Emerging Challenges of Nursing Education

Panel Discussion by Faculty of Nursing, PGI, Chandigarh

Chairperson : Mrs. S. A. Samuel, Members : Mrs. Kanta Sangar, Mrs. Prem Verma, and Mrs. Avinash Rana

EDUCATION IS the most effective instrument to meet the challenges of the future and also to improve its efficiency and quality. It is only education that can imbue people with knowledge, sense of purpose and the confidence essential for building a dynamic, vibrant, and cohesive nation, capable of providing its people for better and fuller life. The coming generation should have the ability to internalise new ideas constantly and creatively and they have to inculcate a strong sense of commitment to human values and social justice.

Education develops manpower for different levels of the economy. It is also the substrata on which research and development flourish, being the ultimate guarantee of national self-reliance. Therefore, education is a unique investment in the present for the future. This cardinal principle is the key to the national policy on education.

Nursing education is the foundation stone to improve the efficiency and quality of nursing care services. Nursing education must cater to the development of manpower at appropriate levels with the right kind of attitude, knowledge and skills to provide optimum nursing to the needy. It is the best form of investment for health care delivery, as a well-prepared nurse is an asset for delivering the promotive, preventive, curative and rehabilitative services in collaboration with her counterparts in other disciplines. Hence, it becomes important to review the existing patterns of nursing education in the country.

Kanta, could you tell us what are the existing nursing educational programmes, number of schools and colleges for each, and the annual outturn?

Yes, Madam, as you see in Table 1, we have ANM/MPW/or Female Health Workers training programmes for which there are 446 Schools of Nursing (1986 statistics) and the annual outturn is 11,208. The General Nursing and Midwifery (GNM) is taught in 367 Schools with an outturn of 8,202 nurses. There are 19 Colleges of Nursing offering B.Sc.Nursing (4 year programme), and 12 Colleges having B.Sc. Nursing (Post-Basic programmes). The B.Sc. Nursing (Post-Basic) course is for trained nurses with 3 years experience. The annual outturn of these colleges is only 500, which is very less in comparison to 8,202 GNM nurses. Beside these programmes, there are 8 Colleges of Nursing offering M.Sc. Nursing/Master of Nursing with an annual outturn of 50 to 60. Only one college, i.e. RAK College of Nursing, offers M.Phil. with a limited number of seats. Ph.D. in Nursing is available to only in-service candidates at College of Nursing, PGI, Chandigarh.

Table 1: Educational Programmes, Schools/Colleges and Annual Outturn of Nursing Manpower.

Programme	No. of schools/ Colleges	Annual Outturn till 1986
ANM/MPW/FHW	446	11,208
GNM	367	8,202
B.Sc.N-(4 yr)	19	
B.Sc.N (P-B)	12	500
MN/M.Sc.N	8	50
M.Phil.	1	Limited Seats
Ph.D.	1	Only for in-service candidates at present

That means, basically we have three levels of personnel, ANM, GNM and Graduate and post-graduate nurses.

Kanta, can you also tell us what are the current figures showing the existing nursing manpower at various levels of preparation and the gap between existing and the required manpower ?

The Bhore Committee in 1946 recommended one nurse for 400 population. There were many health planning committees thereafter, giving different norms for the development of nursing manpower but till today, we have not yet reached to the Bhore Committees' recommendations even. The gap of three categories of nursing personnel is shown in Table 2. When we see the annual outturn, it looks almost impossible to reach the target by 2000 AD, unless we do something drastically. These figures have been taken from the literature prepared during the National Nursing Convention held in 1988.

Table 2: Number of Nurses required for 800 million population *

	Degree	GNM	ANM	Total
Existing	7000	200000	100000	307000
Required	160000	1600000	200000	1960000
Gap	153000	1400000	100000	1653000
Annual outturn	500	8,202	11,208	11,910

* Nurse-population ration of 1:400 (Bhore Committee)

That is a big gap, and at the present rate of annual education we will not be able to meet the target for the country, leave alone in 2000 AD, not even in 3000 AD.

Prem, can you tell us what are the entrance requirements for the students to various programmes?

