COORDINATING NURSING WITH GENERAL EDUCATION

In this article, first presented at the Workshop on "Alternative Approaches to Training and Preparation of Nursing Personnel within 10 + 2 + 3 Scheme of Education", held at the RAK College of Nursing, New Delhi in January, 1977, Ruth Harnar suggests that Doctors, Nurses and Paramedicals including Auxiliary Workers, could all be educated in one University. They would be required to spend internships in the rural communities before registration, at two levels, before progressing upward in the career ladder; and, by making up credits, could change to different professions in the health sciences. This would encourage better teamwork, and ensure professionals better prepared to face the real health problems of the country, in the rural as well as urbaan areas.

IT is now generally accepted that the overall aim for any health care system in the late seventies, must be to provide Basic or Primary Health Care for all. To accomplish this it is also necessary to take into account several directional objectives or trends which we must accomplish before we can reach this goal. These have been stated as follows :

1. Integrated Health Services for the Community–e.g., the 3-tier system.

2. Integration of Health Services with the Development of the Community–e.g., the National Programme of Minimum Needs in the Fifth Five Year Plan.

3. Cooperation of all agencies involved in Health Care Government, Private and Voluntary sectors, International agencies.

4. The Health Team concept as a prime necessity for provision of Health services.

5. Involemvent and participation of the people in the community in the planning and provision of their own health care services.

6. Change in philosophy and orientation of Health Team members, through :

— Change in curriculum and methods of teaching and learnlng,

— Change in organization of educational programmes,

— Continuing education programmes and refresher courses on Community Health concepts and Methods,

— Shift in the concept of provision of the "highest possible Quality Care of the individual" to "basic minimum health care for the Community as a whole." (This is perhaps the most difficult, if not impossible, thing to accomplish with professionally trained health personnel, involving as it does a change in philosophy, even moral and ethical beliefs.)

In looking at our present educational programmes for health personnel, it is obvious that changes must be made. Bryant states that "The challenge before us is to develop teaching settings in which students representing all members of the health team can work together in learning to provide health care under the circumstances of that country."[1] Bryant maintains that the University should become involved in the system of health care, learning how it functions, contributing to its improvement or new designs, and learning the roles of the different members of the health team, including the Village Level Worker. He also states strongly that the university should be involved in the education of all of the team members, since the delivery of health care and its effectiveness depends on them. "One part of the team should not be educated in isolation from the rest."[2] Although the university could not be responsible for the entire education of all members, he feels that it should be involved in planning, and bringing together the team members at critical points in their education[3],

Considering the health care situation in India, and the need to rethink the education of nurses, one group of Nursing Tutors and Public Health Nurses have developed the following suggested Objectives for the ANM and General Nursing Programmes :

Educational Objectives for Auxiliary Nurse Midwife Students[4] :

1. To understand the importance of her role in nursing and health teams of the country,

— as a health educator, in the homes of the rural area,

— as a multipurpose worker wherever she is placed,

— as a *first carrier* of scientific health knowledge to the community,

— and able to take a leadership role in the health team in the community setting.

2. To understand the principles of Hygiene and Nutrition as is necessary for healthy living, and how to apply these to herself, and for all age levels in the community.

3. Have sufficient understanding of such science subjects as anatomy and physiology, elements of behavioral sciences elements of drugs and emergency nursing.

4. To develop proficiency in basic nursing skills and applied principles of nursing in carrying out nursing practice in the hospital, and how to improvise these in the community.

5. To acquire knowledge and practical experience in domiciliary service, for example, care of mother during pregnancy, delivery and puerperium; and care of the child, including immnizations; and play her role in family planning.

