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## Special Issue on



**INTERNATIONAL  
VIRTUAL CONFERENCE**  
28-31 JANUARY 2022



**Innovation & Challenges  
in Nursing Education  
& Clinical Research**

Organized by:

**PANNA DHAI MAA SUBHARTI NURSING COLLEGE**

## **Swami Vivekanand Subharti University**

Swami Vivekanand Subharti University (SVSU) is a University under section 2(f) of the University Grant Commission (U.G.C.) Act, 1956 set up under the Swami Vivekanand Subharti Vishwavidyalaya, Uttar Pradesh Adhinyam, 2008 (U.P. Act No.29 of 2008) as passed by Uttar Pradesh Legislature and assented by the Hon'ble Governor of Uttar Pradesh in September 2008. The University has been established under the aegis of Mahayana Theravada Vajrayana Buddhist Religious and Charitable Trust, Meerut, which has acquired a commendable record of service in the field of Education, Health Care and Social Welfare. The University éclat of highly qualified, dedicated and competent faculty from all walks of life, world class infrastructure, well equipped laboratories with latest state-of-the-art equipment and a vast library with recent knowledge resources including e-resources. The unparalleled uniqueness of Subharti University lies in providing an environment fully conducive to the holistic development of students. Thus, maintaining a balance between academic excellence and moral perfection.

The University has been awarded the membership of Association of Indian Universities in 2013. "All India Conference of Intellectuals and School of Educators" have conferred "Outstanding University of the Year 2013-2014" to The University for its outstanding contribution in the fields of education, science, healthcare, national integration, social empowerment and preservation of cultural heritage. The University has been accorded grade 'A' by NAAC in 2016.



## **Panna Dhai Maa Subharti Nursing College** **College profile**

*Panna Dhai Maa Subharti Nursing College (PDMSNC) is a pioneer in imparting nursing education in western U.P. it is established in January 2000 with GNM course (3 years duration), in the name Panna Dhai Maa – a vet nurse who sacrificed her own son in order to save the life of the prince of Rajasthan and the B.Sc. Nursing degree course was established in the year 2008 under swami Vivekanand Subharti University. In response to the dire need of the professional Nurse leaders and nurse educators, Post – Graduate degree programme in nursing, was started in 2011 in 5 specialties and Nurse Practitioner in Critical care in 2017 under Swami Vivekanand Subharti University.*

*Panna Dhai Maa Subharti Nursing College has excellent infrastructure with state-of-the-art laboratories and spacious library with internet and e-learning facilities. Advanced teaching learning*

*activities are supported by experienced teaching faculties with wide areas of expertise in clinical, academic and social settings. For clinical training of students, there is a parent hospital with name Chhatrapati Shivaji Subharti hospital in the campus having 1097 beds and own Rural & Urban health centers for community health nursing practice.*

*The Institution was awarded “Excellence Award in Nursing Education” from TNAI UP State Branch, Uttar Pradesh. A total of 1680 alumni working inside and outside the country are the golden feathers of our institution.*



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Dated: 27.01.2022

**Message**

It gives me immense pleasure and satisfaction to learn that Panna Dhai Maa Subharti Nursing College, Subharti University, Meerut is celebrating the annual college day and simultaneously hosting a virtual conference with the theme “**Innovation & Challenges in Nursing Education & Clinical Research**” from 28<sup>th</sup> Jan to 31<sup>th</sup> Jan 2022.

The theme of this virtual conference becomes more relevant to the present-day circumstances of the pandemic COVID 19 where the healthcare providers especially the medics and nursing care providers have faced innumerable challenges but at the same time have devised novel ways and means to overcome these. The COVID jolt has not been able to dissuade the grit and determination of Nursing educators and researchers and the balance has now shifted from the classroom era towards the web-based learning and the transition is ever continuing. The onus of transforming the tech ignorant nursing students to the tech savvy one has shifted upon the nursing educators and at Subharti, I believe, the transition is continuing and has been a smooth one. However, a lot needs to be done in order to enable, encourage, and coach the students by generating newer technical trails. The challenge still remains in the form of delivering the proficient, evidence-based care in the web-based era to the end user i.e., the patient.

I am sure that through this virtual conference the attendees will be able to apprise themselves with the technological advances and challenges faced thereof in the field of nursing. The plethora of learned speakers should be able to captivate the participants with their discourses and knowledge related to assorted fields of nursing.

I would like to extend my best wishes to stanch and laborious efforts of Capt. Dr. Geeta Parwanda and her team whom I am in no doubt will be able to etch the name of the institute as well as that of Subharti University in the minds of the participating delegates.

Jai Hind and blessings!

**(Dr. Shalya Raj)**  
CEO, SVSU

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**INTERNATIONAL CONFERENCE ON INNOVATION & CHALLENGES IN NURSING EDUCATION & CLINICAL  
RESEARCH (28- 31 January 2022)**

**Panna Dhai Maa Subharti Nursing College, Swami Vivekanand Subharti University,  
Meerut, Uttar Pradesh, India**

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Nursing is the essence of any health care setup. They are the backbone of patient care. Like a strong backbone is important for a health body a nursing cadre with a strong knowledge domain, well trained in psychomotor domain and empathetic towards patients feelings is essential. Subharti College of nursing is one of the best in the field and i hope they become the landmark setter in the near future.

**Dr. Krishnan Murty**

**DMS, CSSH**

**Trustee, MTVBRC Trust SVSU, Meerut**





Jai Hind

Greetings to all

It gives me unique pleasure to get the opportunities to initiate the third international nursing conference with the theme “*Innovations and challenges in Nursing education and Clinical Research*” at Panna Dhai Maa Subharti Nursing College which is a constituent unit of Swami Vivekanand Subharti University, Meerut. The Fundamental Philosophy of our institute is to impart quality based education to cater from basic nursing to highly specified field of nursing care. As we know innovation in teaching methodology and clinical research is an imperative component of nursing education in order to gain the mastery in clinical practice. Inter professional education approach involves team of health professional working together to provide more coordinated and comprehensive care to clients which is essential for facilitating the transition to team based care. Hence keeping same in view, the theme of 3<sup>rd</sup> International conference is prepared and hope this conference would provide an opportunity to nursing professional to expand updates in nursing education and understand the various challenges and obstacles faced in the strategic planning and implementation of curriculum of nursing education system.

On behalf of faculty of nursing, Swami Vivekanand Subharti University, I welcome International and national resource person, head of the Institution, nursing professional, faculties and delegates from all over the world with gratitude for being with us for this conference.

I wish the conference a great success and ensure that this event will be a grand scientific

**The task of modern educator is not to cut down Jungles, but to irrigate deserts**

**C.S. Lewis**

**Dr. Geeta Parwanda**

Phd in Nursing, MSCN PGDHHM

Principal Panna Dhai Maa

Subharti Nursing College



**NURSING SCHOLAR  
SOCIETY(NSS)  
DELHI NCR CHAPTER 1 LAVENDER**

**REGISTERED SOCIETY**



**Message from President, Delhi Chapter (Lavender)  
National Scholar Society**

21st century demands and needs for education and clinical skill are response to advancement in technology and Covid-19 pandemic. It is a time to think over innovations in health professionals education and practices and nursing is not an exception. Even National Education Policy 2020 emphasises on innovation and multi-disciplinary approach in education and research and strengthening social skills along with professional and technical skills. It is a time to bring in change in nursing education and health professional education models and frameworks. A global acknowledgement of the fact that nurses play important role in providing quality care to people and are crucial partner in future health care. It is also documented that nursing and midwifery is a demanding and complex profession, they need skilled, critical thinkers who can work in multi-disciplinary teams, take evidence based decisions and have skills to handle any critical situation and emergencies. Post Covid-19 pandemic period and future is very challenging, it is a time that nurse leaders and decision makers should think about sustainability of nursing professionals. And sustainability can occur only by innovative education, research and practice models. Innovation is a challenge due to various factors but barriers needs to be broken to bring in transformation and change. This is possible by bringing change in vision, mission, objectives, curriculum, teaching-learning activities and assessment methods in teaching institutions; and quality multi-disciplinary research will provide evidence for change and these together will influence the clinical practice of nurses and midwives. Professional councils and associations should come forward to bring in change as inter-professional education required meaningful integration and collaboration. Studies have suggested that inter-professional collaboration can bring in good patient outcomes and improve efficiency, skill mix, innovation and creativity in patient care. Even the inter-disciplinary and inter-professional research can find solutions for multi-faced problems of community. Although inter-professional and inter-disciplinary collaborations are not free of conflicts and challenges but it is high time to resolve the issues, I hope this conference will be able to find solutions to initiative the concept of inter-professional education, research and clinical practice and suggest few recommendations.

Delhi Chapter (Lavender), Nursing Scholar Society ensure its commitment and contribution and part of the journey to bring change in education, research and practice environment and culture. On behalf of Delhi chapter I wish grand success to College of Nursing, Subharti University for 3rd International Conference on Innovation and Challenges in Nursing Education and Clinical Research.

*Neerja Sood*  
Dr. Neerja Sood  
President (Delhi Chapter, NSS)



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**EFFECTIVENESS OF PARENTING SKILL PROGRAM ON CHILD'S ADAPTIVE BEHAVIOR,  
PARENTAL SELF-EFFICACY AND MENTAL WELL-BEING AMONG THE PARENTS OF  
CHILDREN WITH INTELLECTUAL DEVELOPMENTAL DISABILITY IN SELECTED SPECIAL  
SCHOOLS OF DELHI.**

**Nancy Thakur\***,

**\*Assistant Professor, Galgotias University**

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**Introduction:**

The magnitude of the problem of intellectual disability (ID) in Indian hardly needs any exaggeration. In India, the prevalence varies from 0.63% to 7.14%. Depending on the severity of the ID, children tend to be proportionately dependent on their parents.

**AIM**

To strengthen the parenting skills and improve the child's adaptive behavior, parental self-efficacy and mental well-being.

**Objectives**

**Primary Objectives**

1. To assess the child's adaptive behavior, parental self-efficacy and mental well-being among parents of children with Intellectual Developmental Disability.
2. To develop and implement the Parenting Skill Program for the parents of children with Intellectual Development Disability.
3. To assess the effectiveness of Parenting Skill Program on child's adaptive behavior.
4. To assess the effectiveness of Parenting Skill Program on parental self- efficacy.

- To assess the effectiveness of Parenting Skill Program on parental mental well-being.

**Secondary Objectives**

- To determine the correlation between child’s adaptive behavior and parental self-efficacy.
- To determine the correlation between child’s adaptive behavior and parental mental well-being.
- To find out the association of child’s adaptive behavior, parental self-efficacy and mental well-being & socio demographic variables.

**Research Methodology**

**Research Approach-** Quantitative Approach

**Research Design-**Quasi Experimental, Time Series Design

Group	At 1 <sup>st</sup> Month	At 3 <sup>rd</sup> Month	Intervention 12 Sessions:1 Per Week (45Minutes)	Immediate	At 1 <sup>st</sup> Month	At 3 <sup>rd</sup> Month	At 6 <sup>th</sup> Month
Exp	O <sub>1</sub>	O <sub>2</sub>	X	O <sub>3</sub>	O <sub>4</sub>	O <sub>5</sub>	O <sub>6</sub>

**Research Variables-**

**Independent Variable-** Parenting Skill Program

**Dependent Variable-** Child’s adaptive behavior, parental self-efficacy and mental well-being.

**Research Setting-** Selected Special Schools, Delhi.

**Population-**

**Target population-** The target population was the parents of children with IDD (mild or moderate)

**Accessible population-** The accessible population for present study was the parents of children with IDD (mild or moderate) in selected special schools of North India.