The entrance requirements for MPW or Female Health Worker, GNM, B.Sc. Nursing (4-year), B.Sc. Nursing (Post-Basic-2 year) and M.Sc. Nursing/Master of Nursing programmes are as follows. Please note that there is no age limit for B.Sc. Nursing (Post-Basic) and M.Sc. Nursing. The male nurses who do not do Midwifery have to do one of the 8 courses of 6 months' duration as prescribed by the Indian Nursing Council.

Entrance requirements for various programmes in Nursing (INC)

Programme	Educational requirements	Age
MPW	Matric from CBSE or equivalent	16-23
GNM	10+2 with science subjects (revised 1986)	17-22 (relaxed upto 35 for MPW, LHV)
B.Sc. Nursing (4-year)	10+2 with Sc.& Eng. or its equivalent	17 minimum
B.Sc. Nursing (Post-Basic)	10+1/Hr.Secy./Inter. or its equivalent, RN,R.M., 2-3 ys.expce as S/N/PHN	No age limit
B.Sc. Nursing (P-B) for Male	RN, One of pres. courses of six months (after '86)	No age limit
M.Sc. Nursing	B.Sc Nsg.from Instt./Univ. recognized by INC, RN, RM, 2 ys expce in hosp./PHC or educational institutions.	

Avinash, in terms of the pace of advances in all fields, what changes would you suggest in order to attract the right type of students ?

In this regard, I would like to say that majority of the public is ignorant about nursing. The nurses have to do a lot of publicity to educate the public in relation to the role performed by the nurses and the type of educational programmes they have undergone. It can be done through mass media like newspapers, handbills insertion in popular magazines, etc. Nowadays, TV is the most effective medium. The Nursing leaders should be chosen to give programmes on TV and Radio. Video and audio cassettes should also be made available for the use in schools and colleges to attract the prospective candidates under going +2 programmes. It can also be done through periodical visits of nursing experts to schools and colleges.

The nursing students should also pass the entrance examination conducted for MBBS and BDS as practised in Kerala. This test should be named as "combined entrance test for the training of health professionals".

I would also like to suggest that there should be a ladder approach to curriculum to go from lower to higher education, e.g., ANM programme can be considered as vocational course at +2 level, so that a candidate can aspire to go for B.Sc. Nursing whenever possible. Similarly, those who have done GNM should be allowed to do B.Sc. Nursing directly after GNM, and a B.Sc. Graduate should be able to do M.Sc. Nursing without any break after studies to gain experience before enrolling for M.Sc. Nursing.

That way, we can save time in preparation of nurses for quality care. It will also reduce the burden on the Government for sending candidates on deputation for B.Sc. Nursing (Post-Basic) from their jobs. The individual will also have student status and less burden of family responsibilities which they have due to break in educational career. The need for experience is often a stumbling block for energetic career aspiring candidates.

Kanta, you have been a teacher for quite some time. What kind of opportunities do you think, should be provided for all-round development of the students ?

First of all, I think we need to provide a conducive learning environment for the students. I have tried to put all needed opportunities for all-round development of a nursing student in a concise form listed below:

Opportunities for all-round development of Nursing Students.

1. Control of learning environment:
   - Physical set-up of classroom: light, heat and ventilation
   - Set regulation for attendance and absence
   - Allow students to handle instructional material
   - Economy of time and effort (giving duplicated paper rather than dictating notes)
   - Prevention and decrease of confusion (control students' activities and movements in the classroom)
   - Teaching of good study habits

2. Good clinical field where quality care is practised.

3. Preparation of teachers who act as role models.
   - Enthusiastic
   - Confident and having trust in students
   - Sympathy: having insight, react to things and have tact
   - Justice: fairness in evaluation, no partiality
   - Personal appearance: neat, clean and good taste
   - Knowledge: mastery of subject and teaching methods.

