

Integration of Public Health in Basic Nursing School Curriculum

By Lillian M. Bischoff

1. Background Information

The following background information regarding the two major recommendations concerning nursing in the Five-Year Plan namely, to integrate public health in the basic nursing curriculum and to support the continuance and expansion of the training of auxiliary nurse-midwives, is presented to provide you with information that you may utilize in developing plans for your State. These two proposals are designed (1) to enrich the basic nursing school curriculum so that the graduate trained nurse will be prepared to work either in hospital or public health services; and (2), to provide training in domiciliary nursing and midwifery to the auxiliary nurse-midwife students so that a better prepared health worker will be available in the rural M.C.H. Centres.

The proposals will meet some of the needs for quantity and quality personnel with minimum costs for example—(1) the trained nurse who graduates from a school where public health is integrated throughout the curriculum is a more useful, more versatile person; (2) the present four year period, including midwifery training is not increased; (3) the cost of the enriched training is covered by the services she renders to the hospital and community as a student and after graduation.

The auxiliary nurse-midwife proposal provides training opportunity for local personnel and is geared to the basic education opportunities of the women in rural areas. An *important emphasis* in regard to the training and employment of auxiliary personnel, is the necessity of setting up posts and employing qualified trained nurses for *teaching and supervising all aspects* of nursing service.

We have received many requests for such information as that contained in this paper prepared by Miss Lillian Bischoff about four years ago.

It is published now in answer to recent demands for guidance on the integration of public health in the basic nursing programme.

—Ed.

A few suggestions on integration of public health in the basic curriculum may be helpful when you discuss this proposal. Integration of public health in the basic curriculum means that the principle and practice of prevention of disease, maintenance of health and promotion of sound health, should permeate all class room subjects and bedside practice. For example: when you teach pediatrics, the normal growth and development of the child should be studied and understood. If possible, the student should observe normal children in a crèche and nursery school. As the subject develops to nursing care of the sick child, the prevention of the illness should be studied—not only the prevention of the pathological cause of the illness, but a thorough study of all factors leading upto the illness. Study the community resources, both private and public, that deal with various social and economic problems. When the nurse understands community resources and knows how to use them, she can explain to the patient what kind and where and how to get help, rehabilitation, education for themselves and their children. In one hospital recently visited, the family of every patient admitted with typhoid fever, was invited to come to the O.P.D. where they received T.A.B. injections. The student nurse makes out

the public health reporting card of each patient admitted with typhoid, diphtheria and other communicable diseases. The sister tutor plans field trips with the sanitary inspector to see how the village well water is chlorinated, how houses are sprayed to control malaria. All patient care studies emphasize the family history of health and factors in the home that contribute to good health and those that are conducive to sickness and spread of disease. *If at all possible*, students should select patients (for their case studies) who live near the hospital, so that they could visit the home of the patient at least once while she is studying the situation.

Some facility should be set up to give the student a "block" of experience in public health practice in the same way that she is assigned to a ward for experience in medical, surgical and pediatric nursing. Every out-patient clinic offers this opportunity. It is necessary to go through official channels to get a practice field centre located near the hospital so as to reduce travel, time and expense.

To properly integrate public health in basic nursing education programmes, it is necessary to increase the student body by 12% so that services to the patients in the hospital will not be interrupted. This 12% increase in the student body will not only provide more, but a better quality care for the patients. The programme will require one qualified public health nurse on the staff and three staff nurses to establish the field training unit. The public health nurse should give some instruction in the regular school.

The cost of integrating public health in the nursing school programme, including the establishment of a public health unit in the out-patient clinic, will include the following:

Non-expendable costs :

Hostel facilities for the 12% increase of students.

Hostel facilities for 4 extra staff members.

(Estimate approximately as hostel building expenses—Rs. 3,500 per person).

Office space in the out-patient department for discussions etc.

Office tables, chairs, files, typewriter.

Nursing Bags and equipment.

Transport Vehicle.

Expendable Costs :

Salaries : One Public Health Nurse
Three Staff Nurses
Stipend for students
Transport maintenance
Office and home visiting supplies.
Records.

A. The Situation

1. The present hospital nursing school curriculum is geared to bedside nursing in hospitals, thus the graduate trained nurse is limited in knowledge and practice to nursing services in hospitals.

2. There are at the present time many vacancies in the States for health visitors and public health nurses.

3. It will take many years to train enough health visitors to fill the posts now vacant as it takes $2\frac{1}{2}$ years to train a health visitor.

4. "First level" nurses are needed in Community Projects; in public health programmes for school health, industrial health, tuberculosis and other schemes.

B. An analysis of the nursing situation relating to public health, reveals that some schools of nursing are suitable and ready to integrate public health in the curriculum, while other schools are striving to bring their regular programme up to standard and hope to be ready for the enriched programme in the near future.

When the School of Nursing is located in a congested area, the families in that area would benefit by domiciliary nursing services. A public health nurse should be available on the staff; the matron and sister tutor should be interested and anxious to co-operate; the medical superintendent should be interested and should co-operate to help make funds available. Nurses should be available to work interchangeably in public health and in hospitals. Team-work and team-thinking are essential to the integration of public health in the nursing service.

C. Objectives and Goals

1. Prepare a nurse capable of serving in both public health and hospital programmes.

2. Enrich the existing basic nursing education programme by including public health in the theoretical and practical programmes.

3. Build the programme in the existing nursing school curriculum as to keep the costs at a minimum.

4. Establish a public health field experience centre near the hospital to provide domiciliary midwifery and generalized public health nursing services.

5. Include provision for public health fellowships for sister tutors and staff nurses.

6. Increase the student body by 12% so that at the end of two years a corps of "first level" nurses will be available to help staff public health programmes in Community Projects and other health schemes.

D. The Proposed Plan

The steps in planning should follow sanction for the programme.

1. Begin a staff education programme with public health as the topic for study.

2. Survey the area for the experience field training centre.

3. Plan with the hospital administration for office space in the out-patient department.

4. Obtain sanction for increasing housing facilities for the staff and students.

5. Establish sanctioned posts for a public health nurse and three staff nurses.

6. Recruit the students.

7. Requisition equipment and supplies.

8. Start the programme as soon as possible.

E. How the Programme will Benefit the Hospital and the Community ?

1. A more useful nurse will be prepared to serve public health programme at minimum cost.

2. A 12% increase of student nurses will provide additional nurses for the care of patients.

3. A domiciliary nursing service and public health teaching in the schools and the community served by the field training centre should decrease the incidence of illness and improve the general health of the families served.

F. Proposed Ways of Implementing the Programme.

1. Staff education.

(a) For the staff education programme in public health get a group of nurses and health visitors together, plan a programme and contact the Director of Public Health in your State and ask him to inaugurate your study series. (If you are located in a city where three or four schools of

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