning of the educational period to help the students to develop an understanding of importance of research as a medium for evaluating and planning of community health Nursing practice. Thus research mentality can be developed within them to practise during the service period.

Needs of the Community

While making teaching programmes the needs of the community should be take into consideration on a priority basis. In formulating such plans the entire team of teachers together with representatives from senior student groups ahould be consulted.

The teachers involved in community health teaching must develop a positive attitude towards curriculum changes for primary health care approach and have motivation for it.

Principles of community involvement which is the cornerstone of primary health care must be ingrained in all aspects of teaching

The TBA and VHG training programmes should be given priority and Health Workers must be prepared to train them in the field through their personal ability and intelligence based on the level of understanding of traditional healers. Thus each worker in the primary health care must be prepared to become worker, leader and trainer as the situation demands.

Students should learn to use the bottom-up approach during their educational period at each level on the Nursing educational programme.

There should be a field demonstration area for each Nursing institution where all facilities for continuity of the community health Nursing service is made available both during the presence and absence of the students in the field demonstration area. This is not only to educate the students for the success in the examination and complete training programme but to encourage and educate them to serve the consumers of the health care service after training with competence at their own management capacity.

The teachers should give up the practice of teaching by pedagogy. They should be facilitators and should not be patronisers of giving knowledge. The student-teacher relationship should be such that the students while dealing with the community exert for the same role during their service period.

The teaching methodology should change in order to build up the potentialities of the individual trainers. Thought should be given so that the trainee develops a life-long interest in gaining knowledge regarding future development in technologies and skills.

For all these changes and challenges to face in-service education, orientation training is very important at each level for our nurse teachers and supervisors to deliver services to bring about changes in the training programme to be fit to the national policy and strategy and meet global objectives.

(Contd. on Page 157.)