4. Maintenance of discipline:
   - Organising activities in an orderly manner
   - Teaching self-control to create favourable attitudes
   - Involving students in decision-making
   - Formulating student government
   - Framing written policies
   - Formulating Discipline Committees and have the students as member of such Committees
   - Guidance and counselling programmes
   - Avoid use of sarcasm, threat, forced apology
   - Avoid punishment of the group for offence of one student
   - Deprivation of privileges, if necessary
   - Change of seat to remove students from the influence of others who cause trouble
   - Create an atmosphere of discipline as far as possible

5. Motivation-stimulation of action as desired.
   Incentives-praise
   - Competitions

- Knowledge of the progress

6. Arranging co-curricular and extra-curricular activities.
   - Debates, declamation contests, elocution contests
   - Literary competitions, e.g. essay, poetry, quiz
   - Picnics, excursions, field visits
   - Conferences, symposia, etc.
   - Sports and indoor games
   - Variety entertainments
   - Organising exhibitions

7. Inculcate good health habits.

8. Provide elective subjects, like music, economics, etc.

Prem, do you have something to add to Kanta's views?

If we compare our students with other professional students, i.e. medical, engineering, architecture and so on, they are not getting the proper students' status. They are being utilised more for giving services in hospitals rather than giving them the required educational experience. In a few places, they are placed on duty on three shifts like trained persons because of shortage of manpower; sometimes they don't get adequate day or night offs and face lack of supervision also. As a result, the students are deprived of the essential educational experience and in certain places they even do not get the community health experience. Perhaps the situation may be continuing because the government or administration is paying money on their education, and in lieu of that they expect services as output, which is detrimental for the quality preparation.

That means you are proposing to do away with the stipend system existing in diploma programmes. May be this will help.

Avinash, will you tell us about the norms recommended by the Indian Nursing Council for staffing a School or a College of Nursing?

First of all I will explain the staffing pattern required for a School of Nursing where Female Health Workers training and GNM training is going on. This pattern is recommended by INC.

Staffing pattern for School of Nursing for ANM/FHW for intake of 30 students or less (60 students).

Principal Nursing Officer	1
Public Health Nurse	2
Nursing Tutors	2
Senior Sanitarian	1
Total	6

Staffing pattern for GNM Programme for an annual intake of 50 (150 students)

Principal	1
Vice-Principal	1
Tutor/Clinical Instrs	15

and one Tutor for every additional 10 students.

For University-level degree programme, a cadre is proposed in each speciality

Staffing pattern for College of Nursing (50-100 intake)

Department	Prof	Assoc. Prof.	Lect-urer	Asstt.Lect/ Demonstrator
C/H/Nursing	1	1	1	5
Obst./Gynae.	1	1	1	3
Psychiatric Nsg.	1	1	1	2
Paediatric Nsg.	1	1	1	3
Med.Surgical Nsg.	2	3	4	3
Admn. and Edn.	1	-	1	1
Total	7	7	9	17

Full-time External Lecturers - Microbiology, Pathology, Psychology, Anatomy and Physiology.

Part-time Lecturers - Nutrition, Pharmacology, Sociology, Social and Preventive Medicine and Language.

For M.Sc. Nursing, an Addl. Assoc. Professor and Lecturer is recommended for each speciality in which M.Sc. Nursing is offered. Also, one Assoc. Professor and one Lecturer each in education and administration.

The qualifications and experience laid down for those positions are as under.

Qualifications and experience of teaching staff for GNM:

Position	Qualifications and experience
Principal Nursing Officer	M.Sc.Nsg. with 3 years teaching and admve. expce, or B.Sc. Nsg with 5 years teaching and admve. experience or Diploma in Nursing Edn and Admn. or equivalent Post-Basic Diploma with 8 years experience.
Vice-Principal	Same as above.
Tutor/ Clinical Instructor	M.Sc.Nsg. or B.Sc.Nsg. or Diploma in Nsg.Edn and Admn., or other equivalent Post-Basic Diploma with 8 years teaching & admve. experience in nursing
Principal/ Professor	M.Sc.Nsg. desirable. Independent published work of high standard/Doctorate degree-10 years experience in teaching in College of Nursing and 3 years experience in administration.
Professor	Same qualification as above, 8 years teaching experience in a College of Nursing.
Assoc. Prof./ Reader	M.Sc.Nsg. in a specialized field with 5 yrs. teaching expce. in a Collegiate programme.
Lecturer	M.Sc.Nsg. in specialised field with 3 years teaching experience.
Asst.Lect./ Demonstrator	B.Sc.Nsg. with one year's experience in Nursing.

Implementation of these is very important. We have to convince the administration through constant effort. Not only in Schools or Colleges, equivalent positions should be created and filled in Hospital Nursing Service also.