**Sample-** Parents of children with IDD (mild or moderate) in selected special schools of Delhi.

**Sampling Technique** - Cluster random allocation to select the special schools.

**Sample Size-** 80 Parents of children with Intellectual Developmental Disability

### **Result:-**

There was significant difference shown between mean pretest score with posttest 1 and posttest 3 of child's adaptive behavior. There was significant difference shown between mean pretest score with immediate posttest, posttest 1 and posttest 3 of parental self- efficacy. There was significant difference shown between mean pretest score with immediate posttest, posttest 1 and posttest 3 of parental mental wellbeing. There was no significant association shown between Parental mental well-being & selected socio demographic variables. There was significant association shown only between child's adaptive behavior & selected socio demographic variables like child's gender. There was no correlation between child's adaptive behavior and parental self-efficacy. There Correlation between child's adaptive behavior and parental mental well-being.

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**INTER PROFESSIONAL EDUCATION (IPE) IN NURSING: AN OVERVIEW**



**Jeneview Diana Castelino**

**RN, BSN, MSN, PG DQMHHO**

In healthcare sector Interprofessional education (IPE) is a specific model where nursing students work collaboratively with all other disciplines with the aim of developing interprofessional communication, collaboration and effective team-work. IPE is standing on the four-core competency domain like values & ethics, collaborative practice, communication and moreover team-work. Lack of communication, trans-culture, assumed leadership, confusion all are considered as major hindrance. During curriculum development we need to plan ahead, need a clear purpose, learning outcomes, stakeholders, theoretical perspectives, comprehensive approach and quantitative and qualitative evaluation design. IPE in nursing ensures interprofessional thinking, acting, sharing of information, conflict resolution and helps in building a body of knowledge.

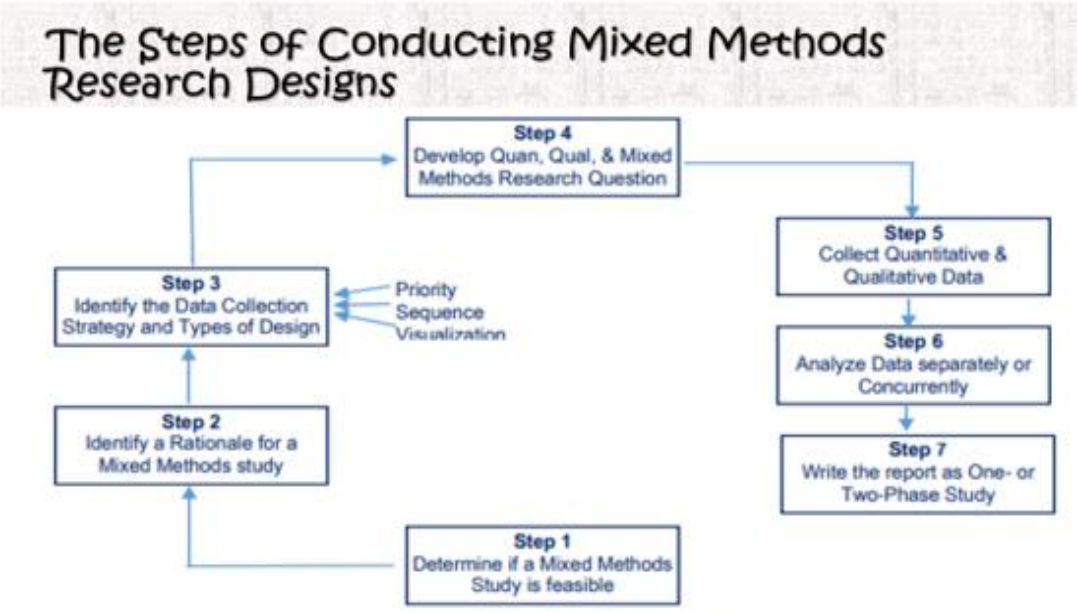
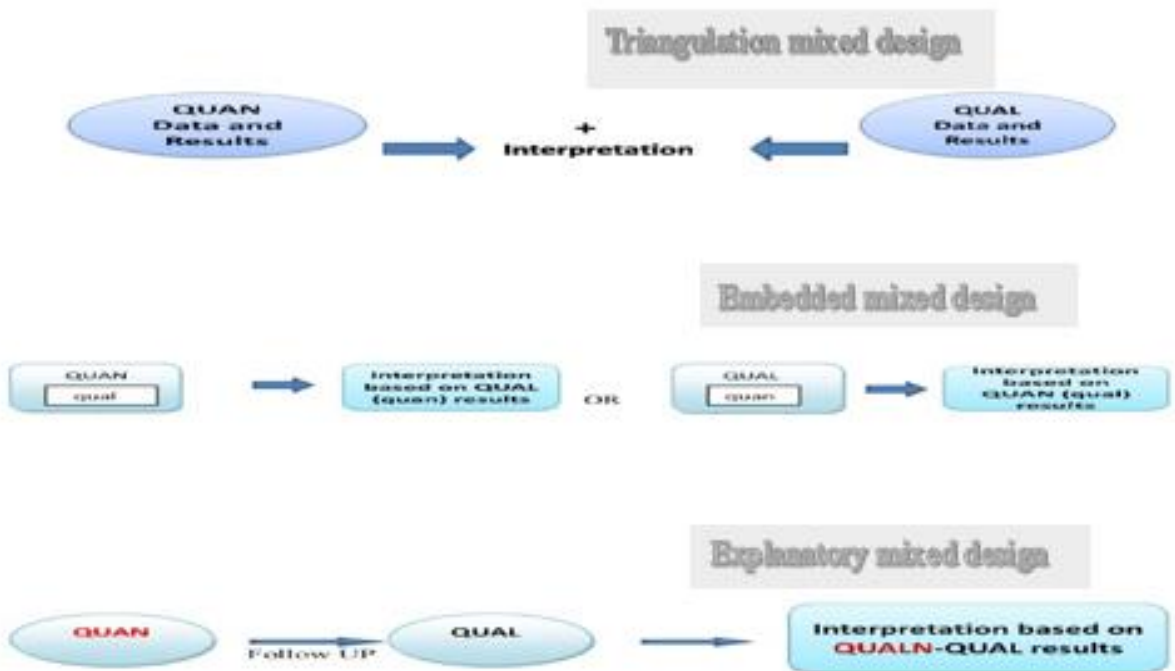
OUTLINE OF MIXED METHODS RESEARCH: EXPANDING THE EVIDENCE BASE & CURRENT  
MIXED METHODS PRACTICES IN QUALITATIVE & QUANTITATIVE RESEARCH



**Lehulu Tilahun**

(BSC, MSC, MPH, Assistant Professor, Wollo University, Ethiopia)

- ☆ **Definition of Mixed Method Research:** Research in which investigator collects & analyses data, integrates findings & draws inferences using both qualitative & quantitative approaches and methods in a single study. (Definition by Tashakkori and Creswell (2007 p 4) )
- ☆ An emergent methodology of research that advances systematic integration, or “mixing,” of quantitative & qualitative data within a single investigation. (Shorten, A and Smith, J: 2017)
- ✚ Mixed methods research is now viewed as the third methodological movement
- ✚ The purpose of mixing approaches is to afford opportunity to gain a more complete understanding of research problems
- ✚ Mixed method approach offers greater possibilities than a single method approach for responding to decision makers agenda
- ✚ In health care, selection of mixed methods as methodology seeks to provide hard data for decision makers who seek to determine health care policy.
- ✚ There is growing acceptance that the design provides an appropriate methodology to address complex health problems frequently faced by nursing discipline



**Figure 7. Steps of in the Process of Conducting a Mixed Methods Study**  
 (Cresswell, 2012, p. 555)

**SIMULATION MODALITIES & ENHANCING THE SIMULATION EXPERIENCE IN NURSING  
EDUCATION**



**Hemanth Kumar**

Simulation Educator

Advanced center for Medical Simulation & Skills  
All India Institute of Medical Sciences, Rishikesh

**Introduction & Virtual tour of my Simulation center:**

Center of Medical Simulation & Skill development at All India Institute of Medical Sciences, Rishikesh is a comprehensive set up to enrich & supplement Medical training. It has been established as a Center of Excellence equipped with State-of-art Basic & Advanced Simulation facilities  
Established in 2018 and functional for past 4 years.

