INTEGRATION OF NURSING EDUCATION & PRACTICE
COLLEGE OF NURSING
CMC VELLORE

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Dean, College of Nursing
Introduction…. 

- Collaborate/Integrate is derived from the Latin word “collaborare” to labor/work together.

- **Definition - Integration in Nursing**: A process by which members of the discipline share their ‘knowledge and experiences’ in achieving common goals such as *student learning*, *patient care* and *scientific advancement*. 
“You must become the change you wish to see”

Mahatma Gandhi
“History for the ambitious youth is more of a burden than a joy because youth want to create a new, perhaps original history. Those however, who have matured in wisdom and in age recognize gratefully how much good, useful and helpful information their predecessors have left them.”

Goethe
Our Context
Nursing in India.. The ancient

Sushrutha

Thiruvalluvar
Nursing training - Mission Hospitals in India

- 1874: St Stephen’s Hospital, Delhi
- 1893: CMC Ludhiana
- 1897: Miraj Medical Centre
- 1904: CMC Vellore
The CMC Vellore Heritage.......
CHRISTIAN MEDICAL COLLEGE, VELLORE

A Unique Experiment in Health Care
Instrument of God......

Dr. Ida Sophia Scudder
It was a humble beginning....

The First Mobile Clinic

Single Bedded Clinic
Humble Beginnings
Vision

The Christian Medical College, Vellore seeks to be a witness to the healing ministry of Christ, through excellence in Education, Service and Research.
What is CMC

- 117 years old
- Christian, Charitable, Minority, Self financing
- Service, Education, Research …in the spirit of Christ
- Resource to 270 Mission Hospitals
- A way of life – community
- A Unique Model ??
Present

- **2907** beds, comprehensive, referral, teaching hospital
- Six Campuses – Main Hospital + six satellite campuses
- **9000** staff – **1440** medical faculty, **2700** nurses
- Medical, Nursing, Allied Health courses
- Self financing, Not-for-profit, Charitable,
- Primary, Secondary, Tertiary, Quaternary, Outreach
Idiosyncrasies

• Admissions – merit mixed with mission
• Teaching -- community, clinical, comprehensive
• Mission Obligation – service, pro-poor attitude
• Faculty - Mostly residential
• Students- Compulsory residential
• Foster Care – home away from home
• Non-competitive salary structure – living simply
‘Both-And’ Philosophy’

Low cost, effective care

High-tech appropriate care
‘Both-And’ Philosophy’

Community Care
- primary
- secondary

Specialised tertiary care
Patients from Tamil Nadu

And

Patients from rest of India
Our dream:
Never to turn anyone away because they cannot afford to pay for their treatment
Missionary Nurses

Ms. Lillian Hart - 1904

Ms. Delia Houghton - 1907

Ms. Vera K. Pitman - 1933

Ms. Florence Taylor - 1940
First Seven Nurses in 1905

First Seven Nurses 1905
First Batch Of Baccalaureate Nursing Students in India - 1946

Proud Beginners of B.Sc Nursing Programme
The first days of learning

Dr. Ida with her nursing team

One of the early batches
Historical background…..

- The gap between education and practice:
- Separation of nursing schools from control of hospitals
- Students largely staffed the hospitals - learnt under the guidance of nursing staff
- Service needs took precedence over students learning needs
- Separate educational institutions with independent administrative structure, budget and staff were created.
Need for Integration In India

• Though beneficial it had adverse effects:

• Divided system brought gap- nurse educators were no longer the practicing nurses in the wards or directly involved in the deliver of nursing care.

• Not responsible for the quality of patient care provided in the clinical setting used for student learning.

• The practicing nurses had very little opportunity to share the practical knowledge with students - no longer had the responsibility for ensuring the relevance of the training

• The gap between education and practice has widened very much that there is a significant difference between what is taught in the class room and what is practiced in the clinical setting which calls for urgent attention
History of Nursing in CMC 1960’s…..

- Nursing education and practice –historically unique and separate- **Compartmentalization** between education and service
- Education and practice in nursing profession was not conducive for student learning
- Nursing supervisors and ward sisters were **Post Diploma** holders
- 11 faculty received **Masters education** from abroad - 8 were with **clinical specialization**- not utilized in service
- The “**theory- practice gap**”- was a reality
- The **need for change at organizational level** suggested
The theory-practice gap ......

The organizational deficiencies preventing practitioners from using education........
Bridge the gap...
• **Emergent** view

• Because education is used by people in organizations, the gap exists because the organization gets in the way

• The two communities are OK; it is the organization that is the problem

• Need to figure out and *change* the organization
BIG Brother or BIG Bully?
Today let us together relook at the issue.....