The education of health care professionals cannot be pure teaching, but education, service and research as integral part of each other. The social commitment inherent in health school is "All who teach- serve and all who serve- teach". Hence, acquisition of expertise in the area of speciality is vital.

Prem, how can a teacher keep herself abreast of the current trends in education and what facilities should be provided by the employer for professional development ? Would you like to say something about this?

Of course, a teacher is required to do enough library reading to keep her knowledge uptodate and to be well versed with the current trends in classroom and clinical settings, but that is not sufficient. She must make all possible efforts to attend and participate in conferences, workshops and short courses to refresh her knowledge by sharing ideas. A weekly or fortnightly Journal Club or educational session for one or one-and-half hour is also very helpful for the teachers, where they can solve some of the problems through discussions on current educational trends.

For generating the nursing literature based on Indian situation, the teachers can form small groups to write papers and books. They can also develop positive attitudes to consume the research findings to improve classroom and clinical learning and also participate in nursing research however possible. The teachers can also make efforts to become the members of professional and scientific societies.

A conducive environment is essential for smooth teaching/ learning experience. The school or college library should be well-equipped with adequate and latest books and journals. Not only this, the administration should make all efforts to create and fill all the desired positions recommended by the INC, so that the teachers' work load may be reduced and they get enough time to make use of the library. Funds may be made available and teachers be encouraged to participate in nursing research, so that the solutions to current problems in nursing may be researched for.

The administration should encourage the teachers in this and make provisions for TA, DA and special leave to participate in conferences, workshops and short courses. The employers should also organise continuing in-service education programmes in Nursing from time to time. The administration should also facilitate in organisation of local, regional and national educational programmes, whenever and wherever possible. The teachers should be granted deputation or study leave for higher studies. They may also be trained in planning, implementation and evaluation of the educational programme oriented towards community needs. Provision for exchange programmed within and outside the country may also be made by the authorities in collaboration with the government or any other agency. For facilitating their professional development, the teachers may be given incentives to boost up their morale. For their accountability, an appraisal system may be introduced, where they can perform not only self-evaluation but also accept evaluation by students, peers and seniors.

Kanta, are there any other means that you think can help in making a teacher more effective?

My friend, Prem, has already covered this area but I would like to say that the present curriculum of B.Sc. Nursing (4-year) does not provide enough preparation in the area of teaching technology, curriculum development and evaluation. If we expect them to be the effective teachers this curriculum requires modification. There should be a provision for retraining those with diploma in education at the university level for B.Sc. graduates.

Essentials for teachers to be more effective

Modification of B.Sc.Nsg.curriculum
- emphasis on teaching technology
- curriculum development and evaluation

Diploma in education must for teachers
Retraining through workshops, short courses especially for newer trends and exam. reforms.

Teachers' role is to facilitate learning. Prem, what physical facilities should be provided for better learning of students ?

Every School/College of Nursing provides some facilities to students, but to give better training or to prepare them as professionally well-equipped, we will have to provide adequate facilities for the students. Efforts should be made that the School or College may be located in a separate building near the teaching hospital. There should be adequate number of classrooms, i.e. one with adequate facilities. For 40-50 students, one auditorium, assembly or examination hall, seminar room with provision of AV Aids, and common room for students should be available. Adequate number of toilets and facilities for drinking water are also very essential. For demonstrations and practicals sufficient laboratories should be made, i.e., for Fundamentals of Nursing, MCH, Nutrition, Anatomy, Microbiology and Community Health Nursing. Some provision should be there for future expansion also.

The Library should be with adequate and comfortable seating arrangements, well lighted with heating and cooling arrangements as per climate. Text books, reference books and journals should be in sufficient numbers. Latest books should be periodically added. Daily newspapers should be available. It is desirable to have photo copy machine and duplicating arrangements.

Besides, the Principal's or Principal Tutor's office, room for ministerial staff, keeping records, storing, appropriate equipment and supplies and visitors' rooms are also essential. Teachers should have their offices according to their positions and departments.

According to the requirement of the curriculum, the clinical fields should be available near to School/College.