Space: Total area 1094.67 sq. mt

Medical Simulation: 349.18 sq. mt

Surgical skill Lab: 375.83 sq. mt

Hall & demonstration rooms: 369.66 sq. mt

**Facilities Available**

Task Trainer (Low fidelity simulators): 96

Medium fidelity simulators: 02

Virtual high fidelity simulator: 04

High fidelity simulators:06

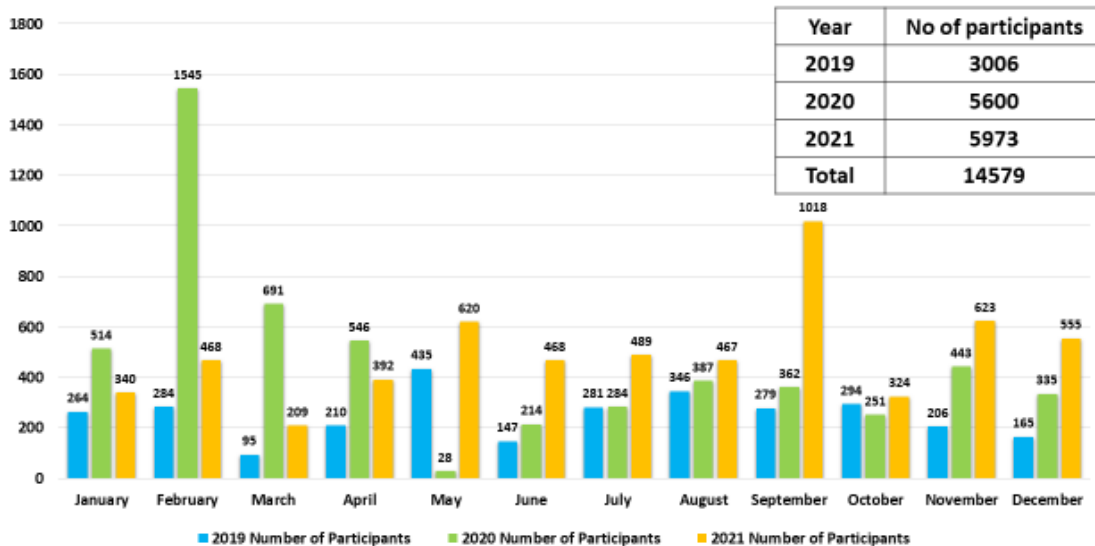
Surgical Skill Lab

Demonstration rooms

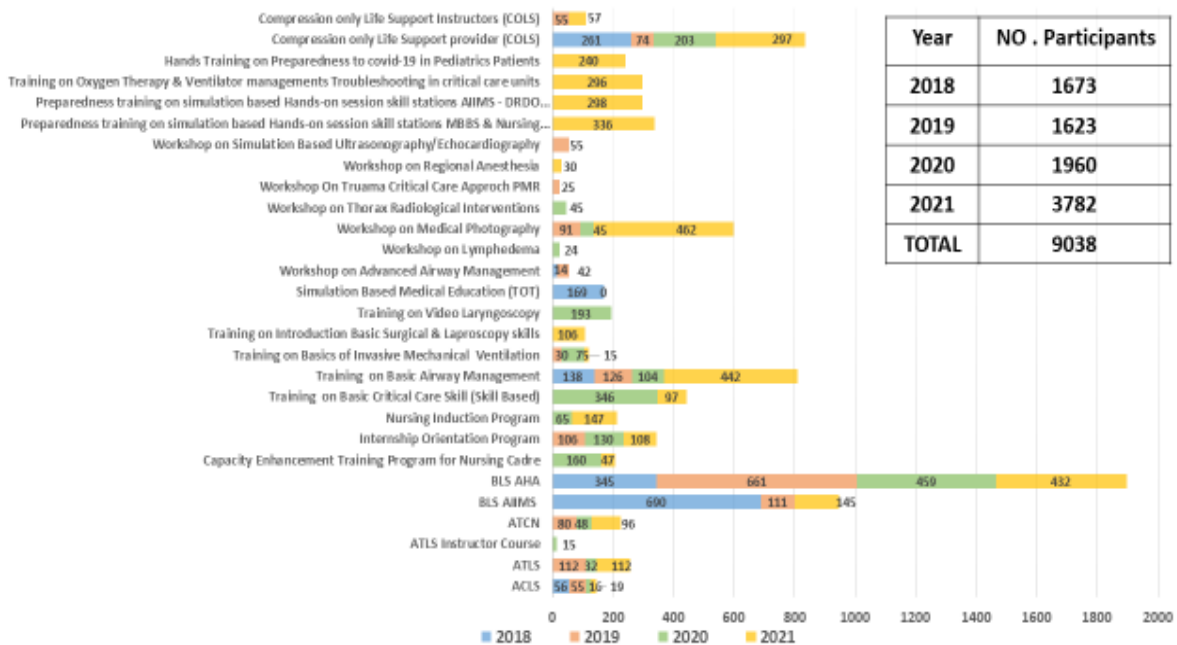
Debriefing room

50 seater hall (Audio-Visual aids & internet Wi-Fi)

### Simulation Center Utilization Monthly Activity(2019-2021)



### Training Program 2018- 2021



Field of medicine has evolved over last few decades under major influence of technology and it is quite different from the other professional fields where there is no scope of a second chance as it involves human life. Recent changes in Medical education with concept of student centric learning and advancement in technological development assists skill development through simulation. There has been a major shift in teaching pattern with more emphasis being given to Learner centric approach with Self-directed and Competency based learning. Medical Simulation & Skill Labs will provide these essential tools to facilitate skill enhancement in students for better patient care management.

Patient safety is the foremost concern in a healthcare delivery system. Keeping in mind ethical, legal issues and patient safety; adoption of contemporary educational technologies would ensure in acquiring desired skills with confidence without causing harm or injury in simulated real life patient clinical setting/scenario.

Advantages of Simulation & Skill Lab is that it can be programmed to simulate selected Clinical findings, conditions or complications and can be used for training on management of these situations. Skill lab will give opportunity to practice desired technique several times until right acquisition of skill. Use of simulation also enables students to practice and make mistakes without risk to patient or themselves. Providing a chance for immediate reflection of performance will be an effective outcome of Simulation & Skill Lab training. Ability to practice frequently and manage complex medical scenario/ emergency situations will help to prevent medical errors.

## **Simulation Modalities**

Several conditions are associated with creating an easier and more effective strategy of learning in a simulation environment. The effectiveness of medical simulation depends on the appropriate application of its methodology and on the knowledge of its different modalities.

Simulation Modalities Remember that simulation is “a technique, not a technology” - Dr. Gaba,

Case-Based Simulation / Desktop Constructed Simulation

Roleplaying

Standardized Patient/ Simulated Patient (Confederates)

Manikin-Based Simulation High-Fidelity Simulators Mid-Fidelity Simulators Low-Fidelity Simulators

Task Trainers

Virtual Simulators (Immersive Technology) Virtual Reality (VR)

Virtual Environment Augmented Reality (AR)

Computer generated reality Mixed Reality (MR)/ Extended Reality (XR)

## **How we can enhance the simulation Experience in Nursing Education?**

- Fidelity

- Environment Fidelity

- Equipment Fidelity

- Psychological Fidelity

- Environment Fidelity mimicking the actual workspace layout - By appropriate designing of centre -

Low cost solution (picture, removable panels, Etc...) - Sound & Smells - Mimicking the workflow - Appropriate role allocation - In situ simulation

Equipment fidelity →appropriate simulator - Task Trainers - Mannequins →Use Actual clinical equipment's →Equipment setup as per the real workspace →Moulage

Psychological fidelity Fiction Contract Perform as in the real environment Cognitive, motivational, behavioral process, simulated patients/ confederates

Standardized Patient/ Simulated Patient (Confederates) Facilitators who role play within the scenario - Improve Realism - Support and guide learners - Introduce deliberate difficulties to support learning objectives (Expanding over wrong drug etc.) - Add stress on scenarios

Modulate Support learning objectives - Assist assessment (provide clues eg, bleeding wound, sweat, cut injury, gunshot wound – Supports decision making - Add Realism - Provide stress inoculation

### **Hybrid simulation**

Hybrid simulation is the combination of two or more different simulation modalities to create a desired scenario. Most commonly what we can use is - Task trainer + SP - SP + Virtual Monitor App - Full body manikin + Virtual medical App

Advantages - Ability to tailor to specific objective with the flexibility - Lower the overall cost - More realistic tactile experience on skills - Enhance the simulation environment as well as scenario - Able integrate Physical, environmental, Psychological fidelity in single scenario

Hybrid simulation can be implemented various nursing specialization like Medical Surgical Nursing, community Health Nursing, Mental Health Nursing, Pediatric Nursing, Midwife Nursing (Maternal & Fetal Nursing)

Auditory simulation - Monitors beeping sound - Alarms from various Medical Equipment's - Traffic sounds - Vocal sound like cry shouting conversation audios - Ambulance Noise - Auscultation pre-recorded sounds for OSCE assessment etc.....

Visual simulation fluids. Moulage Image/ picture related to scenarios Videos Treatment algorithms etc.....

Using colours to create secretions and urine body Olfactory Simulation Blood smell for Iron Tablets Hospital environment smells Burn smell using match sticks Commercial-grade smell sprays Audio-visual Technology Simulation Audio-visual system like Exp (SIM station, Learning Space etc....

Audio-video Equipment's Video Based Learning Materials & Tools AV Technology helps on debriefing in simulation based education Smart Boards Gadgets

### **Take Home Message**

In many aspects simulation programmes are similar to other instructional or training programmes offered by universities, clinical training programmes, or industry specific professional development courses. However, the complexity of the technology and scenarios used to develop immersion in simulations requires focused consideration of technology and clinical elements during all phases of curriculum planning and program management.



**VALUES, ETHICS AND CHALLENGES IN INTER-PROFESSIONAL EDUCATION**



**Dr. Geeta Parwanda**

Ph. D. in Nursing, MSCN PGDHHM

Principal Panna Dhai Maa Subharti Nursing College, SVSU Meerut

**Introduction**

Inter Professional Education has been defined by the world health organization (2014) as students from two or more Professional learn about, from and with each other to enable effective Collaboration and improve health outcome.

Health care is increasingly a team effort. No one health professional is able to offer a patient or client , the full range of services available for diagnosis, management, ongoing care, health promotion and disease prevention from admission to discharge procedure.

There was and remains also a basic assumption that, if several health professionals are involved in the care of the same patients, what is necessarily happening is team-based care. Teamwork as a concept was rarely mentioned and it was only when I became nursing officer that I realized the true value of other health professional in patient care and it was always a feeling of satisfaction and joy to discuss case studies with health visitors ,psychologists and physiotherapists and it has been always noticed that we all collected slightly different information from patient and discussed various aspects of management from varying angles but certainly had a common goal for better outcome for the patients hence team work was not easy and many a time poor communications leads to gaps in lines of responsibility in rendering quality patient care and many a times the work of the hospital pharmacist was still a mystery thus my clinical experience helped me to gain update about inter-professional education (IPE) in health care.

In 2003, the Institute of Medicine (IOM) called for interprofessional education (IPE) to be adopted by the health professions education community as the pedagogical approach to educating future practitioners for practice in multidisciplinary teams Currently IPE and collaborative practice are among the most significant changes to health care education and delivery in the 21st century.

Promoting positive outcomes is a primary focus of providers when treating patients in all health care settings. Interprofessional education is an integral and necessary practice that must take place to ensure that positive outcomes are achieved and to promote patient safety. The American Association of Colleges of Nursing, the Institute of Medicine, and the National League of Nursing have prioritized interprofessional collaboration as a crucial component of education necessary to improve the quality of health care. Curricular development in nursing is a principle setting where interprofessional education can be developed.

### **Values and ethics in interprofessional education**

Accordingly, the IOM's recommendations called for a "coordinated series of well-designed studies of the association between interprofessional education and collaborative behavior, including teamwork and performance in practice" [8] and for ongoing interprofessional education efforts. Leaders in health professions education have called for interprofessional education on a national scale. In 2011, the Inter-professional Education Collaborative (IPEC) released a report titled "Core Competencies for Interprofessional Collaborative Practice," which called for interprofessional skills to be included as a core competency for health professions students. The effort to create this report was itself interprofessional as committee IPEC was formed as a collaboration between the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools and Programs of Public Health

The report delineated specific ethics-based interprofessional competencies, such as "place the interests of patients and populations at the center of interprofessional health care delivery" and "respect the unique cultures, values, roles/responsibilities, and expertise of other health professions" and another recommendation that interprofessional ethics is an emerging domain requiring further development.

One resource for this systems change is the Interprofessional Education Collaborative (IPEC), a group of national education associations of schools of health professions, which has created core competencies for interprofessional collaboration. These competencies lead to guidelines for instilling standardized ethical approaches in interprofessional and inter-disciplinary practice. These competencies would allow collaboration on ethical questions to expand beyond the clinical setting into the broader public health and policy arenas. However, are associations among interprofessional education, long-term interprofessional collaboration, and patient-specific outcomes and True inter-professionalism must have foundation of shared ethics and values.

Lachlan Forrow discusses how medical education could be changed to improve interprofessional team-based care. From the perspective of a student rather than a teacher, Shara Yurkiewicz shares what she learned on her physical medicine and rehabilitation rotations from physical therapists, speech therapists, occupational therapists, and nurses about patient-centered care when she observed and listened to rather than questioned her patients. Two research articles examine the implications of recent legislation. Meghan Rudder, Lulu Tsao, and Helen E. Jack broaden the conception of the health care team and physicians' role in evidenced based policy.

### **Challenges in Interprofessional Education**

There are ethical challenges in health care through interprofessional collaboration involves an active partnership among people from diverse training backgrounds who work together to identify, analyze, and resolve ethical questions or concerns in order to improve the quality of health care the main challenges are enlisted.

Challenges in understanding of patients' and family members' values and preferences, as well as the values and preferences of the various professional stakeholders—such as nursing PROFESSIONALS, physicians, and therapists—is required. For example, decisions about treatments near the end of life commonly lead to ethical dilemmas for the patient, family, and clinical team. In such cases, conflict can arise if the patient or family seeks to continue life-sustaining treatments for cultural, religious, or other reasons, while the clinical team recommends limiting life-sustaining treatments. So it is important to include the perspectives of all persons involved in decision making—not only the patient and family but also all other relevant professional stakeholders—is paramount for ensuring the highest quality end-of-life care.

