

COLLEGE OF NURSING, CHRISTIAN MEDICAL COLLEGE, VELLORE-632004



Recognized by the Indian Nursing Council &

Affiliated to the Tamil Nadu Dr. MGR Medical University, Chennai, Tamil Nadu

7.2.1- Describe two Institutional Best Practices as per NAAC Format provided in the manual

TITLE OF THE PRACTICE

College of Nursing Community Health (CONCH):

An Innovative Model for Community Oriented Nursing Education and Practice

OBJECTIVES OF THE PRACTICE

- 1. To prepare various categories of nursing students to function at different levels of community health programmes.
- 2. To promote public health through direct and indirect services for population under all age groups, by functioning as independent nurse practitioners.
- 3. To collaborate with government health care workers in applying strategies for promoting community development and self-reliance.
- 4. To assist nurses function as resource persons in the various programmes of the community.
- 5. To train personnel based in the community to deliver basic health care.
- 6. To conduct research studies appropriate to the needs of the community and use the findings for promoting health in the community.

THE CONTEXT

Community Health service is an essential part of the health care delivery system of our country. In the early 20th century, Dr. Ida Scudder the founder of CMC Vellore realized that cultural barriers and lack of medical facilities prevented Indians from getting the needed medical help. Besides offering curative services, she had the vision to reach out to people around the hospital and the

nearby villages for preventive services. In 1986 the duration of Diploma in nursing course was extended to 3^{1/2} years, giving more importance to Community Health Nursing. Realizing the need to prepare nursing students for providing care at the community level, CONCMCV launched CONCH (College of Nursing Community Health) programme in 1987 with Government approval. Our approach is to work at the Community, along with Government, private and voluntary health care organizations in coordinating health services to the villages adopted by CONCMCV. CONCH **is a unique model**, since it is entirely a nurse run programme. It offers its health services to 73,276 rural population in 25 villages near Vellore and in Arcot blocks. CONCH programme is one of its kind in the country and sets standards

THE PRACTICE

The components of CONCH programme are education, training, service and research. MSc (N), BSc (N), GNM and ANM qualified nurses are involved in this programme. The CONCH nurses work closely with the Primary Health Centre, Baalwadi, Block Development Office, Self Help Group, Women and Youth Group members of the serving villages. Each CONCH Nurse covers a population of 2500 – 3000 and functions as an independent nurse practitioner.

The services provided by CONCH nurse include home care of people of all ages, conducting maternal and child health clinics in the centres (rooms/rented houses provided by the village), treating minor ailments, health education, conducting school health programmes, adolescent health programmes, youth meetings, mothers programme, women empowerment programme, geriatric clubs, special clinics and special camps.

Prior to posting the nursing students to the different villages, the CONCH nursing department organize a structured taster called the Community Orientation Programme (COP). COP exposes the students to the various

Community based problems and the various methods to teach. Problem Based Learning, Community Based Education, Family Centered Nursing Care studies, Health Education cum action projects and Epidemiological Approach are some of the approaches used for nursing students to learn Community Health Nursing. Fellowship in Family Nurse Practice which is in house educational programme was started by the College of Nursing in the year 2005 and six of the Tutors from Community Health Nursing Department had undergone the training programme. Later on these Tutors have joined the CONCH programme and continued to contribute to the Independent Nurse Practice in the Community.

EVIDENCE OF SUCCESS

The highlights of achievements in the CONCH programme includes an increase in the health awareness of communicable and non-communicable diseases among the communities, better utilization of health services, 96% coverage of primary immunization, 100% antenatal coverage, zero maternal mortality, reduced perinatal mortality rate and high level of community participation. The students have been able to attain a high degree of learning to provide comprehensive primary health care services at homes, clinics and camps.

PROBLEMS ENCOUNTERED AND RESOURCES REQUIRED

Resources required include well established transport facility supported by the institution, physical assessment tools, nutritional assessment tools, audio-visual aids, demonstration articles e.g., stove with utensils for cooking demonstration, medicines to treat minor ailments/ running ofclinics and standing orders for care. Problems encountered include occasional lack of community participation.

TITLE OF THE PRACTICE

SHINE [Secondary Hospital Illuminating Nursing Experience] Programme

OBJECTIVES OF THE PRACTICE

Overall Objective

The SHINE programme aims to empower senior baccalaureate nursing students to appreciate and learn about the various health care services rendered at selected secondary health care settings across the country.

Specific Objectives

Students will be able to:

- Understand their calling in healing ministry through serving the poor, underprivileged, marginalized and vulnerable population of the country.
- Appreciate the infrastructure and health care services of secondary hospitals.
- Identify the needs and challenges in health care faced by secondary hospitals in India.
- Gain knowledge and skills by involving, observing and assisting in the care rendered to patients in selected secondary hospitals.
- Observe and participate in the academic and outreach programmes conducted by the secondary hospitals.
- Gain spiritual enrichment.
- Establish rapport and build relationship with the staff working in that hospital.