Clinical learning: For effective clinical learning, we can make use of the Mnemonic work CLIMATE as given here:

C L I M A T E

C	Comprehensive Nursing Care	Clinical Experience, preventive, promotive, therapeutic, rehabilitative.
L	Learning	Gaining skills under guidance
I	I.P.R.	For effective learning and quality patient care
M	Management	Teachers, ward nurses as per INC Norms Adequate equipment and supplies Accountability and discipline Place for discussing case studies, giving H. talks.
A	Attitude	Students, teachers, trained nurses, others.
T	Team	All responsible for patient care must have team spirit.
E	Evaluation	Periodical, throughout on uniform guidelines.

Comprehensive Nursing Care: The emphasis should be given to comprehensive nursing care, including its essential components, i.e., preventive, promotive, therapeutic and rehabilitative aspects of patient care.

Learning: For learning skills, the students should practise the new procedures under guidance of their teachers/trained persons till they feel self confident.

Inter-personal Relationship: Students, teachers, ward staff, doctors, patients/families and others responsible for direct or indirect patient care need to have good inter-personal relationship for smooth teaching and learning experience of students as well as desired patient care. Both nursing education and service side should work like gloves in hand.

Management: Effective management is also a pre-requisite to conducive learning environment. It includes adequate number of teachers, trained nursing personnel in Ward/Units as per INC norms, adequate and appropriate equipment and supplies, accountability and discipline and place for discussing case study.

Attitude: First of all, students should have positive attitude. All working for patients care should also possess right attitude towards students' learning and help them wherever needed.

Team: Teachers, students, ward nurses, doctors, dietician and physiotherapists should have team spirit for learning of students and care of patients. Appreciation and acknowledgement of each other's participation is essential.

Evaluation: For effective clinical learning, students should be periodically evaluated throughout the experience. Students also need to get written guidelines, on which they are being evaluated by their teachers, and should also be helped and guided to improve their skills.

Rural Experience: One PHC or sub-centre should be adopted by Schools/Colleges for giving appropriate rural experience to their students. Adequate accommodation with all basic facilities should be available for teachers and students.

Transport: It must be available to send the students to rural areas and for arranging other educational visits.

Hostel: It should be near to School or College with all basic facilities, i.e. adequate accommodation, toilet and bathrooms, proper mess, visiting room, etc. Indoor and outdoor games and recreational facilities should be available. Warden, peons and other staff should be according to number of students.

In order to make learning effective, Kanta, what teaching methodology should be developed and used by the teachers in classroom and clinical area?

In order to make learning effective, the present teaching-learning methodology requires modification. We have to adopt more of socialised methods of teaching like panel discussions, group work, projects, seminars, etc. in order to make students sensitive to the group behaviour and how to go about in day-to-day activities. Another area, which requires more care is clinical teaching in the form of ward rounds, case study, bed-side clinics, ward conference, etc. to improve quality care through problem-solving approach and develop skill and positive attitude towards patient care or community care.

Teaching learning methodology:

- More emphasis on socialised methods of teaching.
- Use of programmed instruction.
- More emphasis on clinical teaching-learning process.
- Developing clinical evaluation tools.
- Maintaining teacher-student contact in clinical area
- Utilising resources for films, slides, video programmes, etc.
- Exposure to computer technology.
- Developing habit of reading current literature.

Merely imparting knowledge is not enough. It is important to ascertain whether the students have gained from the teaching as the teacher intended them to. One method of knowing what has been learned is through evaluation. Our examination system needs to be reviewed and reformed to measure what we want to measure as achievement.

Avinash, what would you like to suggest?

In this regard, I want to say that our examination system needs review and revision especially in the setting of question paper. Duplication and repetition should be avoided in setting different sections of a paper. Essay type questions should be framed into short answer type questions and choice of question should be within the question. A uniform criteria should be developed and used for internal assessment. The assessment should be periodical throughout the year. We should use a variety of evaluation techniques and students should be informed about their shortcomings. The Practical examinations should be conducted at the bedside or in the community setting to evaluate the clinical skills and attitude of the students.

I have another question in mind. The bulk of nurses are prepared as generalists to function in any of the areas in hospital or commu-

nity. In this age of specialisation and super-specialisation, do you think there is a need for specialisation in nursing too, to improve their services? And what short courses are available at present, Avinash?