1. The field of medicine continues to be predominantly male (66 percent men, 33 percent women, while the field of nursing continues to be predominantly female (91 percent women, 9 percent men). Gender underrepresentation in medicine (for women) and nursing (for men) can be sources of ineffective or fragmented interprofessional patient care, perhaps due to power differentials rooted in each field's historically situated hierarchies and gender dynamics.
2. Differences in reimbursement policies can make power sharing between the two professions difficult and interprofessional collaboration challenging to achieve.
3. There Is a Difference Between Medical Ethics and Nursing Ethics. According to the American Medical Association (AMA) Code of Medical Ethics, "the primary bond between the practices of medicine and nursing is mutual ethical concern for patients" (Raanan Gillon)

### **Conclusion**

A problem-based inter-professional learning curriculum can positively impact nursing and medical students' attitudes toward and confidence in interprofessional collaboration, (Lin et al.'s Study of Interprofessional Clinical Ethics Education and its Implications).

An inter-professional health care team includes not only nurses and physicians but also physician assistants, social workers, pharmacists, physical and occupational and speech therapists, optometrists, respiratory therapists, dietitians, counselors, spiritual care personnel, chiropractors, dentists, and others. Expanding interprofessional education to the entire health care team would give rise to additional complexities, but a systems change is needed to motivate high quality and ethical care of patients.

True inter-professionalism they collectively create a vision for a more collaborative, communicative, and inclusive clinical culture. Health professionals who identify themselves as working in teams but do not meet all these prerequisites have been defined as working within pseudo-teams without team goals and they report lower safety at work and less job satisfaction (Dawson et al. 2007). The three conditions are important to remember when considering inter professional practice (IPP) and teamwork.

There is a minimum of three conditions that must be met to define a functioning team: the team has clear objectives that are known to all team members; members work closely together to achieve the objectives/goals; there are regular meetings to review team effectiveness and discuss how it can be improved.

Teamwork as a concept was rarely mentioned and it was only when I became a Clinical Nursing Officer that I realize the true value of other health professionals in patient care. What a solicitation it was to discuss cases with practice and district nurses, health visitors, clinical psychologists and physiotherapists. We all gathered patients and looked at management from varying angles, but certainly had a common goal – a better outcome for our patients. There was always misconception about the Clinical Capability and lair of responsibility of other then of health works.

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**IMPLEMENTATION OF SEMESTER SYSTEM: PROSPECTS AND CHALLENGES**



**Prof. Manasi Jana**

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**Introduction:**

A semester system permits greater freedom and scope for designing and delivering a variety of courses that the students can pick flexibly from in order to enhance the quality of their learning as also their career options. Education is imparted through a system and its success depends on what the system is and how it is practiced. India's Higher Education system is the third largest H.E systems of the world after America and China but the competitiveness of Indian Higher Education comes into question, particularly, when measured in terms of quality and global parameters of competitiveness. In semester system, examinations become a part and parcel of the daily routine and the system no more produces any sort of stress and strain among the students. The external examinations become more valid and reliable measure of performance due to continuous internal evaluation being carried out as an integral part of the system. The teaching and examination are spread over a longer period, and hence, the tendency of rote learning and memorization is discouraged. Here, greater emphasis is laid on teaching rather than on examination. Each semester has a specified number of working days which helps in better budgeting of available time and resources. This system does not allow any kind of slackness on the part of teachers and students; as there is no extra time to waste. This introduces seriousness and study-culture in the universities. Although many countries of the world adopted the semester system long ago, yet it is still a new idea in India. A large majority of institutions of higher education is yet to consider it for implementation. Nurses especially the graduate nurses are very important part of a society. Various schools and colleges are prepared these professionals who are responsible to drive a nation. Education depends on the country need. In current situation many nursing students wanted to exchange their educational experience with the foreign country for their better opportunity. Indian nursing education system should be at per the foreign country. Perceiving these urgent needs of the students, INC is going to introduce semester system in the undergraduate nursing course. We have to understand its prospects and challenges from the experience gaining from higher education where semester system already introduced.

**Why semester system in Nursing?**

One of the aims of implementing the system is the facilitation of student exchange programmes. Students who move from one university to the other — domestic and foreign — in the middle of a course should be able to “carry” their academic performance. At present, most Indian Universities follow an annual calendar and award marks to their students, which is incompatible with systems in the Western country. Adopting semester system with credit hours and grading would help students move across continents with ease. It is the emergent issue as the India has faced this as brain drain of competent nursing personnel.



INC has developed semester system with description of course code, course title, theory credits, lab credits, clinical credits, total hours. Four years undergraduate course is divided into eight semester. Total course credits 141 plus 12 credits in internship plus 3 credits elective is equal to 156 credits with total hours 6396. At the end of each semester, student transcript can be prepared based on the grade points. So that students will not face problem in the abroad.

### **Importance and objectives of semester system:**

- To broaden the outlook of the students and instill in them a sense of confidence and responsibility.
- To develop the study habit among students.
- The student gets more chances to remain well versed.
- A detailed account of the student's progress graph can be produced in semester system.
- To acquaint the students with different forms, styles and thoughts in other parts of the country and beyond.
- The semester system allows greater interaction with teachers and the students will be more focused on preparing throughout the year.

### **Advantages/ Prospects of Semester System in Education**

- In semester system, students get a chance to self-study different subjects as well as subjects according to syllabus.
- In semester system, assignments are given to students which help them to have knowledge other than the defined syllabus.
- Flexibility in syllabus, and students have option to study some subjects according to their choice. In Nursing, all subjects are compulsory.
- Teacher and student interaction increases and teachers have more information about their students.
- Contents of courses are decided by teachers and they can decide them by reviewing student's interests.
- Students get more vacations because they get a semester break after final exams of every semester.
- In semester system, credit hours are defined and students have to study just according to the defined credit hours

### **Disadvantages of Semester System in Education**

- Students have to manage the syllabus in short time.
- Sometimes, teachers cannot convey the whole knowledge of the subject due to short time.
- Students do not get time for extra study; as a result they just have basic knowledge of the subject.
- In semesters system, students do not get chance to re-evaluate their papers, so they have to manage and maintain their grades.
- Packed clinical rotation does not allow student to become absent unnecessarily. Scope is very less for make-up duty for long absent students.
- Time passes very quickly and it does not let students to have complete knowledge about the subject.

### Challenges:

- Hectic Examination activities simply contribute to pass the examination and nothing else.
- This system suits only to higher education.
- This system suffers from all those evils which annual system of examination suffers.
- It is a difficult task to frame proper syllabus of each semester.
- The system makes the students lazy and careless as there become enough chances to re-appear in the examination.
- At least one month time goes waste in starting next semester.
- In this system students are constantly under the hammer of examination.
- Syllabus of the semester course is alike with the annual system and it becomes difficult to complete the course within the time frame.
- Due to continuous engagement of students in the study process, they are giving very less time to their extracurricular activities.
- Adjustment of faculties to the system is a challenge.
- Total duration of theory and clinical hours are accommodated in the 20 weeks period which is very difficult to complete within stipulated period.

**Suggestions:** following are some suggestions for the improvement in the semester system.

- Maximum duration of exposure in the clinical field to be given to the students which was present in the annual system.
- The teachers should encourage the students to participate in the co-curricular activities that are the integral part of teaching and learning process.
- The teachers should also give the descriptive tests during session to improve the students' writing skill.
- The workshops should be organized for all the teachers so that they may improve their competency after getting professional training related to the teaching –learning activities, clinical exposure of students, and examination of semester system.
- The time duration for mid and final term exams should be allocated according to the distribution of marks.

**Conclusion:** The semester system in nursing undergraduate course is going to introduce all over India. We have to acquainted with this system gradually. We have to try to face the challenges of new system, solving the problems with the available resources. University may invite more research work in this area of implementation of semester system.

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## ACADEMIC PROGRESSION IN NURSING: NEW MODELS IN NURSING AND CHALLENGES



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### **Introduction:**

Models represent reality. The 2007 Education and Research priorities of American Organization of Nurse Executives specify four main areas of emphasis.

- Design of future patient care delivery systems
- Healthful practice environments
- Leadership
- Positioning nurse leaders as valued health care executives and managers.

When we look into where we stand with regard to nursing models and nursing science in general? Fitzpatrick and Stevenson published a review in the past ten years of nursing research. They postulated that there remains disconnect between areas of knowledge development and implementation in practice settings. They also opined that schools of nursing can act as a bridge and close the gap by preparing leaders who are willing and able to lead in the manner required for today's health care environment.

### **Academic progression models in nursing:**

Although nursing education pathways have expanded access to the profession, fragmentation accompanying these entry points has created uncertainty among students about the desired end point, questionable efficiency and effectiveness of reaching career goals, and unclear merging mechanisms to enable seamless, linear progression. A study examined the most promising practices in design and implementation of alternative pathways for academic progression in nursing. Four case studies are presented that explore the challenges of designing alternative pathways and identify performance measures to assist with developing such programs.

### **Globally engaged nursing education:**

A literature review was conducted to identify studies and models of global nursing education experiences in scientific indexed literature and the gray literature. The key elements of the model developed include institutional and program mission and goals, global health core content, program characteristics, student characteristics, reflection and perspective transformation.

The framework is offered for use in developing global experiences and in conducting studies to advance our understanding of what and how students learn and are transformed from participation in global education.

### **An innovative academic progression in nursing model in New York:**

The dual degrees partnership in nursing is a unique articulation model created in 2005 between two nursing programs that provide a seamless pathway to students to earn both associate's degree and a bachelor's degree in

nursing while benefitting from the strengths of each program. The findings demonstrate consistent performance and positive outcomes on all factors measured, which have been benchmarked against available state and national results.

Further, the presentation is proposed to include research evidences enveloping empowering education: a new model for in-service training for staff; priorities and challenges for health leadership and workforce management globally; addressing new challenges facing: nursing education and solutions as well.

**Challenges in teaching:**

- Despite clear benefits of e-learning, transitioning from traditional to e-learning is not without challenges.
- Time and demand for students and educators are increasingly rising; leading sectors to develop new approaches to providing a more personalized self- directed learning experience. (O' Doherty et al, 2018)
- One of the most mentioned issues is a lack of live, face to face interaction between students and instructors ( Berge 1998, Clay 1999, Kriby 1999)
- Problems of e-learning from literature classifies into four:
  - Problems related to students
  - Problems related to teachers
  - Problems related to infrastructure and technology
  - Problems associated with institutional management

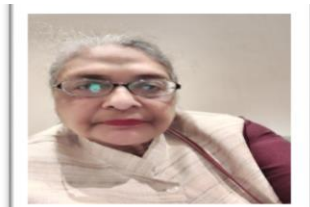
Also, challenges shall radiate to the following topics and dealt such as: impact of education particular to nursing education; transitioning from face to face to virtual world: challenges; lessons learnt/ recommendations; and perspectives to push forward nursing education:

**Conclusion:**

A challenge is presented to nurse administrators and faculty charged with preparing the next generation of nurses to meet the challenges of an unknowable future by thinking beyond the traditional boundaries of classroom and clinic to co-create new ways of living teaching- learning mission of nurse education programs. Students must be highly motivated and willing to accept full accountability for their own learning to succeed in an online environment. Online is extremely flexible, having deadlines instead of set dates and time for class meetings, allowing student to work at a pace fitting individual needs. Strategic intentional planning for the future of nurse education beyond the confines of pandemic will take visionary leadership on the part of the faculty, administrators, and accreditors who are willing to embrace illimitable possibilities in assuring that the next generation of nurses benefit from a teaching- learning environment where nursing science and art are at the center of the curriculum, regardless of the delivery format.