What if we see the “gap” itself as a sense-making device, a cultural category

Then we begin to see how we treat the gap as negative – as something to solve and resolve

And we can alternatively see .... Change!!
The theory-practice gap as....

• An opening or pass that connects educators, practitioners and the organizations in which they work
Novel vantage point

The gap is *connective* and is an essential part of producing and using knowledge

Need to get close up so we can see and begin to explore....
The key to achieving success and surviving in the future world is collaboration and connection... building bridges.... breaking down walls.

Thomas Friedman
KEY ELEMENTS OF COLLABORATION!!!!!!!

Effective communication
Did you ever receive this reaction and look from your recipients / audiences?
Shared values
- Trust

Mutuality
- reciprocity

Effective communication
- Decision making & leadership
Importance of Collaboration of theory and practice

• Promotion of **quality nursing care**
• Enhancement of **learning climate for students and staff**
• Promotion of **spirit of enquiry and research in nursing**
• Well prepared and **efficient nursing students and staff**
• Develop **interdependence of schools/colleges of nursing & service organizations**
Outcome of effective Collaboration—a win-win-win-win-win relationship

- Bridging the gap between education and service.
- Retain staff nurses.
- Improve the quality of patient care.
- Attend to ‘efficient nursing faculty shortage.'
IN THE INDIAN NURSING CONTEXT.....

BRINGING THE NURSING SERVICE AND THE NURSING COLLEGE TOGETHER AT THE ORGANIZATIONAL LEVEL

&

BRIDGING THE GAP
Nursing education without practice is just like a cup of tea without a sugar cube!!!!!!!
Collaboration of Nursing Education and Service in India
Integrative Service-Education approach in CMC Vellore
Integration of Nursing Education and Service - Proposed by faculty

- A unique feature
- Introduced in 1968 as a pilot
- 47 years of continuity and success
- Dual role - Faculty & Nurse manager
- Contributes to quality nursing education and quality patient care
- Practiced in Hospital & Community
  - 1. Tertiary
  - 2. Secondary
  - 3. Primary
- Evaluation in 1976 and 1990
Nursing Leaders....

Mrs. Ann Sukumar
Dr. Mrs. Kasthuri Sundar Rao
Mrs. Accamma Chacko
Mrs. Jeeva Samuel
Mrs. Nesamani Lazarus
Behold the turtle. He only makes progress when he sticks his neck out.

James Conant Bryant
Objectives of Integration

• To achieve optimum care for patients and sound education for students through effective utilization of qualified staff in the College of Nursing
• To improve inter-personal relationship between the College faculty and the Nursing service staff
• To create a healthy environment in the clinical setting with less conflicts for nursing students
• To provide opportunities for involvement of senior staff from Nursing service and the College of Nursing at policy making level by serving on the Nursing advisory committees
Goals of collaboration between nursing education and service!!

➢ Provision of organizational structures
➢ Additional clinical experiences for the nursing students.
➢ Maintenance of clinical skills for the nursing faculty.
➢ Facilitation of smooth transition from the student to practicing nurse.
Integrated Service of Education-service approach- CMC Vellore

• Nurse educators in College of nursing have dual responsibility as a faculty in the College for nursing education and nurse managers in the wards for nursing services provided in the hospital.

• The faculty is accountable for student education to the Dean College of nursing and for patient care to the Nursing superintendent.

• The Heads of the Departments are responsible for class room and clinical teaching of students and patient care, staffing, budgeting and staff development in the clinical area.

• The Organizational chart brings all the faculty to hold both responsibilities.
Empowerment and Governance

Dean, College of Nursing

INTEGRATION

Heads of the department (12 specialties)

Faculty/ Nurse managers (MSc N)

Charge Nurses (BSc N)

Staff Nurses

ANM/MPHW

Role in college

Role in hospital

Benefits
Quality education and patient care

Nursing Superintendent

Dy & Addl Dy. Deans

Dy & Addl Dy. Nursing Superintendents

Education & research
(Jr. Lecturer – Professor)

Education & research
(Tutor/ Clinical instructors)

Nursing management of department

Management, supervision, clinical teaching & research

Patient care responsibilities, supervision & ward management

Responsible for patient care
First School of Nursing
(1904-1945) Training nurses in the hospital
Formal – Higher grade Nursing education – 1909

Old College of Nursing
1946 – first BSc Nursing programme in the country
BSc for Trained nurses in 1967
Post Diploma Nursing programmes in 1967
MSc Nursing in 1969

New College of Nursing
2009

1994 – PhD in Nursing

MILESTONES IN NURSING EDUCATION
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<th>COURSE</th>
<th>Total</th>
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<tr>
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<tr>
<td>BSc (N)</td>
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<tr>
<td><strong>TOTAL</strong></td>
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Journey Through The Years...