According to the INC, various short courses available are:

1. Orientation Programme in Psychiatric Nursing
2. Paediatric Nursing
3. Ward Administration
4. Ortho. Nursing
5. Operation Theatre Training
6. Community Health/Family Planning
7. Ophthalmic Nursing
8. Anaesthesia and Resuscitation
9. Neonatal Nursing
10 Intensive Care Nursing.

Avinash, what are the areas for specialisation at the Masters' level?

The specialities available in M.Sc.Nursing in various Institutions are:

1. Medical Surgical Nursing
2. Community Health Nursing/P.H. Nsg.
3. Psychiatric Nursing
4. Paediatric Nursing
5. Obstetric Nursing
6. MCH Nursing

But the problem is that there are only 8 Colleges offering M.Sc. level, graduating annually 50 to 60 post-graduates which is like a drop in an ocean. We know that in early fifties, after Independence, the medical profession discontinued LSMF course and started MBBS degree courses. The LSMF practitioners were upgraded to be Graduate Doctors by allowing them entry into the fourth year. Prem, can we take any such action in nursing to raise the status and standard of care ?

Yes, we all are very well aware of the advancement in various disciplines, e.g. educational, technical and medical fields, but we are not keeping pace with all this ever-increasing advancement. The nursing standards and quality of patient care are lagging behind. To meet the challenges of newer responsibility due to increasing public demands, and inclusion of the specialities and super-specialities in medical field, nurses also need to improve their professional competency through higher studies. It is not only the question of improvement in patient care, personal and professional development, we are also disappointed whenever we try to bargain with government to raise the status of nursing by increasing the salary scales and providing promotional avenues, etc. They compare the academic qualifications and professional preparation of nurses with other graduates. Presently, for Diploma and Degree in Nursing, the prerequisite qualification is 10+2 with Science subjects, so why not get Degree in nursing just by addition of one more year to study at the college. On the other hand, the Diploma nurses improve their qualification through Post-Basic B.Sc.Nursing for two years. But how long it will take to get degree by majority of these nurses with just few Colleges of Nursing giving Post - Basic B.Sc. Nursing? Moreover, it is always not easy to get deputation or study leave from the respective authorities. The married nurses have to face an additional emotional stress by leaving their kith and kin and study for two years.

All these problems can be minimised through the correspondence course for B.Sc. Nursing. By staying at their places with families and studying, the nurses can improve their professional qualifications. Thus, within a few years, a large number of nurses will become graduates which will go a long way to enhance their self confidence for day-to-day patient care and simultaneously gain parity with other graduates and raise their status. But this is not an easy task. Each one of us has to think critically in this direction and raise our voice towards raising quality and standard of nursing by doing graduation in nursing through correspondence course.

With the formulation of NEP and its implementation, the technical and scientific advances and the tight budget for education, it is important to reduce the waste and the duplication of faculties, facilities, clinical placements and most of all the time and effort of our students. Kanta, how do you think nursing education can be streamlined for a better system ?

My ideas may look revolutionary but I think that is the need of the day. Some of these were discussed at various platforms. I am trying to highlight those points as mentioned below:

Streamline Nursing Education

i) Nursing education at 10+2+4 pattern (similar to other professions)

- ANM/FHW training at +2 level
- Converting Diploma training to degree
- Increasing flexibility for career mobility
- Recognition for competencies from previous education and experience in the form of credits
- Correspondence course for post-basic B.Sc.Nursing;

ii) Residency scheme for post-graduate education;
iii) Support to Primary Health Care in curriculum;
iv) No sex discrimination for admission and midwifery;
v) Accepting the challenge of dual responsibility in order to improve learning climate of clinical setting (rural, urban and hospital).

- Improve clinical skills and quality care.
- Improve communication system.
- Develop continuing education plans for field staff.
- Encourage nursing research.

The present training of FHW is of 18 months, it should be two years' vocational course at +2 level in all vocational schools. The current GNM training should be converted to B.Sc. Nursing degree as the entrance qualification for both the courses is same, i.e. 10+2. We should plan the programmes at various levels in such a way that there is no gap in between. This is possible only when we do away with the number of years of experience as eligibility to enter into the next educational programme. There should be a credit system for the competencies from previous education and experience so that the training expenses and the duration of preparation can be economised.