**INTER-PROFESSION EDUCATION (IPE) AND NURSING**



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Healthcare system is changing over time with advancement of technology and changing policies to meet the needs and demands of the people. With changing health needs and population dynamics it is essential to provide comprehensive need-based care and on the other hand to achieve the national health and education goals within a system with various constraints. In this scenario nurses can play important role and take up various roles in health team therefore it is essential to review the nursing education system and nurses need to take up responsibility of patient care in critical situations and take complex critical decisions (Cleary, 2010). To prepare nurses for 21 century there is a need to bring in paradigm change in nursing education. Demands for 21 century health professionals will be not only with technical knowledge and skills but also multi-disciplinary knowledge and soft skills, IT skills, social skills. Therefore, need for paradigm change in nursing education is needed. Another reason is shortage of health professionals as per WHO estimated global shortage of nearly 18 million health workers by 2030. Although nursing curriculum is reviewed overtime to ensure that students develop the skills required in changing scenario and to achieve SDG 3 and universal health. Nurses play important role in the health system especially in today's scenario with change in health policies and implementation of various primary health care interventions at community level and on other side specialized care to patients at tertiary level. Nurses can help in developing inter-professional team-base collaborative models of practice and education with different health care professionals practice and learn together and collaborate to provide comprehensive, cost-effective quality care (Bouchaud et al., 2017b). Therefore, there is a need for inter-professional education so that even nursing students need to be ready to be a part of health team in future, respect and value co-professionals and collaborate with them and on the other hand other professional like doctors, pharmacist. Dentist etc too value nurses and their role in a health team (World Health Organization, 2013).

On one hand different professional education system and practices have different philosophies, practice protocols and group behaviour and on another hand, there are certain common procedures and guidelines followed for patient care by all professionals. They work in same formal system with a ultimate aim is to provide cost effective quality patient care.

Need for inter-professional education need to be develop which will provide an opportunity for the students from the different disciplines to collaborate and learn together and to understand each other role and value in a team,



help in increasing patient satisfaction, patient safety issues and adverse events can be taken care off in a effective way. In practice when students will go for clinical experience they learn in silos. IPE although keep in view the primary objectives of nursing education in view but it also provides real experience to nursing students to work in team. There are many challenges like hierarchy of medical profession, trust, relationship and communication among professionals, curriculum, skills integration for IPE, accreditation of education by various statutory bodies, regulatory mechanisms for practice and collective mandate by councils regarding IPE. For implementation of IPE there is a need for paradigm shift in education of health professionals, curriculum modification, faculty development, clinical experience planning, IPE teams for monitoring and evaluation (Bouchaud et al., 2017a; Kailash Kaini, 2015) . Various IPE models were developed by various institutions and even by WHO had developed IPE framework, nursing institutions can collaborate and pilot models and adopt the best one or have own model. Inter-professional education can transform health professional education, which is currently fragmented and outdated with a static curriculum that fails to equip graduates adequately to work in a changing scenario.

**EFFECTS OF SEMI-STRUCTURED COUNSELLING MODULE ON EMOTIONAL RESPONSE OF  
PATIENTS ADMITTED IN ICU OF A COVID HOSPITAL**

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**Introduction:** Psychological distress, sleep disorders, anxiety, Post-Traumatic Stress Disorder (PTSD), suicidal ideation, substance use and significantly reduced quality of life is common in people suffering from medical pandemics. Patients admitted with Covid 19 have exceeded the incidence of anxiety, depression and panic reaction than previous medical pandemics.

**Material and Methods:** It's a quasi-experimental study, pretest post-test design where the emotional response of 30 COVID 19 in-patients was measured with help of Hospital Anxiety and Depression Scale (HADS) before and after 3 sessions of semi-structured counselling of 20 minutes duration on three consecutive days. The first session included Crisis Intervention, second focused on developing Adjustment skills and third addressed the spiritual needs. Jacobson's Progressive Muscle Relaxation techniques were included in all three sessions. The data was analysed with help of appropriate statistics methods.

**Results:** Post-intervention, the mean HADS-A ( $P < 0.001$ ) score was reduced from 13.37 to 7.57 and HADS-D ( $P < 0.001$ ) from 9.47 to 6.77, the total HADS score ( $P < 0.001$ ) from 22.5 to 14.33, indicates that the counselling session was effective in reducing the negative emotional responses of COVID 19 patients.

**Conclusion:** The counselling module was very effective in reducing negative emotional responses in COVID 19 patients. It also resulted in better patient satisfaction as no patient went on discharge against medical advice post intervention which was there previously.

**Key words:** Counselling sessions, emotional response, COVID 19 patients



**LABOR MANAGEMENT & COVID 19: A MIDWIFE'S CONCERN**

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**College of Nursing, Command Hospital Lucknow**

**Professor & HOD Department of Medical Surgical Nursing, Principal**

**Abstract**

Dawn of 2020, year of 200<sup>th</sup> anniversary of Miss Florence Nightingale, marked for strengthening the Midwives for safe motherhood worldwide, came with an irony called COVID 19 for mankind. This systemic review aims to study the management of Labour in pregnancy with COVID 19. The novelty of disease and emerging knowledge also makes it a felt need to analyze the evidence available on the subject. This review includes all retrospective quantitative studies till date after ethical clearance with sample size more than 10. The extensive search leads to 80 articles out of which 10 articles were selected for the systematic review which included 285 patients across various centers and countries. The systematic review concluded that COVID has same clinical manifestations on patients with pregnancy as on the general population. Mild asymptomatic cases of COVID with pregnancy needs no admission. Labour management in mild and moderate cases has to be as per obstetric condition of the patients, while severe cases require focus on the respiratory and general condition of the patient. Mode of delivery needs to be chosen as per the obstetric cause and general wellbeing of mother. Labour analgesia or anesthesia can be given as needed. Continuous fetal and maternal monitoring is needed. Vertical transmission is still debatable. PPE1 & 2 is recommended as per COVID status of the patient.

**Keywords:** Labour Management & COVID 19, Pregnancy and COVID 19

**A STUDY TO ASSESS THE PREVALENCE OF NON COMMUNICABLE DISEASES AMONG THE  
URBAN POPULATION IN A CENTRAL ASIAN COUNTRY**

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**Vasu Nikunj<sup>2</sup>, Gd Spl Surgery, Lucknow**

### **Introduction**

NCDs (non-communicable diseases) remain the major cause of morbidity and mortality in Central Asian countries, causing more than 80% of all deaths. The World Health Organization (WHO) has recommended for ongoing surveillance of (NCDs) and their risk factors, using the WHO STEP wise approach to surveillance (STEPS). The aim of this study was to assess the distribution and determinants of NCD risk factors in a Central Asian country, in which maximum annual deaths are attributable to NCDs.

### **Methods**

WHO STEPS survey representing NCD risk factors was conducted between March 2020 and February 2021, among 1000 eligible participants of age 20-80 years. The statistical software SPSS version 20 has been used for the analysis.

### **Results**

Approximately, 42% (95% CI) participants were overweight or obese ( $BMI \geq 25 \text{ kg/m}^2$ ) while 56% (95% CI) were found to be morbidly obese ( $BMI \geq 40 \text{ kg/m}^2$ ). Approximately 66% (95% CI) and 64% (95% CI) participants were found to have raised blood pressure (BP) and raised blood glucose respectively. Participants of age 41-50 years and 51-60 years were found to be morbidly obese. Participants of age 51-60 years and 61-70 years were found to have raised blood sugar and raised BP. While participants in morbid obese group were maximum found to be associated with raised blood sugar level and raised blood pressure.

### **Conclusion**

A large portion of the population are living with a variety of NCD risk factors. These surveillance data should be used to support and monitor specific NCD prevention and control interventions. There is a requirement for determination of the major NCD risks and define practices and policies that can effectively reduce levels of mortality, ultimately benefitting the economy and in general making people healthier.

**Key words:** Adults, Non communicable diseases.



**ASSESSMENT OF CANCER AWARENESS AMONG NURSING STUDENTS OF MORADABAD UP**

**Prof. Shreenath K. Kulkarni**

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**Abstract**

Cancer is one of the most common causes of morbidity and mortality all around the world, which affects the individual in every aspect of life including physical, psychological, financial etc. Interaction of various risk factors has the largest contribution to the cancer development. Environmental, exogenous and endogenous factors as well as individual factors, including genetic predisposition contribute to the development of cancer.

Thus it's important to have adequate knowledge regarding Cancer causative factors, diagnostic criteria and treatment modalities for its early diagnosis and timely treatment of this fatal condition.

Thus I have conducted this cross-sectional study to assess the knowledge and attitude of nursing students towards common cancers. A total of 191 students participated in the study which is done by non-probability purposive sampling technique. Survey method was used for the data collection; Google form was created and circulated with the help of what's-app communication. Modified UK CAM knowledge questionnaire and self-prepared, expert validated five point liker attitude scale was utilized for the study.

The study findings revealed majority (95.8%) of the participants were having moderate level of knowledge and (81%) unfavorable attitude towards dealings with the cancer in terms with etiology, early clinical features, diagnosis, treatment modalities and preventing high risk behavior etc. Majority (56%) of the participants were female nursing students out of them many (96.9%) of them have not reported for having any unhealthy habits. Only few (9.4%) have reported for having diagnosed cancer patient in the family. Cancer awareness knowledge score had significant difference (0.001) with respect to gender and attitude score with respect to personal habits (0.032).

Thus appropriate initiatives need to be taken to improve the knowledge of the young population regarding cancer causing high risk behavior, genetic predisposition in occurrence, early diagnosis, and timely complete cancer treatment. It is the need of the time to sensitize the youngsters regarding myths and facts about the oncology treatment and healthy, positive attitude towards precious human life.

**Key Words:** Cancer, Awareness: Knowledge and Attitude, Nursing students.

## EFFECTIVENESS OF SELF-CARE ACTIVITIES AMONG HEMIPLEGIC PATIENTS

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PDMSNC, SVSU

### Abstract

**Objective:** The aim of the study is to assess the self-care activities among hemiplegic patients and to associate the self-care activities with their demographic data. **Methodology:** Quantitative research approach and descriptive correlation design (Quantitative) was adopted for the study. Purposive Sampling technique was adopted for the study. Total of 50 hemiplegic patients were selected who attended the outpatient unit in the Neuro Rehabilitation centre, Nagercoil. Direct interview method with hemiplegic patients was used for data collection. Reliability of the questionnaire was determined through pilot study and validity determined through a panel of experts consists of 10 experts. The data was analysed by using both descriptive and inferential statistics. **Results:** The result of the study showed that the self-care activities were interdependent and there was a significant association between the patients' self-care activities with their age, gender, marital status before hemiplegia, and occupational status after hemiplegia, while there is high significant relationship between the patients' self-care activities occupational status before hemiplegia. **Conclusion:** Most of the patients were fully independent in feeding themselves in their daily self-care activities, but they need assistance in performing toileting, bathing, dressing, grooming and ambulation in their daily self-care activities. **Recommendations:** A similar type of study can be conducted with large samples. A follow up study can be conducted to evaluate the effectiveness of video assist teaching on self care activities. A study can be conducted in community setup to find out the home care for patients with hemiplegia

**EFFECTIVENESS OF STANDARD POST-OPERATIVE CARE AS POST-OPERATIVE OUTCOME  
AMONG POSTNATAL MOTHERS LSCS MOTHERS**

**Prabha Kumari**

**Ph.D Scholar**

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**Objectives:**

1. To develop the standard post-op care of wound healing among postnatal mothers in interventional and control group at.
2. To evaluate the effectiveness of standard post-operative care of wound healing among postnatal mothers in interventional group at Dr. RML Hospital Delhi.
3. To associate wound healing among postnatal mothers both interventional and control group with their demographic variable and obstetrical variables.