CONTEXT

The Christian Medical College [CMC] seeks to be a witness to the Healing Ministry of Christ through Excellence in Education, Service and Research. College of Nursing, CMC, sends out students to the rural area to sensitize and train them in keeping with its mission statement. The primary concern of CMC, Vellore is to develop through education and training, compassionate, professionally excellent, ethically sound individuals who will go out as servant leaders of health teams and healing communities, to serve the sick and the marginalized.

CMC networks with 200 secondary hospitals run by various Indian church missions across the nation. These hospitals exist in rural, tribal and in areas where people are completely cut off from any access to affordable and reliable health care.

Beginning from the early 20th century, trained personnel from CMC are sent out to work in those network hospitals. They work for 2-3 years to longer periods. Since rural India has severe shortage of medical professionals this service is of crucial importance. Medical professionals serving rural India requires great commitment on their part as they have to put up with inadequate housing, irregular power supplies, improper roads and substandard education systems.

SHINE programme inspires young nurses to give their services to such needy areas after their student period. It also triggers them to understand the health needs of rural India and motivates them to voluntarily walk an extra-mile for the sick & the marginalized. SHINE programme makes nursing students appreciate their opulence and enable them to move towards growing a passion for the underprivileged.

PRACTICE

The Secondary Hospital experience programme for nursing students was started in 2011, with the aim to orient them towards the service rendered by Mission Hospitals in our country. This exposure is given for the Third Year Baccalaureate Nursing, Final Year Post Basic B.Sc Nursing students. They are sent to Christian Mission Hospitals located in remote rural and tribal areas of India for a week. During this one week of SHINE programme the students learn, interact and gain experience regarding the activities of these hospitals. They also gain knowledge about the livelihood of the local population, their cultural belief system, health behavior and their health seeking practices.

The following are the commonly selected Hospitals for SHINE programme

- 1. Christian Fellowship Hospital, Oddanchatram, Tamil Nadu This hospital is run by Christian fellowship, a charitable society established in 1955.
- 2. Basel Mission C S I Hospital, Gadag, Karnataka It is a 150 bedded hospital started by the missionaries of Switzerland Basel mission in the year 1901.
- 3. AshaKiran Hospital, Lamptaput, Odisha It is a 40 bedded hospital established in 1991to offer medical care to the tribal people surroundingLamtaput block.
- 4. Padhar Hospital, Padar, Madhya Pradesh It is a 200 bedded charitable christian mission hospital under Evangelical Lutheran Church started in the year 1890.
- 5. Christian Hospital, Bissamcuttack, Odisha Started by Danish missionary in 1954 for the most deprived regions of the state.
- Christian Hospital, Chattarpur, Madhya Pradesh It is a 150 bedded hospital started in 1930 by missionaries from friends foreign missionary society.

- 7. Duncan Hospital, Raxual, Bihar Started in 1930 by Cecil Duncan for the people in Bihar. It has 200 beds funded by Emmanuel Hospital association.
- 8. St Thomas Mission Hospital, Kattanam, Kerala It is a 250 bedded multi-speciality hospital for the local people in Kattanam.
- 9. Christian Hospital, Mungeli, Chhatisgarh It is a 120 bedded hospital founded in 1897 by the Foreign Christian Missionary society.
- 10. Christian Hospital, Berahampur, Ganjam, Odisha It is a 120 bedded hospital founded in 1896.
- 11.CSI Hospital, Neyyoor, Kanyakumari -Started in 1838 and one of the oldest mission hospitals in India. It has 420 beds and active outreach programmes and camps.
- 12.Gifford Memorial Hospital, Nuzwid, Andhra Pradesh This was established for medical service in the year 1925 by Seventh Day Adventist missionaries

Guidelines

- Approval for sending students is obtained from the concerned mission hospitals by Dean's office.
- Students are divided into smaller groups of 8- 10 members.
- The list of mission hospitals is given to the students and they are requested to select a hospital for experience of their own choice, preferably the one which is closer to their residence.
- One faculty accompanies each group of students.
- Travel plans are made by students with the help of the assigned faculty.
- The SHINE programme is planned for one week from Monday to Friday.
- Necessary medical precautions are taken by students and faculty before they travel [e.g., Taking Malaria prophylaxis as the need may be, Collecting first-aid kit from Students Health Service Clinic].

• Students are posted in General Medical—Surgical wards, Pediatric wards and in Community Health Area (wherever the programmes are available).

• Number of students posted in a hospital at a time is 7 to 12.

• A report is expected in writing from the students.

The expenditure is met by the students towards travel, food and accommodation.

EVIDENCE OF SUCCESS

SHINE programme has been highly successful in achieving its objectives. Around 398 Baccalaureate Nursing students and 100 have had their experience in the last 5 years. The success of the programme is evaluated by the number of students who opt to work in these hospitals following their studentship. In the last 5 years on completing their program a hundred and sixty two (162) BSc Nurses and Seventy (70) Post Basic BSc Nurses have served in these settings atleast for a year or two. We have received many appreciation notes and letters from those hospital administrators.

PROBLEMS ENCOUNTERED

The students are motivated and look forward for SHINE programme. Though not major, minor problems were encountered by the students, while undergoing the SHINE programme. The significant minor problems that the students faced were health related. Few students became sick due to travel, climatic and food changes. Since these were rural areas conveyance became a major challenge, which turned into a learning experience for all the students.



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