First School Building
College of Nursing- Centenary Gift!
As We Grow...

Student Hostel: To begin with
The Glass Palace...

Nursing Student's Hostel
Current Nursing students hostel !!
Top Nursing Colleges in India

1. CMC Vellore: College of Nursing
2. RAK College of Nursing, Delhi
3. Department of Nursing: All India Institute of Medical Sciences
4. Manipal College of Nursing: Manipal University:
5. B.M. Birla College of Nursing, Kolkata
6. Government College of Nursing, Kozhikode
7. Father Muller College of Nursing, Manglore
8. Sreeb Ramachandra Medical University, Chennai: College of Nursing
9. SNDT Faculty of Nursing, Mumbai
10. Govt. college of Nursing, Thrissur
Top 10 Nursing Schools in the world

10. CMC Vellore College of Nursing:

Christian Medical College and Hospital, Vellore popularly called as CMC Vellore is one of the top medical centers in India. Thus, it is no doubt that CMC’s College of Nursing is also an excellent institution. The nursing school was started by Ida Sophia Scudder in the year 1909. It provides several degrees in nursing and all are taught by some of the best faculty in India. After over a century of existence, it is safe to say that CMC’s College of Nursing is a leading institution not only in India but the world.

topyaps.com/top-10-best-nursing-schools-of-the-world
Concept of integration of education and practice
Quality Education

- Qualified faculty in various specialty
- Huge infrastructure with adequate facilities
- Rich clinical facility
- Enriching library and computer lab
- Faculty involved in research, publication and presenting papers, writing books, conducting CNE workshops to keep abreast with advancement
- Members of policy making bodies - state and national
Quality Clinical service

- Qualified faculty manage clinical units
- Faculty supervise, guide and mentor charge nurses and staff nurses
- Induction training, regular in-service education and regular workshops to enrich staff nurses
- Experienced staff nurses empower(mentor) other nursing staff
- Opportunities for career development for nurses at different levels
Education, Practice & Research Congruence

- The continuum of nursing education reconceptualized
- Creates need for new practice models
- Creating new education practice partnerships
- Creating a workforce that can address complex needs and serve as the surveillance system in health care
It doesn’t work to leap a twenty foot chasm in two 10 foot jumps.

Old American Indian Proverb
Advantages of collaboration

- Nurse educators
- Staff nurses
- Student nurses
- Nursing service and College of Nursing.
- Faculty/Staff shortage
- Institutional care Standards
Advantages

• Translates class room teaching into practice
• Updates the faculty on theoretical knowledge and clinical skills thus making the teacher a true practitioner
• Extended care in the community helps the faculty run services independently
• Interpersonal relationship between faculty and students is maintained
• Team work in all levels of care becomes meaningful and the faculty role is appreciated
• Uniform salary structure
• Active participation in research, conferences and workshops and in conduction
• Appreciated as an Unique and effective model by other Nursing institutions/Statutory bodies in the country
collaboration is everything
Challenges and demands of effective collaboration!!!

The Challenge is to ensure a competent performance by a professional nurse in the hospital setting!!!!!!!

Demands :-

- Requires expert knowledge and skills in nursing education and service.
- Set firm boundaries-Outline in dual areas.

Inadequate time for research/scientific

Work load may be huge but WORTH A TRY!!!!!
Senior faculty of College of Nursing and Nursing Services
Achievements

- WHO Collaborating Centre
- PhD Consortium centre
- Training of nurses from SEAR & India
- Sub Recipient of GFATM - HIV / AIDS
- Nodal Centre – Strengthening Pre service Education in ANM schools by NHM
- Faculty & Student Exchange programmes (UPenn/Washington/Columbia University)
- Best Nursing College” & “Institute of Excellence”
- Award of Centre of excellence by Govt of India”
- Best Nursing College-Five star rating of CMC NAAC”
WIDENING FOOTPRINT
Continuity with Change
Growth is never by mere chance; it is the result of forces working together
Parting words!!!!!!!!!!

Thus, **nursing education** and **practice** are just like the “**two banks of river** connected through the different models of collaboration and making **NURSING A COMPLETE PROFESSION**”

**SO, AS NURSES MY FRIENDS**

**DETERMINE WHO ARE YOU??????????**
Am I a nurse who can only theorize????

Or am I a Nurse who can theorize as well as catheterize!!!!
They say that time changes things. But you actually have to change them yourselves.

Andy Warhol
Wise Words

• Loretta Ford – Been there – done that!
  Laugh a lot!

• Your timing for change and experimentation couldn’t be better.

*Chaos is opportunity. Go for it!*
Striding forward with newer hopes and aspirations.....
Thank You