**Hypotheses:**

H1-There is a significant difference between pre-test and post-test wound healing among postnatal mothers in interventional group at Dr. RML Hospital Delhi.

H2-There is a significant association between wound healing among post natal mothers both interventional and control group with their demographic and obstetrical variables.

**Methodology:** Quantitative approach true experimental pre-test and post-test design was used. 60 subjects were selected by simple random sampling. 30 interventional groups and 30 in control group. Standard post-operative care for 3 consecutive days (before Discharge from hospital) given for interventional group.

**Results:** The findings revealed that improve the wound healing after intervention confirmed by paired “t” test ( $t = 11.74$  and  $p = < 0.001\%$ ) level.

**Key words:** Standard post-operative care, wound healing, postnatal mother, LSCS.



**EFFECTIVENESS OF MUSIC THERAPY IN REDUCING INVASIVE PROCEDURAL PAIN- AN  
EXPERIMENTAL STUDY**

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**Background:** Illness and hospitalization expose children to unfamiliar and unpleasant feelings. Children may undergo a wide range of intervention in hospitals, many of which can be stress full, traumatic and painful. From the first lullaby, the first soothing, rocking, parent's embrace, a baby is receptive to sound and movement. Ancient healers and philosophers regarded music as a bridge between the body, soul, and earth. The present trends in nursing profession attempts to encompass non-pharmacological approaches to pain relief.

**Methodology:** An experimental post-tests only design was adopted. 80 children aged 3-7 years who underwent invasive procedures were selected using convenience sampling technique and randomly assigned to experimental (n=40) and control (n=40) groups. Base line information was taken by an interview schedule with parents. After that the investigator had taken the child along with the caregiver to the procedure room. An Indian Classical Music of brindhavan raga, which was played through headphone for a period of 10 minutes along with the routine care to the children in the experimental group whereas only routine care was carried out to those in control group. Music therapy was started 4 minutes prior to the invasive procedure and continued throughout the procedure till it gets finished by 10 minutes. Data was collected using FLACC Behavioral pain assessment scale.

**Result:** The mean pain score of children in experimental group (3.88) was lower than control group (8.15). The independent 't' value (t=15.448) computed between experimental and control group was statistically significant at p. This indicates that music therapy was much effective on pain during invasive procedures.

**Key words:** Distraction; music therapy; pain; invasive procedures.

**EFFECTIVENESS OF ONLINE TEACHING AMONG UNDERGRADUATE NURSING STUDENTS  
DURING COVID PANDEMIC – A MULTI-CENTRIC APPROACH**

**Col S Gita**

**Principal and Professor**

**Introduction:** Advancement in Information Technology (IT) gave wings to education. Apart from the innovativeness of teaching involving multimedia, the basic need to impart education online was multiplied because of lockdown during pandemic. But professional courses like Nursing, where hands-on skill is a mandatory requirement, how much effective exclusive online teaching can be remains a question. This study aims to find out the effectiveness of online teaching among Undergraduate nursing students during COVID Pandemic in four different Nursing Colleges in different parts of the country.

**Methodology:** A descriptive web-based multi-centric study was conducted among BSc and PB BSc Nursing students with a sample size of 250. The tool consists of 8 items to assess demographic variables and 25 items to assess effectiveness against a 5 point Likert scale.

**Results:** Majority (47.2%) of the participants were in early 20s and 28% of the respondents were in 1<sup>st</sup> Year BSc Nursing. Most (88.6%) used mobile as their learning device and maximum (91.1%) used mobile data for internet connection. Only 3.27% candidates reported poor network connectivity. All classes were conducted on Google Meet platform. Majority (63.8%) had no experience of attending online class before COVID pandemic. Proficiency to use IT was average. The average score on effectiveness of online teaching was between 60 to 80%, which suggests it was satisfactory. Other than saving time for other tasks, online teaching was helpful in enhancing and reinforcing learning by using videos, tutorials, recording and revising facilities. However the absence of learning by doing, bedside clinics and decreased patient interaction reduced their efficiency in already learnt nursing procedures. 15% of the respondents reported features of stress, anxiety, eye strain and headache because increased screen time.

**Conclusion:** The effectiveness of online teaching on UG Nursing students is satisfactory, however the honing of practical skills through learning by doing needs to be emphasized.

**Key words:** UG Nursing Students, Online teaching, COVID

**A STUDY ON EFFECTIVENESS OF MOBILITY ON PARTURITION, MATERNAL SATISFACTION  
AND FETAL OUTCOME IN LABOR ROOM**

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**Abstract**

Labor is considered a normal physiological process in all cultures where a new life steps into the world. Through ages, human beings tried their best to make this process safe and respectful. However, at times the overzealous nature of man along with the fast technological advancement makes this natural process cumbersome, artificial and may cause harmful long-term effects on the mother and baby.

A woman in labor today is found in bed which is of great convenience to the health care providers. However, research studies have not reflected any added advantage of this position for both women and fetus over the labor process. Systematic reviews on this topic have shown that upright position and mobility during the labor process enhances maternal comfort, reduces the duration of the first stage of labor and risk for babies. The World Health Organization has also recommended adoption of mobility and upright position during labor in women with low risks.

The rationale for the upright and mobile positions during labor and delivery, is that gravity aids the descent of the fetus, uterine contractions are intensified, there is less uterine compression of abdominal vessels, transverse pelvic diameters are increased with squatting and kneeling, and mobility usually provides increased distraction from pain and a greater sense of control. It enhances normal vaginal delivery reducing maternal, fetal and neonatal complications.

**Objectives :** To evaluate the effectiveness of mobility on labor outcome among parturient primigravida women in terms of Maternal outcome, Neonatal outcome

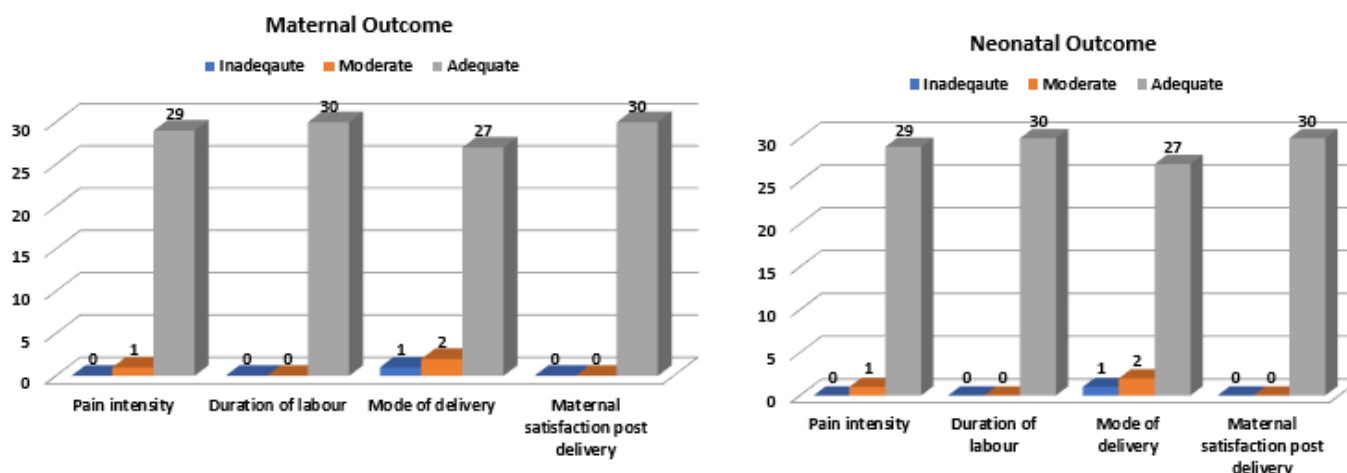
**Primary outcome measures:** Reduction on duration of first stage of labor., Reduction on intensity of pain level during first stage of labor among primigravida mothers, Reduction in maternal and fetal complications, With normal delivery assume primigravida mothers will have a satisfactory hospitalization.

**Secondary outcome measures:** Reduction in delivery cost, Mothers will have lesser postnatal complications reduce duration of hospitalization, Mothers will be able to resume **ADL** (Activities of Daily Living) quickly, Reduced neonatal complications as mothers will be able to feed and care for their child independently, Reduction in

hospitalization cost on patients.

**Materials and Methods:** A quantitative research approach with True experimental research design was used with 60 Primigravida women in active first stage of labor without maternal and fetal risk and at term 36-41 weeks of gestation age with live fetus, admitted in the labor room with intact amniotic membrane. (30 in experimental and 30 in control group) who were selected in hospital setting by non-probability purposive sampling technique. Mobility during the first stage of labor was implemented to assess the time duration regarding during the first stage of labor. Data was collected and analyzed using descriptive and inferential statistics.

**Result:** Level of Effectiveness of mobility on labour outcome among parturient primigravida women



**Conclusion:** the present study concluded that traditionally, childbirth educators have discussed the 3 Ps; The power of the uterine contractions; The passenger, which is the size the position of the fetus and The presenting part and the passage of the mother that influence the progress in labor. In Optimal Care in Childbirth, Goer and Romano suggest an alternative list of 4Ps. Those four factors that must be, Present to support the labouring, Permission, Physical environment, Practise people.

**EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON PREVENTION OF  
CARDIOVASCULAR COMPLICATIONS AMONG DIABETES MELLITUS PATIENTS OF MEERUT**

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**Introduction:** Cardiovascular complications are major causes of high morbidity and mortality in people with diabetes which indicates there is a necessity of awareness regarding the importance of primary prevention among people with diabetes mellitus in order to prevent the development further complications especially cardiac related diabetes complications. Diabetes mellitus is the main risk factor for cardiovascular disease and is widely recognized as coronary artery disease risk equivalent. Patient with diabetes mellitus continue to be at a higher risk of developing all cause and cardiovascular disease mortality than the person without diabetes.

**Aim:** To evaluate the effectiveness of Video assisted teaching program on knowledge and attitude regarding prevention of cardiovascular complications among patients with diabetes mellitus.

**Materials and Methods:** A quantitative evaluative research approach with Quasi-experimental non equivalent control group post-test design was used with 50 diabetic patients (25 in experimental and 25 in control group) who were selected in hospital setting by non-probability purposive sampling technique. Structured knowledge questionnaire and attitude scale were used to assess the knowledge and attitude regarding prevention of cardiovascular complications among patients with diabetic mellitus through video assisted teaching programme. Data was collected and analyzed using descriptive and inferential statistics.