In some of the private institutions the nursing teachers have dual responsibility of teaching and service. I feel that this challenge has

to be accepted if we want to make an impact of education on service as well as making the training more conducive by controlling the clinical setting for the students.

As far as the sex discrimination is concerned, there is no need to offer different courses for male nursing student in place of midwifery. Rather this option should be for male and female both. If a medical student (male) and B.Sc. Nursing (male) student can undergo midwifery training, then why not the male nursing student undergoing GNM training?

Idea is very good. Upgrading of diploma schools was proposed in 1971, during the first nursing education conference but could not be implemented.

No sex discrimination in nursing is a democratic approach. Residency scheme can be experimented within one or two institutions.

Kanta, how do you think our nursing education is compared with other professional preparations in terms of years of training and the degree or certificate issued ?

You can see from the table below in which various professional courses offered in India have been compared. We can adopt the pattern of health professionals like BDS and MBBS where they have the provision of giving certificates after second or third examination.

Medical/Technical courses offered in India

Courses	Duration	Examination
BE	4 years	8 Semesters
BE(Prod.)	4.5 "	9 "
B. Arch.	5 "	10 "
BDS	4 "	4 Exams. Certificate after 3rd exam.
MBBS	5.5 "	3 Exams. Certificate after 2nd exam. Compulsory Housejob of 1 yr.
B.Sc Nsg	4 "	Yearly or semester Internship of one yr.in some.

We know there is a wide gap to be filled between the demand and supply of nursing manpower or womanpower. Kanta, what newer strategies do you think can be adopted to increase the production of nursing manpower to meet the demands of the future ?

In this regard, I can list the following strategies to increase nursing manpower:

- Have 3 categories of nurses - professional, ANM, Aides.
- Ladder approach to education (no attachment of exp.)
- Increase seats for degree and ANM, stop diploma.
- B.Sc. Nursing post-basic at mass scale through correspondence.
- Boost to research, prepare more post-graduates.
- Provision of funds for production of nursing literature.
- Have directorate of nursing for autonomy and increase involvement in policy-making, planning, setting priorities and self-reliance.
- Prepare nurses for collective bargaining.
- Make INC strong statutory body.

In order to produce increased number of nurses, there should be more teachers. Hence there should be increased number of M.Sc. programmes in various specialities. With the current production of 50-60 Post-graduate nurses annually, we will reach nowhere. Moreover, we have to launch more M.Phil. and Ph.D. programmes in Nursing.

Concluding Remarks by the Chairperson

From the views expressed by each one, it is amply clear that there is an urgent need to improve nursing education to produce manpower in the right quality and quantity for various levels right from the peripheral level to the top management. Nurses with the right attitude, knowledge and skill with adequate infrastructure only can provide comprehensive care. That seems to be the need of the hour. In order to have a new tomorrow, the emerging challenges of nursing education can be seen by the use of another mnemonic word - Challenges.

CHALLENGES

C	Care is our concern.
H	Human touch is its essence.
A	Attitude development is important - All who teach serve and all who serve teach.
L	Leadership development.
L	Learn problem solving and socialised techniques.
E	Expertise is the need - Knowledge and skill are powerful weapons.
N	Nursing organisations - Strengthen them.
G	Gain self-confidence - Generate literature.
E	Evaluation is the key - Intermittent and continuous.
S	Streamline system of education

- Pattern 10+2+4
- Two levels. Ladder approach and no experience.
- Phaseout diploma
- Start correspondence course
- Residency scheme
- Sound Publicity

Nurses through various forums have been discussing on these vital aspects like today's panel, the UGC-sponsored workshop on NEP and NG held in Chandigarh in 1987, National Convention of Nurses in Delhi on 1988, discussions with the High-Power Committee Members, Nursing Research Update in 1988 in Chandigarh and NRSI Congresses. This shows that our concern is common and genuine and efforts are sincere. Hope this panel has stimulated the members to think seriously about the problems we are faced with and to work towards finding solutions for the betterment of nurses and the countrymen.

While thanking the members, Mrs. Nagpal said; "Let our watchword be Action for the next Biennium".