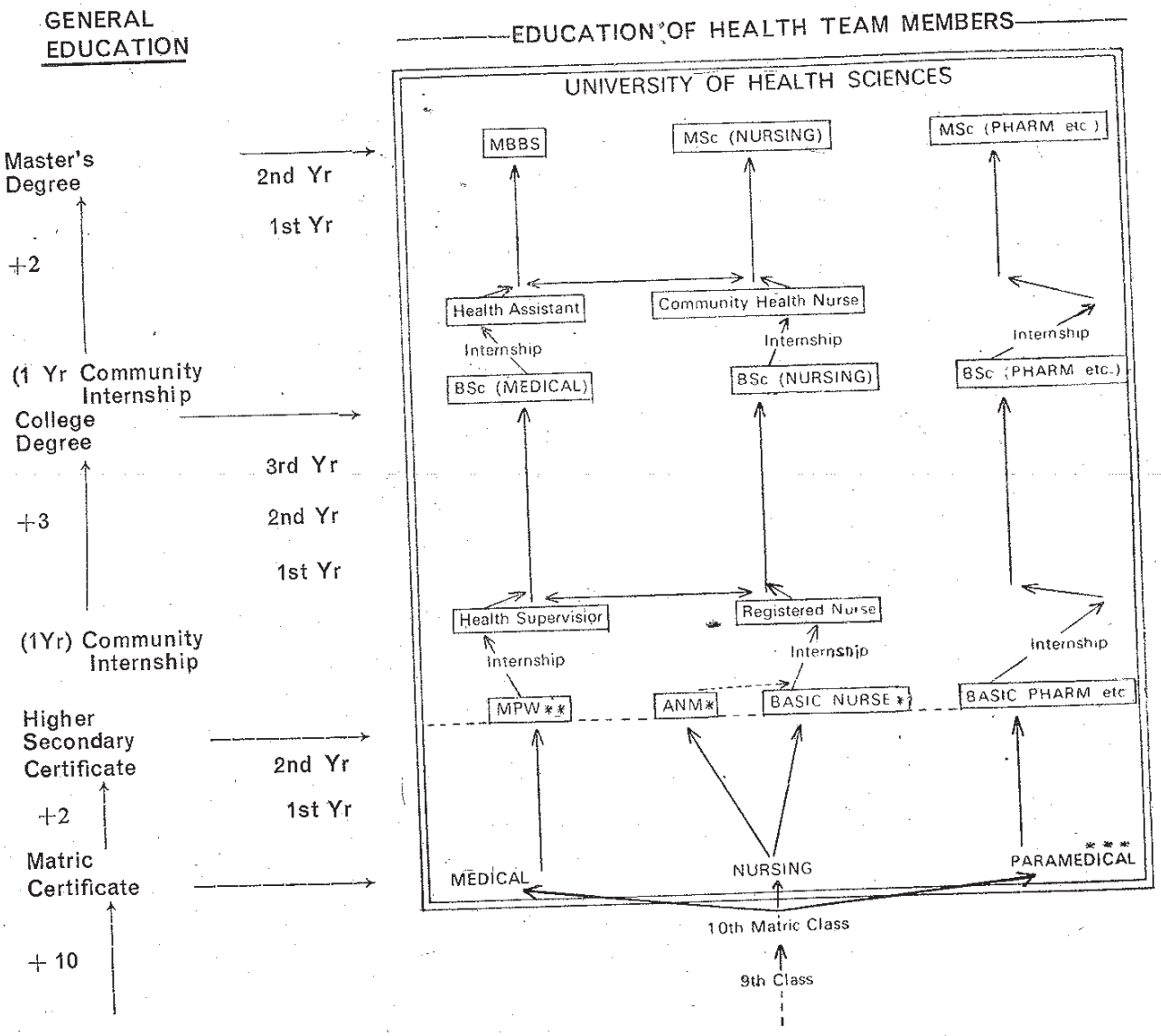
Educational Objectives for General Nursing [5] :

1. To acquire knowledge and understanding of the basic principles underlying the techniques and methods used in nursing in all settings, hospitals, health centres and community.

2. To acquire knowledge and develop skills and attitudes for planning and carrying out good nursing care to the sick in the hospital, and to sick and healthy people in other settings.

NURSING EDUCATION PATTERN FOR INDIA

(To Fit into the 10+2+3 Pattern of General Education)



* Both ANM & BASIC NURSE would be Multipurpose Workers (MPW); but the Basic Nurse would be prepared more to work in the hospitals.

The ANM would have a two-year course with many "core subjects" with the Basic Nurse, but with a specialty in Community Nursing. Both would receive the Higher Secondary Certificate at the end of two years. To get an RN, both would take the one-year internship, but with different experience and "bridge courses" to make up credits.

** Multipurpose Worker

*** Pharmacy, Laboratory, X-ray etc.

3. To acquire knowledge and skill in promoting health, preventing illness, and the rehabilitation of people of all ages in the community.