**Results:** The study results revealed that in experimental group, 52% of the samples have inadequate knowledge where as 32% of them have moderate knowledge and only 16% have adequate knowledge. Whereas in control group, majority (88%) of the samples have inadequate knowledge and only 12% of them have moderate knowledge. On the other hand, majority (64%) of the samples had favorable attitude and only 36% of the samples had moderate attitude in experimental group. Whereas in control group, majority of the samples (96%) had moderate attitude and only 4% had favorable attitude which concluded that video assisted teaching (VAT) programme was found to be an effective method to improve the knowledge and attitude of patient with diabetes mellitus.

**Key words:** Effectiveness, Video Assisted Teaching, Knowledge, Attitude, Prevention, Cardiovascular complications, Diabetes mellitus.

**A QUALITATIVE STUDY TO ASSESS THE LEVEL OF ANXIETY AND COPING STRATEGIES  
DURING COVID-19 PANDEMIC AMONG THE NURSING STUDENTS, GALGOTIAS**

**UNIVERSITY, U. P**

**Prempati Mayanglambam**

**Galgotias University**

**Objectives**

- To assess the level of anxiety during covid-19 pandemic among the Nursing students.
- To assess the coping strategies during covid-19 pandemic among the Nursing students.

**Design: Qualitative research Design**

**Setting:** The study was conducted in Galgotias University, Greater Noida.

**Participants:** 30 nursing students

**Intervention:** A total of 30 nursing students were assessed to check the level of anxiety and coping strategies during covid-19 pandemic among the nursing students.

**Measurement and tool:** Coronavirus anxiety scale (CAS) was used to assess the level of anxiety and Adolescent Coping Orientation for problem Experiences (ACOPE) Scale was used to check level of anxiety. Both descriptive, inferential statistics and chi square test was used for data analysis.

**Findings:** Sample size for this study consists of 30 students of school of nursing, Galgotias University, UP, out of which 43.33% students were male where as 56.66% were female. 90% students were not having the anxiety and only 10% students were having anxiety during Covid-19. 73.3% and 26.7% students had moderate coping strategies and good coping strategies respectively and no students have less coping strategies. Distribution of students. According to Adolescent Coping Orientation for Problem Experiences (ACOPE) Scale scoring is as follows 0-90:- Less Coping Strategies, 91- 180 :- Moderate Coping Strategies, 181- 270 :- Good Coping Strategies, 73.3% and 26.7% students had moderate coping strategies and good coping strategies respectively and no students have less coping strategies

**Key conclusion**

Based on findings the following conclusion was drawn. The existing level of anxiety and coping strategies during covid19 among the nursing students was moderate. Necessary intervention can be taken in order to improve the level of anxiety and coping strategies during covid19 among the nursing students.

**EFFECT OF OES & CES ON ABG & CARDIORESPIRATORY PARAMETERS IN CARDIAC  
SURGERY PATIENTS: AN EXPERIMENTAL STUDY**

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**Introduction**

Endotracheal suctioning (ES) is the most frequently performed invasive procedure in a cardiac surgical ICU. It is performed for aspiration of bronchial secretions from the airways of an intubated patient thereby maintaining airway patency and adequate ventilation and oxygenation. Two methods of ES are currently in practice- Open Endotracheal Suctioning technique (OES) and Closed Endotracheal Suctioning technique (CES).

**Aim:** Aim of the research was to study the effect of Open and Closed endotracheal suctioning on the selected ABG values and Cardiorespiratory parameters.

**Problem statement**

An Experimental Study to assess the effect of Open and Closed Endotracheal Suctioning techniques on selected Arterial Blood Gas values and Cardiorespiratory Parameters in post-operative cardiac surgery patients of Intensive Care Unit in selected Cardiothoracic Centre of Western Maharashtra.

**Methods & Materials:** The design adopted for this study was experimental pretest post-test control group design. 30 samples who met the inclusion criteria were randomly allocated to experiment (CES) and control group (OES) using Sequentially Numbered Opaque Sealed Envelopes (SNOSE). ES was performed two hours after receiving the patient from operation theatre. The ABG values and cardiorespiratory parameters were recorded in the observation sheet immediately before the procedure and post procedure at 1 minute, 5 minute and 15 minute.

**Results:** Subjects of both the study groups were homogenous with respect to the selected sample characteristics. Heart rate increased above baseline in both the groups, however the increase was statistically highly significant ( $p=0.002$ ) in the OES. SBP significantly increased ( $p=0.03$ ) post procedure in the OES group.  $SaO_2$  displayed significant difference with  $p=0.02$  at 5 minutes after procedure in the CES.

**Recommendation:** The findings of the study highlight that ABG variations and cardiorespiratory disturbances in the CES technique were less than those of the open technique. Therefore, to eliminate the unwanted effects of endotracheal suctioning on the ABG and cardiorespiratory parameters and to enhance the quality of nursing care and optimize patient outcome, the CES technique is recommended.

**Keywords:** Open endotracheal suction, closed endotracheal suction, Arterial Blood Gases, Cardiorespiratory parameters, Cardiac Surgery, Nursing Care.



## Effect of Open Endotracheal Suctioning versus Closed Endotracheal Suctioning on ABG & Cardiorespiratory parameters in Cardiac Surgery patients: An Experimental Study

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<sup>1</sup>Chief Nurse, IIS, Laxmi, <sup>2</sup>ICU Nurse, BH Hospital, <sup>3</sup>Physio, CIL, Laxmi



### Abstract

**Introduction:** Endotracheal suctioning (ES) is the most frequently performed invasive procedure in a cardiac surgical ICU. Two methods of ES are in practice-Open Endotracheal Suctioning technique (OES) and Closed Endotracheal Suctioning technique (CES). **Aim:** To study the effect of Open and Closed endotracheal suctioning on the selected ABG values and Cardiorespiratory parameters. **Methods & Material:** Experimental pre-test post-test control group design adopted. 30 samples randomly allocated to experiment (CES) and control group (OES) using SNOSE. ES was performed two hours after receiving the patient from operation theatre. The ABG values and cardiorespiratory parameters were recorded in the observation sheet before the procedure and immediately post procedure at 1, 5 and 15 minutes. **Results:** Heart rate increased above baseline in both the groups, however the increase was statistically highly significant ( $p<0.002$ ) in the OES. SBP significantly increased ( $p<0.03$ ) post procedure in the OES group. SpO<sub>2</sub> displayed significant difference with  $p<0.02$  at 5 minutes after procedure in the CES. **Conclusion:** The findings highlight that ABG variations and cardiorespiratory disturbances in the CES technique were less than those in the OES technique. **Keywords:** Open endotracheal suction, Closed endotracheal suction, Arterial Blood Gas, Cardiorespiratory parameters, Cardiac Surgery, Nursing Care

### Introduction

- Endotracheal suctioning is one of the most frequently performed invasive procedures in a cardiac surgical ICU.
- Two types of ES methods are practiced – OES and CES techniques
- It clears the secretions which collect in the airway tract thereby preserving patency and maintaining gaseous exchange.
- Complications like hypoxemia, tissue trauma, bronchoconstriction, bronchospasm, increased microbial colonization of lower airway, changes in cerebral blood flow and increased intracranial pressure, hypertension, hypotension and cardiac dysrhythmias may occur during ES
- Such alterations in hemodynamic status of a cardiac surgery patient may prove to be detrimental, affecting the post operative recovery and increasing the number of complications and length of hospital stay.

### Background of the study

- Alavi SM et al. (2018) suggested that disturbances in the hemodynamic and Arterial Blood Gas values can be avoided by the use of closed endotracheal suction system.
- Ali M et al. (2015) in their study revealed that patients' pain and SpO<sub>2</sub> changes were similar following endotracheal suctioning in both suctioning systems
- Mohammadpour A et al. (2014) concluded that the changes were same in the physiological parameters and therefore no single suction technique could be preferred over the other.
- Favretto DO et al. (2012) in their systematic review revealed that the closed system of endotracheal suction had better results related to arterial pressure, cardiac rhythm, oxygen saturation levels when compared to the open system.

### Objectives

- To measure the ABG values and cardio respiratory parameters pre procedure and at 1 min, 5 min, 15 min post procedure in control group under undergoing Open Endotracheal Suctioning.
- To measure the ABG values and cardio respiratory parameters pre procedure and at 1 min, 5 min, 15 min post procedure in experiment group undergoing Closed Endotracheal Suctioning.
- To compare the pre and post intervention selected ABG values and cardiorespiratory parameters within the control group undergoing Open Endotracheal Suctioning.
- To compare the pre and post intervention selected ABG values and cardiorespiratory parameters within the experiment group undergoing Closed Endotracheal Suctioning.
- To compare the pre and post intervention selected ABG values and cardiorespiratory parameters between control and experiment group.

### Materials & Methods

- Approach:** Quantitative
- Design:** Experimental pre-test post-test control group
- Population:** Post-operative cardiac surgery patients of Intensive Care Unit
- Setting:** Intensive Care Unit in a selected Cardiothoracic Center of Western Maharashtra
- Sampling technique:** Random allocation of samples to experimental & control arm
- Sample size:** 30 in experimental and control arm each
- Adult male & female aged 30-75 years on mechanical ventilation with endotracheal tube with normal ABG values & stable cardiorespiratory parameters, willing to participate in the study were selected as sample.**
- Data collection tool**

Section	Content	Reference	Rating
Section 1	Sample Characteristics		
1	Inclusion criteria	34	Appropriate
2	Exclusion criteria	34	Appropriate
3	Inclusion criteria	34	Appropriate
Section 2	Methodological Features		
1	IRB approval	34	Methodological
2	Cardiorespiratory parameters	34	7 HATF and 4 HATF are needed

### Analysis & Interpretation

IRB	Item Addressed	Response	Comments
1	Generalization	Passing Percentage Mean, Standard Deviation	To describe sample characteristics
2	Generalization	ANOVA, Fisher's LSD	Missing effect size To explore the difference between multiple group means
	Impact of test used	Missing effect size	

### Results

#### Major findings of the study

- Gender wise distribution in experiment & control group was equal.
- There was no statistically significant difference in the mean age & weight of the participants in both the groups. CABG was found to be most frequently performed cardiac surgery in the control group.
- Heart rate showed high statistically significant difference at measured times with  $p<0.001$  in the OES group whereas in the CES it increased immediately after the intervention and came down to baseline levels by 15 minutes after suctioning intervention.
- SBP showed significant upward trend immediately after the open suctioning with  $p<0.03$  at 1 minute.
- PO<sub>2</sub> & SaO<sub>2</sub> also showed a statistically upward trend in the CES group.
- Inter group analysis of the outcome measures were statistically not significant.

Table 1: Description of sample characteristics in experimental & control arm

Parameter	Experimental (%)	Control (%)
Gender		
- Male	80.0 (8)	80.0 (8)
- Female	70.0 (7)	70.0 (7)
Type of surgery		
- Valve replacement	60.0 (6)	60.0 (6)
- CABG	40.0 (4)	40.0 (4)
- Bypass	33.3 (3)	0

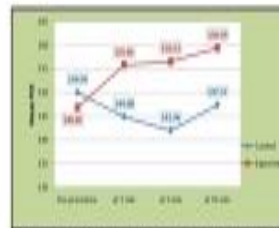


Fig 1: Comparison of pre and post intervention mean PO<sub>2</sub> level between experimental and control group

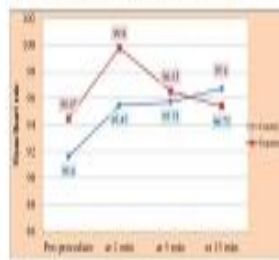


Fig 2: Comparison of pre and post intervention mean heart rate values between experimental and control group

### Discussion & Conclusion

- Decline in the PO<sub>2</sub> levels was observed at 1, 5 and 15 minutes post intervention in the control group, which was consistent with the findings of Maggiore S, Pedersen CM and AACR guidelines.
- 80% participants in the in-control group demonstrated steady increase in heart rate post procedure which remained above baseline throughout the procedure. The findings of the present study were inconsistent with that of Jagerden et al. and Ozdem D, Gorgulu IS.
- Closed endotracheal suctioning resulted in significant increase in the PO<sub>2</sub> values which were sustained higher than the baseline value in the measured points of time. Findings were consistent with the study of Larocci et al.
- SpO<sub>2</sub> values were not affected by the type of suctioning technique utilised as long as manoeuvres for prevention of hypoxia and hypoventilation were followed. Findings of this study were in line with that of the research carried out by Fernandez et al.

