INSERVICE EDUCATION (2)

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Aim of inservice education

It is a well known fact that business, industries and various scientific fields are all exposed to a vast research in producing a swift expansion of new knowledge, development of new techniques, and more efficient methods and procedures. By the time a student is graduated, she soon finds out that her learnings have already become out-dated. Therefore following her basic training, the nurse in service needs to expand her learning.

Rapid advances and great changes in medical field have been noted. It has also been noted that medical science has not only spread to the earth but has now spread to the depths below and the heights above. This makes it professionally essential to keep pace with the new methods of treatments, and latest progress in medical research and science. Trained nurses are required because of the greatly increased knowledge in diagnostic procedures, treatments and methods in all the special fields in medicine. So, the aim of the inservice education in nursing is to improve nursing care through a better understanding of the scientific concepts relating to human body and its environment. This emphasises nurses' responsibility in identifying and solving many nursing problems.

Because all the modern institutions and agencies believe in Inservice education, establishment of such a system becomes an important feature. All good institutions have an obligation to provide for the continuous development of their employees, including their professional, scientific, technical and psychological needs. On the other hand every employee has the responsibility and the obligation of sharing his/her knowledge and skills with others and through the process of teaching and learning transactions. If increased job satisfaction is required a provision for personal maturity and development must be made. And as such inservice education should become a permanent project for all those who desire to learn and grow so that they may provide safe and efficient services to all. It must be a stimulus for others who fail to recognize their own responsibility towards their fellowmen at the time when the world is fast changing. We all know that obsolescence has no place in this modern world of today.

What does inservice education include ?

As progress is made and maintained by continuous acquisition and application of new knowledge, inservice education becomes a timely necessity. It is a teaching, learning transaction between the authorities of the institution and the employees. The effectiveness of it depends not only on the programming but on the following :

1. A good human relation between the participants.
2. Recognition of the most significant roles played by the teacher, student and the whole group.
3. The effective use of the principles of adult education.
4. The teacher's pursuit of excellence.

The main component parts are orientation programmes, induction programmes, staff developing programmes, career developing programmes, and pre-service training programmes. It is composed of educational guidance and promotion of professional study, adult education and other educational endeavours to assist employees develop their characteristic potentials and varied interests.

Planning an inservice education.

There must be a realization of intellectual standards and working abilities of each participant. There should be a substantial financial support for inservice education, so that neither does the teacher nor the learner experience any loss or any discouragement. Though the programme is primarily for the institutional employees, but it's extension to other organizations should in no way bar the progress of the mother institution. Provision of best posisible facilities is needless to emphasize here ; selection of which should be based on the requirements of the community, distribution of the population, urgency of health education, and the needs of the institution and organizations and their expansion of resources.

Methods of teaching are rapidly changing. Both methods, passive and active are useful and must be utilized to their best advantage. Principles of adult education should be thoroughly known and applied by all those concerned with adult learners. Ample supply of Visual Aid is very helpful for all types of eudcation. Educational films on interesting features, Radio talks, television, slides and recorded lessons and even computorized lessons are all interesting for passive adult education.

Active methods such as self study and research with literatures and materials are useful in self evaluation which can be utilized for the improvement of services in institution. Study aids and guides should be available through the use of the literature and materials found in the libraries. In order to improve this teaching-learning transaction there should be a good library, and promotion of it's use should become

an integral part of inservice education.

Availability of interested personnel to plan and take active part in educational programmes is very essential. The employees must be encouraged to attend these programmes and others must be geared to participate effectively. However, back-ground knowledge of the employee for any particular subject must be fully evaluated prior to his/her attending any other programmes. Where possible copies of speeches and lectures should be made available to the learner, so that the learner may understand fully what has been spoken. The specialists, lecturers, speakers and demonstrators should be all very clear and precise in the presentation of their ideas, which must include all the necessary information on latest progress and development made in the particular field of interest. All exhibits must be accompanied by educational materials and literatures, free where possible.

For satisfactory accomplishment there should be a joint evaluation of inservice education programme by the inservice educator, the hospital administrator and the participants, and the findings of which must be used for further programme and plannings.

Staff for a permanent project

1. Full time professional nurse as it's director.
2. Secretarial assistance.
3. Members of medical and para-medical groups.
4. Part time staff for special programmes and projects within the inservice education.
5. Programme debators and perceptors.
6. Volunteers who are interested in adult education and in upgrading the standards of the organization.
7. There must be an advisory committee on both state and local levels ; members of which must be represented from various educational organizations and agencies, i.e. research institutions.

Main functions of the advisory committee

1. Advise and assist in over-all planning of programmes.
2. Assist in evaluating the need for and the possible establishment of continuing educational programmes.
3. Assist staff in developing these programmes.
   (a) By providing facilities and equipment as required.
   (b) By helping in finding resources and information materials.
   (c) By helping in the selection of the participants.
   (d) Developing libraries and their functional facilities.
   (e) By keeping in mind the financial needs of the department.

Conclusion.

It has been said before that new knowledge, new machines, new techniques, new methods and procedures all render obsolete what has been learnt in the past. Therefore, education for nurses and other employees in any organization or institution must be a continuous process since no programmes of basic education could possibly encompass all that is required to know by an individual for his or her life time career. Completion of the basic programmes in any field of human service does not fulfil the initial and minimum requirements unless more is added to it. As such for continuing practice for all essential practitioners—teachers, doctors, engineers or nurses ; keeping skills and competencies current with growth and knowledge in each field is increasingly emphasized. Acceptance of this simple fact imposes further obligation and responsibility upon both the employee and employer to continue increasing and enriching the institution to which they both belong. Continuing education and updating fully the body of knowledge can easily be serviced through by an up-to-date Inservice Education Department in any institution or Organization.

Corneal Grafting and the Nursing Management — *(Continued from page 325)*

(*b*) Cortisone drops or ointment 1.5%.

(*c*) Antibiotic ointment.

(*d*) Liquid paraffin or milk of magnesia may be ordered to prevent constipation.

(*e*) Diamox may be ordered in cases of raised intra ocular pressure.

8. **Removal of Sutures.** These are removed with special fine spring scissors on the 11th-14th day. A pad and bandage is applied afterwards.

9. The eye is left uncovered 2 days after the removal of the sutures, but a pad and bandage is applied at night. The patient is discharged about 3 weeks after operation.

N.B. The above post-operative care applies to cases of full thickness graft. In lamellar grafts the period of complete bed rest and hospitalisation is reduced.

Advice given to the patient on discharge

1. Avoid sudden jerks, bending or lifting for at least three weeks (full thickness graft).
2. Report to the doctor at once any redness or pain in the eyes.
3. Dark glasses to be worn outside for some time.

N.B. In India there are many people in need of corneal grafting but the donor eyes are not available, and therefore, it is our duty as nurses to educate the public with regard to this great need, so that eye banks may be built up and many people saved from blindness.