4. To acquire leadership skills in order to learn to organize, improvise, to teach and supervise in planning for and giving nursing and health care, solving unfamiliar problems when necessary.

5. To develop ability to cooperate with others and function as a member of the health team.

6. To acquire knowledge, skill to establish and promote close relationships with the people of the community.

7. To acquire knowledge and skills and attitudes to enable her to help identify people's needs and most pressing health problems, and to help them find ways to solve them with the limited resources available in the community.

8. To learn to cooperate with other health and social agencies in the community.

9. To develop ability to help in nursing research and in its application to the practical situation.

10. To learn to make independent decisions as the need arises.

A study of these objectives makes it fairly clear that we cannot do it by simply adding courses, or even by changing the nursing curriculum alone. Working in close cooperation with the health team members, and with the community, means that we need to make changes in the whole system, in order to bring about such exercises within the training or educational period, if the principles learned are to be practised in the delivery of health care after the person has been educated to the various levels.

The diagram on p. 82[6] is a proposal for consideration in which these objectives *could* be accomplished, through a "University of Health Science", in which the education of health team members could be planned and carried out together. Even at the plus 2, vocational level in the General Education Programme, the University could play a planning role in order to coordinate the "streams" of medical, nursing, and paramedical team members' total education. Such a university would also have the resources and inter-relationships with other educational bodies and disciplines necessary to provide the knowledge and experience needed in the fields of social sciences, psychology, interpersonal relationships, anthropology, physical sciences etc. A credit system would be used with a certain number of credits earned for each course passed.

One, probably controversial aspect of the diagram, is that internships at two levels, preferably in the community, or in rural hospital centres, would provide not only the basic knowledge and experiences needed to all medical personnel, but also the services needed in the new health care delivery system set up by the Ministry of Health. At the end of the 2-year vocational courses, the successful student would be granted the Higher Secondary Certificate. For successful completion of the 2nd internships, after the 3-year BSc. medical or nursing degree course, the person would be given the Certificate as a Health Assistant (or other appropriate term), or Community Health Nurse. It should be *required* that these internships are pre-requisite for continuing on in any of the three streams, medical, nursing or para-medical. This would ensure that all of those who are selected for advanced courses understand the situation in the health of the country, and will have problems they want to solve; it would also be a help in the selection of those with an aptitude for nursing or medicine rather than the present rather haphazard method.

The internship year in all cases would include "bridge courses" for any credits lacking in the students' previous education : for example, the ANM would need some on care of patients in the hospital, while the Basic Nurse would require some credits in Community Nursing practice.

The curriculum for both the + 3 BSc (Medical) or BSc (Nursing), and the advanced +2 period for the MBBS and MSc (Nursing) could be planned to provide necessary basic sciences and basic clinical knowledge, as well as the organization, management and teaching skills necessary for both nurses and physicians on the health team, during the first three-year period. Much of this would be common and in joint classes for both theory and in the practice field. Specialized fields of knowledge could be left to the last two years for the MBBS and MSc (Nursing) programmes. This would also make it possible, with some make-up courses to gain needed credits, to cross over to a different stream if the person wished to do so. This would be possible if the course credit system is used for subjects taken and passed successfully.

This tentative proposal would accomplish :

— Joint education of the health team members from the beginning of the vocational part of the training, with many common subjects for credits.

— A Career Ladder making it possible to leave the system for job experience at three levels.

— Opportunity to cross over into another stream at two levels in the Health Sciences, since lacking credits could be made up.

— Internships at two levels, in the community, which will make the first experiences in the *community*, leaving hospital specializations until later (for example, the MBBS final two years would give the medical-surgical specialities in more detail).

— Training and experience in working together as a team, during their education would make it possible for the Health Team to function effectively in the Health Services of the country.

There are many fascinating possibilities and questions that can be raised in such a plan as this. It is to be hoped that it can be seriously considered, revised, and experimented with, in order to bring about the true change necessary in the education of the Health Team to prepare them to meet the goals and objectives of the new health care delivery system in India.

1. John Bryant. *Health and the Developing World*. Ithaca : Cornell University Press, 1969 P. 209.
2. *Ibid*, P.213.
3. *Ibid*, P, 215.
4. Report on the workshops on "Increasing the Community Health Content of the Nursing Curriculum," Voluntary Health Association of India,1976
5. *Ibid*.
6. Diagram. Adapted from Ibid.