#### Recommendation

- Closed endotracheal suctioning technique causes lower cardiorespiratory compromise
- It is recommended to be used in patients where minimal variation of oxygenation status may lead to life threatening arrhythmias and hemodynamic instability
- Further research in pediatric patients undergoing cardiac surgery is recommended
- Conflict of interest declared - nil

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**ANALYSIS OF CAUSES OF HEPATIC DYSFUNCTION IN OBSTETRIC PATIENTS IN INDIA:  
A SYSTEMATIC REVIEW**

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**RESEARCH ABSTRACT:**

**BACKGROUND:**



Epidemiology of liver disease in obstetric patients shows geographical variation depending upon the prevalence of preeclampsia, viral hepatitis, and tropical vector-borne diseases like malaria, leptospirosis, etc. We undertook the current systematic review to analyze the causes of hepatic dysfunction in obstetric patients in India and identify the gaps in the literature and reporting.

**MATERIALS & METHOD:**

We did a systematic review of studies reporting the causes of hepatic dysfunction in obstetric patients in India. A methodological quality assessment was done using a five-point questionnaire.

**RESULTS:**

A total of 21 studies qualified for evaluation. The rate of hepatic dysfunction among obstetric patients in India ranged from 0.15 to 3.3% with a mean and median rate of 1.49 and 0.93%, respectively. Preeclampsia/HELLP (mean = 36.0%, median = 31.4%, range: 3.6–83.8%) and viral hepatitis (mean = 34.1%, median = 35.5%, range: 5.1–61.8%) were the commonest causes of hepatic dysfunction. Other causes were intrahepatic cholestasis of pregnancy, acute fatty liver of pregnancy, tropical fever (malaria, leptospirosis, dengue, scrub typhus), etc. Maternal mortality ranged from 1.4 to 40% (mean = 12.6%, median = 10.0%) and perinatal mortality was between 16.4 and 38.70% (mean = 31.75%, median = 35.5%).

**CONCLUSION:**

There is moderate quality evidence to show that preeclampsia/HELLP and viral hepatitis are the commonest causes of hepatic dysfunction in obstetric patients in India.

Six or more of the following features in the absence of another explanation:

- \*Abdominal pain
- \*Hypotension or tachycardia
- \*Eosinophilia
- \*High bilirubin ( $>14\mu\text{mol/L}$ ,  $>0.82\text{ mg/dL}$ )
- \*Hypoglycaemia ( $<4\text{ mmol/L}$ ,  $<72\text{ mg/dL}$ )
- \*High urea acid ( $>109\text{ }\mu\text{mol/L}$ ,  $>1.7\text{ mg/dL}$ )
- \*Leucocytosis ( $>11 \times 10^9/\text{L}$ )
- \*Nausea or bright liver on ultrasound
- \*High AST or ALT ( $>43\text{ U/L}$ )
- \*High ammonia ( $>10\text{ }\mu\text{mol/L}$ ,  $>64\text{ }\mu\text{g/dL}$ )
- \*Serum requirement Creatinine  $>150\text{ }\mu\text{mol/L}$ ,  $>1.7\text{ mg/dL}$
- \*Coagulopathy (PT  $>11\text{ sec}$  or APTT  $>38\text{ sec}$ )
- \*Microscopic haematuria or liver biopsy



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<https://www.ijccm.org/doi/10.5005/ijp-journals-10071-24083>

**RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN**

## The Respectful Maternity Care: Mother's Prospective

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### Introduction

*People always say that pregnant women have a glow. And I say it's because you're sweating to death.*  
- Jessica Simpson

The pregnancy always brings a lot of hope, expectation and lovely memories in life of a couple especially mother. In nation like India were majority of the health system revolves around the maternal health and there are enough of national policies giving health benefits to the mothers along with cash rewards still there is a lack somewhere which lead to non utilization of all these benefits to the fullest.

**Need of The Study**  
WHO in 2016 gave the guidelines for Respectful maternity care and expected the nations to focus of quality care to the mothers with sufficiency of resources. Every institute in that matter is responsible to spread the awareness among its maternity team to bridge the gap between known and expected. Mothers expectations and priority plays an important part in respectful maternity care and very less is focused on in this aspect hence the need of a study arise to plan and implement an educational module on RMC (Respectful Maternity Care) and to understand maternal needs & satisfaction respectively

### Frequency Distribution of Maternal Satisfaction on Seven Components of RMC

Component	Satisfaction (%)
Free from harm and ill treatment	90
Informed consented care confidentiality	100
Privacy & respect	90
Dignity & respect	50
Equality	100
Health care to highest level	100
Liberty & autonomy	50

### Results

After randomization by Lottery system women in first stage of Labor who gave consent are selected for the study. Among all participants 40% were from 26-30 age group and 55% were Primigravida, 80% were educated up to graduation and 50% were working. The key terms in relation to the maternal satisfaction was 70% had an average satisfaction for the treatment and management part. None reported any financial exchequer or demand from any of the health team member. So the treatment provided and facilities available were as per the satisfaction of majority of the mothers (80%). But the maternal expectation were there should be someone from her family to support her during this time. Regarding the birthing partner 70% women wanted that to be their mother and 30% wanted that to be spouse. Any emotional threat during labour is defined as abuse or disrespect by majority of study participant. What is birthing wish was verbalized as "Achihe se baby ho jaye", "Baby ko koi problem na ho", "need my mummy to be with me so that I can better go through pain", "want share that moment with my hubby in hospital", "Mujhe mere ghar walon ke saath relax rehkar pain lena hai" and similarly.

### Aim & Objective

**Aim**  
To assess the mother's perspective of respect and dignity during birthing

**Objectives**  
To assess mothers perspective of respect and dignity

### Discussion

Majority of women were happy with the technical quality of services but the respect and dignity lacks as per their expectation. Patabendige et al. 2021 enrolled a mixed method research to study the perception of mothers on the respectful maternity care and knowledge of the providers on the topics. The researcher also planned the intervention of providing awareness among the team about respectful maternity care and monitored the effects on the provider and mothers. Sharma G et al. 2019 have done an investigation into mistreatment of women during labour & child birth in maternity care facilities in UP to understand the mistreatment during labour and childbirth at public and private sector facilities. The researcher concluded saying that there is a need for training initiative to orient and motivate all maternity care personnel to the principles of Respectful maternity care. It was observed that this area has not been explored extensively.

### Methods and Materials

**Research Approach :** Explorative Qualitative  
**Research Design :** Qualitative  
**Research variables :** Respect, disrespect & abuse  
**Sampling technique :** Lottery Method of simple random sampling  
**Sample Size :** 10  
**Data collection technique :** Structured questionnaire for interview

### Conclusion

"Compassion, kindness and respect are the very essence of dignified care. We must make sure that these principles are at the heart of everything we do."

Promote the right to respectful maternity CARE

healing

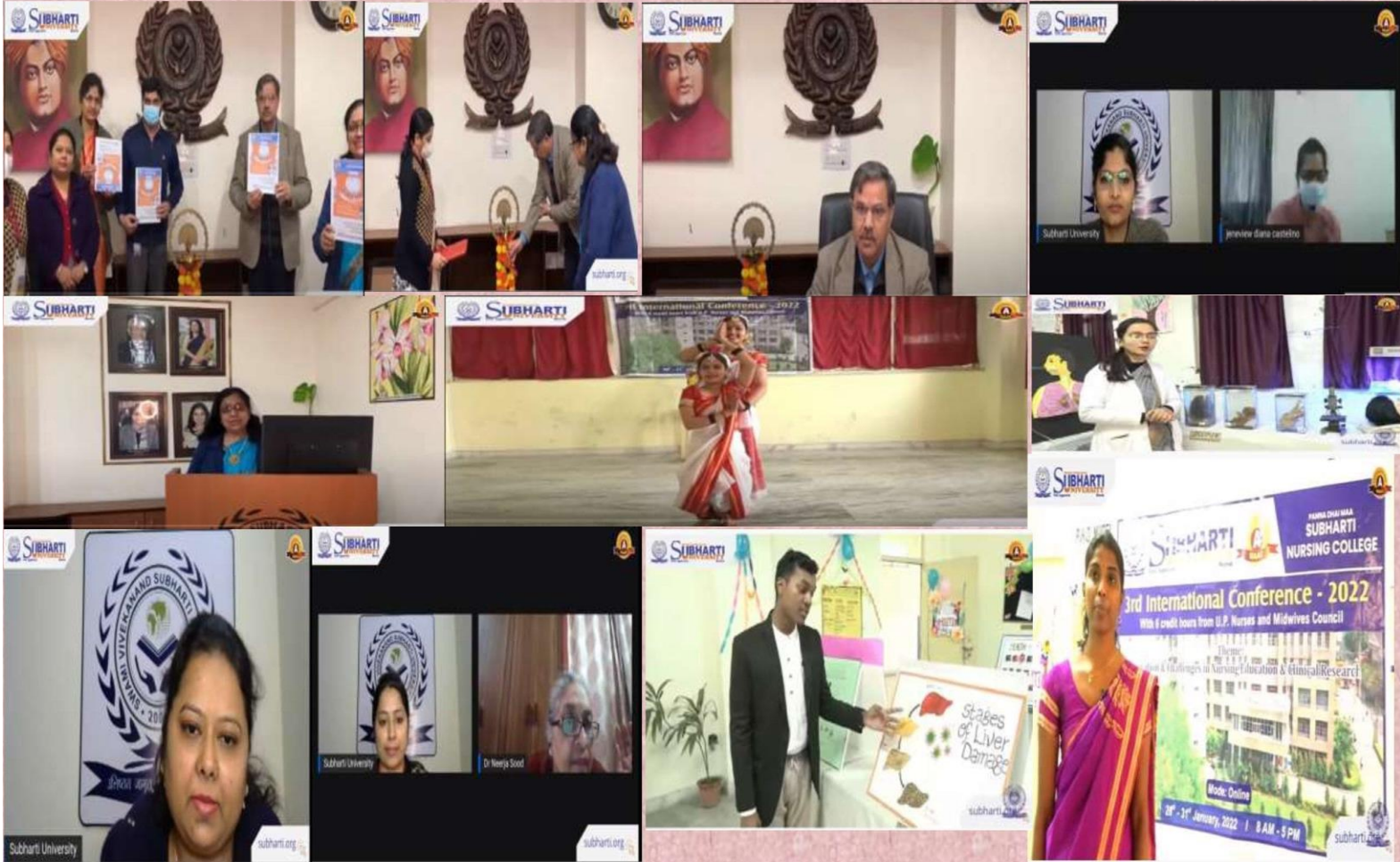
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